THE IMPACT OF SOCIAL NETWORKING ON WELLBEING, HELPING BEHAVIOUR, ANXIETY AND DEPRESSION: A COMPARATIVE STUDY OF SIKKIM AND ASSAM STUDENTS

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

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Submitted

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CERTIFICATE

This is to certify that the present research work titled, "**The Impact of Social Networking on Wellbeing, Helping Behaviour, Anxiety and Depression: A Comparative Study of Sikkim and Assam Students**" is the original research work carried out by Mr. Diganta Baishya under my Supervision. The work is being submitted for the Award of the degree of Doctor of Philosophy of Mizoram University.

This is to further certify that the research conducted by Mr. Diganta Baishya has not been submitted in support of an application to this or any other University or an Institute of Learning.

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DECLARATION

MIZORAM UNIVERSITY

JUNE, 2024

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I **DIGANTA BAISHYA**, hereby declare that the subject matter of this thesis is the record of work done by me, that the contents of this thesis did not form basis of the award of any previous degree to me or to do the best of my knowledge to anybody else, and that the thesis has not been submitted by me for any research degree in any other University/Institute.

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CHAPTER - I

INTRODUCTION

Social media connects individuals worldwide despite differences and geographic borders, but civilizations worldwide cherish their distinctive customs, beliefs, and conventions that make them unique. Chen and Zhang (2010) stated that "the world has shrunk into a much smaller interactive field due to the compression of time and space caused by the convergence of new media and globalization." In only a few seconds, people may communicate with one another on a global scale by sending and receiving messages. Social media has created a "global village" by uniting individuals from many cultural backgrounds. People utilize social media to learn about their host countries, build and maintain relationships, and keep up with happenings back home as part of the intercultural adaptation process to a host country setting.

Our culturally varied globe is becoming more interconnected and dependent on each other, which makes social media an indispensable component of our lives. Social media enables people to communicate with each other and access instant information available on the internet. With more people using the Internet in today's culture, social media has grown in popularity and has permeated daily habits. These online environments foster interactive debates that deepen knowledge of various points of view through communication. People may use social media to share their thoughts and engage in discourse and conversations using a shared virtual platform. This implies that everyone is both a publisher and a critic in cyberspace (Georgetown University, 2010).

Human nature is designed to be socially active to some extent. Some are more powerful and some less so. But people are always looking for ways to connect and connect with each other. In this age of digitization, people have found ways to socialize through the Internet, thanks to the emergence of many social networking platforms and applications. O'Reilly (2005) explains that "social media is a broad term that describes computer tools that create user-generated content." (Sinclair & Bogus, 2011). Relationships now start, grow and end on social media. According to Nicole (2007), students and youths are well aware that these social networking platforms can help connect with friends, share information, build relationships, and

showcase social life. People don't need personal emails or face-to-face meetings. The number of social networks has also increased. According to statistics published by Statista, almost 2 billion users used social networking sites and applications in 2015. And with the increase in the use of mobile devices, this number will exceed 2.6 billion in 2018.

Social media connects individuals despite differences and geographic borders. The world cherishes the distinctive cultural practices, customs, beliefs, and conventions that make them unique. Today, the world has become a small, and interactive field that is compressed in time and space due to the globalization of media (Chen & Zhang, 2010) as such within no time, people communicate with one another on a global scale by sending and receiving messages. The world has become like a small village where everyone knows and contacts with each other, as social media connects individuals from different cultural backgrounds and locations. Social media is part and parcel of everyday life, most people benefit from it to learn about their own country or host countries, build and maintain relationships, keep up with all important events or happenings and bring back home or implant to the host culture as part of the intercultural adaptation or acculturation process.

Human nature is socially active by nature, social exchange, social influence and social interaction have been moving to be a social animal. People are usually looking for ways to connect, whom to connect and how to connect. Living in the age of digitization, people have found ways to socialize through the Internet, thanks to the emergence of many social networking platforms and applications. Social media is a group of internet-based applications that build on the ideological and technological foundation of Web 2.0 and allow the creation and exchange of user-generated content (Kalpana & Haenlein, 2010). Social media is a broad term which describes software tools to create user-generated content that can be shared (O'Reilly, 2005).

Social networking is a media platform where friends or other participants connect to share information, build relationships, and showcase social life. Due to the increasing availability of social media platforms, the importance and function of conventional communication like postal and telephonic are drastically reduced as

more people rely on personal emails or face-to-face meetings. According to statistics, almost 2 billion users used social networking sites and applications in 2015, more than 2.6 billion used them in 2018, and the number of more users increasing every day.

SOCIAL MEDIA AND SOCIAL NETWORKING

Social media and social networking are different concepts:

Social media is a web-based technology which is a means of interaction facilitating the sharing and consuming of ideas, opinions, and information which build virtual networks and communities. The users share their personal information, photos, videos, and documents on social media platforms. Users can access social media through computers, tablets, and mobile phones on web-based software or web applications. Social media has been used for different purposes, it could be a social purpose, a business purpose, or both, especially through social networking sites like Facebook, Twitter, LinkedIn, and Instagram. Social media has benefitted teachers by communicating information with students individually or in groups outside of class, has helped in planning school projects, and has also enabled asking or receiving academic help from teachers even in the evenings or during the week, during vacations, so as not to fall behind others. Social media is essential for higher education to connect teachers and officials with students (Selwyn, 2009). The main goal of social media is to increase interaction, for instance, simply typing a quick tweet and hashtags can multiply information quickly. Users dispense blogs, infographics, films, and photos that inspire the user's audience and help maximize connections and activities. It catalysts meaningful conversations and strengthens virtual bonds (Jules, 2023). Social media is an internet-based way of publishing or broadcasting digital content that readers can fully interact with. Anyone can publish on social media like CNN and Fox News, and publish their content for digital consumption.

Social Networking

Social networking, a component of social media, focuses on cultivating both positive and negative relationships. Users of social media platforms such as Facebook, Instagram, Twitter, and LinkedIn receive information from one another, engaging in networking activities. They have the autonomy to select whom they communicate with and receive communications from, with interactions being one-way, bidirectional, or multidirectional. This encompasses connecting with various individuals, including family, friends, colleagues, and customers, based on shared interests or objectives. Social platforms serve as tools for sharing information and fostering relationships among users. Nowadays, students utilize social networking sites to fulfill their educational requirements, accessing reading materials and preparing assignments whenever they have internet access.

The terms "social network" and "social media" are often used interchangeably. Social media platforms like Facebook, Twitter, LinkedIn, and Instagram can serve both social and business purposes. In today's digital age, students primarily communicate through technology, utilizing social networking sites whenever they have internet connectivity to support their educational endeavors. Social media facilitates communication between students and educators outside of conventional classroom hours, allowing for collaboration on academic projects and providing additional academic support. Its integration into higher education is viewed as crucial for universities to effectively engage with students (Selwyn, 2009).

Difference between Social Media and Social Networking Site

Differentiating between social media and social networking in the context of digital communication is like differentiating between the characteristics of a parent and their child. Social media, like the parent, comprises a variety of channels for sharing materials and interacting with others whereas social networking, like the child, represents the interactive element of creating and sustaining relationships within these platforms. It is essential to comprehend their unique qualities in order to interact and communicate with them effectively. Social media platforms function as channels for content distribution, while social networking platforms enable user

interactions and idea sharing. Businesses looking forward to utilizing these tools effectively in their plans must be aware of these differences in order to ensure meaningful engagement and communication with their target audience.

The goal of social media content is to increase interaction. It takes more than just typing a quick tweet and including hashtags. User must distribute blogs, infographics, films, and photos that will inspire user's audience to take action if he/she wants to maximize connections and activities. Conversely, social networking connects people through deep and thought-provoking dialogue. This could take the form of getting feedback from user's connections on the post or reposting a follower's comment with his/her own sincere remarks underneath the image. Little deeds like these spark meaningful conversations and strengthen virtual bonds (Jules, 2023).

Feature of Social Media

Although social networking sites and applications have their own unique characteristics and perspectives, most social networking sites share some common characteristics. If we start on Facebook Twitter or anywhere else, we find these words.

Public User Profile: The user profile contains basic information about the user, such as a photo, a brief biography, the city they live in, and other personal information such as their birthday, college attendance, and effects. This means users can make their profile as personal or as simple as they want.

Friends and Followers: Friends and followers are the heart and soul of a social network and add a social dimension. Friends and fans are the people you allow to access your story. They can see each other's photos and posts and can interact through comments and likes (more on that later). Users can also view and interact with user's posts. Some people want as many friends and followers as possible, while others prefer a smaller group of friends and fans to interact with. Some people frame their stories as "public." This means that anyone who wants to can follow or be friends with them. It is used as a marketing tool.

Home Page: Most social networking sites have some kind of home page that can be seen every time a user log in. A feed is usually displayed showing updates from your friends. By scrolling through the home feed, users can quickly see what activities, ideas, and information their friends want to share.

Like, Comment, Share: Getting and giving feedback is an important part of social media. Most sites have a "like" button, such as a heart or thumbs up, to let friends and followers know that they have read and appreciated other's post. Most social networks allow comments on posts. Social media thrives on interaction, so content is important. Users can also share posts with each other to show others what they like.

Groups: Some social networks have a group feature that helps users find people with similar interests or participate in discussions on specific topics. The group can be anything from "Johnson High Class of '98" to "People Who like Books" to "Scholar Group" to "Class of 2020" Social networks are both for connecting with like-minded people and for identifying user interests.

Hashtags: A hashtag is a keyword or phrase preceded by the # symbol, also known as a hash mark or pound sign. Users can add hashtags with names or phrases to help others find those tags when searching for specific keywords or hashtags. For example, if someone posts a photo of a cute baby face and adds #babysmiles, users can search for that phrase and find other posts with the same hashtag. Hashtags usually help draw attention to the user posts and encourage interaction.

Tagging: Tagging/Branding is another common element of social media sites, especially Facebook and Instagram. If the user uploads photos of multiple people, they can identify those people in the images by tagging them by clicking on the pictures and adding their names. Tagging is a way to generate more interaction with their posts. Some of the major social networking sites today are Facebook, Google+, Instagram, LinkedIn, WhatsApp, YouTube and Twitter. However, Facebook remains the largest and most popular social network with over a billion users. According to the report of Statista in 2023, Facebook is the largest social media site worldwide with 3.03 billion monthly active users worldwide. In the current world order, China has the largest number of social network users globally, with roughly 1.02 billion

users. A report from Statista predicts that the number of social media users in China will reach 1.21 billion in 2027. After China, India has the second largest social media user base with 755.47 million users. Then, the United States and Indonesia come as high users, having round following with 302.25 and 217.53 million users respectively.

The most popular social network after Facebook is WhatsApp, with almost 2.7 billion monthly active users. WhatsApp calling feature is just the icing on the cake. According to Shana (2012), it was found that students use platforms the main program for discussion and friendship. In his study, Cox (2010) tried to investigate the relationship between age and attitudes, and found that social media users have different attitudes towards online media formats (e.g. blogs, videos, brand channels, pages) differ to some extent by age groups. It explains that users in the 18-28 age group have very positive attitudes towards blogs, videos and advertising formats from branded channels. This is because users find this ad format engaging, informative and fun. Similarly, Chu (2011) found that users who are members of Facebook groups have more positive attitudes toward social media and advertising. Users with positive attitudes toward advertising are more likely to join a brand or seller's Facebook group and receive promotional messages. However, according to Chi (2011), users have a different perspective on social media advertising, suggesting that the user's motivation for online social media may play an important role in determining consumer responses to social media marketing.

Some Examples of Social Networking Sites

1) *Classmate*s (http://www.classmates.com) – Classmates is one of the major websites for joining high school friends and keeping them in touch as well as for the future reunions.

2) *DeviantArt* (https://www.deviantart.com) – This is another social media platform for that can be used to share original artwork.

3) *Facebook* (https://www.facebook.com) – Currently, Facebook is the most popular social networking websites on the Internet. It is the most common destination for

users to set up personal space and stay connect with their friends, share pictures, share videos, talk/ chat over etc.

4) *Google+* (https://plus.google.com) – It is one of the latest social networking facility from Google.

5) *Instagram* (https://www.instagram.com) - Instagram is a mobile photo as well as video sharing platform and application available for iPhone, Android, and Windows Phone.

6) *LinkedIn* (https://www.linkedin.com) - One of the best if not the best locations to connect with current and past coworkers and potential future employers.

7) *MySpace* (https://myspace.com) - MySpace was once one of the most popular social networking sites and mostly viewed website on the Internet.

8) *Pinterest* (https://www.pinterest.com) - Pinterest is another popular picture sharing facility that allows anyone to share pictures, create collections, and much more.

9) *Twitter* (https://twitter.com) - Another fantastic service that allows users to post 280 characters long posts from their phones and on the Internet. It is a fantastic way to get the pulse of what's going on around the world. It has been recently renamed as 'X'.

10) *YouTub*e (https://www.youtube.com) - YouTube is a platform where users can post videos or vlogs and other fun and exciting videos as well as watch others.

Numerous additional social networking platforms could emerge, tailored specifically for individual countries, with a primary focus on safeguarding national security.

Different Users of Social Networking Sites

The extent to which people utilize social networking sites varies greatly, from little to a lot. Here are a few various levels of use for social networking sites:

1) *Occasional Users:* These people sometimes or rarely utilize social networking sites. Even while they may have profiles on social media sites like Facebook and Instagram, they may not use them frequently other than to peruse content or keep in touch with friends and family.

2) *Regular Users:* Regular users use social networking sites more often, which means several times a week, to update their accounts, post material, communicate with others, and get news and entertainment.

3) *Heavy Users:* People, who use social networking sites extensively each day, frequently checking them many times within an hour, are considered heavy users. People could use social media for networking, entertainment, socializing, and informational reasons, among other things.

4) *Addicted Users:* Compulsive and excessive usage of social networking sites is a hallmark of social networking platform addiction, frequently at the expense of other facets of life, including relationships, employment, and mental health. Abstinence from social media might cause withdrawal symptoms among addicted users.

5) *Active Contributors:* People who often generate and share information on social networking sites are considered to be highly involved users. They may actively participate in conversations, interact with the material of other users, and publish updates, pictures, videos, or unique works.

6) *Professional Users:* Professional users make use of social networking sites for networking, job hunting, personal branding, and advertising their businesses or professional services, among other career-related activities. They could keep up a polished, business-like online persona that is appropriate for their area of work or sector.

High Social Media User

Someone who uses social media extensively, frequently investing a significant amount of time in communicating, sharing material, and building connections with people across several platforms, is considered a heavy social networking user. They usually have large networks of online friends and followers, share images and videos on a regular basis, and participate actively in online forums. These people frequently place a high value on upholding their online persona and use social media for conversation, amusement, and information exchange. They could incorporate social media into their everyday routines and way of life, depending mostly on it as their main way of maintaining relationships with people.

Low Social Media Users

Those who use social media platforms less regularly than the typical user are known as low social media users. They might only sometimes upload stuff, have small accounts, and browse for short periods of time. Their usage habits may be impacted by their desire to restrict screen time, privacy concerns, or personal preferences. Low social media users could value in-person meetings or other kinds of contact more than online channels. Even though they could still acknowledge the value of social media for certain things, including keeping in touch with distant friends or finding particular information, they often have a smaller profile on online social networks.

Common Social Media Platforms Worldwide

There are many social media platforms, among them, the most commonly used platforms as per DataReportal are: (1) Facebook (2.96 billion users); 2) YouTube (2.51 billion users); 3) WhatsApp (2 billion users); 4) Instagram (2 billion users); 5) WeChat (1.31 billion users); 6) TikTok (1.05 billion users); 7) Facebook Messenger (931 million users); 8) Douyin (715 million users); 9) Telegram (700 million users); 10) Snapchat (635 million users).

Based on a recent estimate, Facebook is the most popular social networking platform worldwide, with around 3 billion members. Data Reports estimates that as of late 2022, internet users between the ages of 16 and 64 spent an average of two

hours and thirty-one minutes per day on social media. The report also points out that social media now takes up the highest proportion ever of total online time, with nearly four out of every 10 minutes spent online devoted to social media activities.

Social media: Definition, importance, top websites & apps. (2010, November, 2). Investopedia (https://www.investopedia.com/terms/s/social-media.asp).

A few studies have tried to figure out why individuals use SNSs and online communities (Bishop, 2007) or don't use them (Brandtzaeg & Heim, 2008; Preece et al., 2004). The majority of these endeavours have been to establish theoretical frameworks or to include an empirical focus on a particular user category (e.g., lurkers). Findings from earlier research on related social media platforms, such as blogs, indicate that bloggers' two greatest benefits from blogging were expressing their emotions and making connections with others (Liu et al., 2007). The following motivating factors have been highlighted by research conducted in past online communities: 1) individuals with similar interests; 2) experiences and needs; 3) friendly and supportive relationships; 4) strong social feelings of belonging; and 5) a sense of shared identity (Waterson, 2006; Rheingold, 1993; Preece, 2000). Additional recommendations are as follows: 1) user exposure; 2) feedback channels; 3) a big user base; 4) minimal entry barriers within the community; and 5) end-product accessibility and usability (Kim, 2000; Diker, 2004).

Gender Difference in Social Media Use

Gender differences in technology use have been noticed and underlined in computer and educational research in the last two eras (Tsai & Tsai, 2010). The computer appeared to be an unwelcome environment for women to use until the mid-90s' because of the beginning of the World Wide Web (Turkle, 1997; Tsai & Tsai, 2010; Nisiforou & Laghos, 2014). On the other hand study conducted by Eteokleous-Grigoriou and Ktoridou (2013) on gender-based differences on the use of social networking found that females use it on a daily basis contrary to males who use it 2-3 times per week. Therefore, more research started to highlight gender issues concerning Internet use (Wu & Tsai, 2006).

Cultural Difference in Social Media Use

Cultural differences have also impacted communication, behaviour, and values. A study conducted by Rosen, Stefanone, and Lackaff (2010) pointed out that there are differences among cultures, and these differences affect the way people communicate within social networking sites. One more study conducted by Sangmi chai (2020) focused on how social media usage was influenced by perceived ethical culture and worries about information privacy. More significantly, the study looked at how cultural differences affect how those elements relate to one another.

Social networks have become a daily and main way of using the Internet. Social networking means using social media websites and apps like Facebook, Instagram, and Twitter to connect with family, friends, and people who share the same interests. While different social media sites attract certain types of users, Facebook is a good example of a general social network. When you join Facebook, you may know other people using the site and add them as friends. As you use the platform more, you can add friends who share your interests or find people you know and add them too. Other people will also find you on Facebook and try to contact you.

Advantages of Social Networking Sites

The first and foremost benefit of social media is connectivity. People from everywhere can connect with anyone, regardless of the location and belief. Social media is very useful for students and teachers as well. It is very easy to educate with other experts and professionals through social media. People can follow everyone to learn from them and improve their knowledge in any field. Also, they can share their problems with the community for help and guidance. Whether if someone has an offline or online business, one can promote their business to the largest audience. The whole world is open and anyone can promote them. This makes businesses profitable and cheaper. One of the primary advantages of social media is its ability to provide information and updates about the latest events happening around the world. Mostly television and print media today are biased and do not convey the true message. Social media allows us to get facts and real information while researching.

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Disadvantages of Social Networking Sites

Although social networking has many advantages, it also has many disadvantages. According to a report published by Pew Center.org, most children have experienced cyberbullying in the past. Since anyone can create a fake account and do anything without being tracked, online bullying has become quite easy. Again, personal information and privacy can be easily hacked and shared online. This can cause financial loss and loss of personal life. The addictive part of social media is very bad and can interfere with personal life as well. Social media addiction affects teenagers the most. They participate very widely and end up being isolated from society. There are several examples where individuals have been scammed on social media and have committed fraud. Due to security concerns, security agencies today have access to people's personal accounts, which makes privacy almost at risk. Excessive use of social media can also have harmful effects on health. Since exercise is the key to losing weight, most people are lazy due to excessive use of social media.

WELL-BEING

Well-being is an optimistic outcome, a healthy lifestyle that has meaning for people and different sectors of society. Good living conditions (eg housing, work) are essential to life. Following these principles is important for public policy. However, many indicators measure aspects of life that do not measure people's thoughts and feelings about their lives, such as the quality of relationships, positive emotions and resilience, achievement strength, and high life satisfaction. Well-being includes all decisions about quality of life and emotions, from sadness to happiness as discussed by Diener and colleagues (2010). Human well-being is a personal and meaningful experience that encompasses various aspects of human life, including physical, psychological and social aspects. This will bring balance and fulfillment in life.

Well-being, also known as wellness, prudential esteem or quality of life, alludes to what is inherently profitable relative to somebody. So, the well-being of an individual is what is eventually great for this individual, what is within the self-interest of this individual. Well-being can allude to both positive and negative facets.

In its positive sense, it is in some cases differentiated with ill-being as its inverse. The term "subjective well-being" indicates how individuals encounter and assess their lives, ordinarily measured in connection to self-reported well-being gotten through surveys. In some cases diverse sorts of well-being is recognized, like mental well-being, physical well-being, financial prosperity or passionate well-being. Well-being plays a central part in ethics since what we got to do depend; at slightest to a few degrees, on what would make someone's life go superior or more regrettable. Agreeing to welfarism, there are no other values other than well-being.

The terms well-being, pleasure and happiness are used interchangeably in everyday language, but tend to be distinguished in technical contexts such as philosophy or psychology. Pleasure refers to an experience that feels good and is usually seen as one component of well-being. But there can be other factors such as health, virtue, knowledge or wish fulfillment. Ryff's (1989) definition of well-being indicates that it is a state characterized by optimal functioning in which a person feels happy, satisfied and fulfilled while functioning at their highest level. Often seen as either "the balance of pleasant and unpleasant experiences in an individual" or as a state of satisfaction with one's life as a whole, happiness is also generally considered a component of well-being.

Although there is no consensus on a single definition of well-being, there is at least general agreement that well-being consists of positive emotions and feelings (eg, satisfaction, happiness) and the absence of negative emotions (eg, sadness, anxiety), satisfaction with life, achievements and good work. A good life can be defined as a positive decision in life and well-being. For public health purposes, physical fitness (eg, being healthy and active) is important to overall well-being. Researchers from various disciplines have investigated aspects of well-being, including physical well-being, economic well-being, social well-being, development and performance, emotional well-being, mental well-being, psychological well-being and satisfaction with life.

Formation of Wellbeing

The majority of the things that affect our wellbeing are under our control: our ideas, deeds, and experiences. We often experience more emotional well-being, for instance, when we think positively. Social well-being is often higher when we actively seek out meaningful interactions. Furthermore, we typically experience worse workplace well-being when we leave our jobs or just dislike them. The breadth and diversity of well-being are beginning to become apparent from these instances (https://www.psychologytoday.com).

Major types of Well- Being

Well-being has been classified into different types which are as under:

1) *Emotional Well-Being:* The ability to manage stress with relaxation techniques, then, develops self-compassion and expresses emotions that lead to positive emotions.

2) *Physical Well-Being:* Ability to develop communication skills, meaningful relationships and maintain a support network to help overcome loneliness.

3) *Social Well-Being:* Ability to communicate, develop meaningful relationships with others and maintain a support network to help overcome loneliness.

4) *Workplace Well-Being:* Professionally, it is the ability to pursue interests, values and purpose in life to be meaningful, happy and wealthy.

5) *Societal Well-Being:* Ability to participate in society, culture and the environment.

6) *Psychological well-being:* It is a state of mental health that includes happiness, contentment, positive relationships, personal growth, and resilience to challenges

Factors of well-being

Human experiences can vary even when exposed to the same stimulus. On this count, there are different types of well-being. Here are some factors of well-being:

a) *Holistic* Experience: It takes more than just pleasure and good physical health to be well. It's a complete picture of our performance in all facets of life.

b) *Interconnected Dimensions:* A person's many well-being factors interact with one another. Strong social ties (social well-being) may improve emotional well-being, for

instance, and leading a healthy lifestyle (physical well-being) might increase the energy levels at work (occupational well-being).

c) *Unique Needs:* One person's definition of success may be different from another's. Having many aspects of well-being enables us to concentrate on areas that require the most care.

Simply putting different types of well-being acknowledge the complexity of human experience and the interconnectedness of our lives. Well-being is a central topic of positive psychology, which aims to find factors that influence human well-being. For example, Martin Seligman suggests that these factors include positive emotions, activity, good relationships with other people, finding a purpose in life and feeling successful in achieving goals.

Previous research has revealed many signs of gender self-description. A study conducted by Angeleitner, (1978) and Mutran, (1987), has showed that men are more likely than women to describe themselves as independent, achievement-oriented, financially oriented, and competitive. On the contrary, women label themselves as social, moral, dependent, and less assertive (Mutran, 1987; Siegler, George, & Okun, 1979). In contrast, as we can see that gender differences in global dimensions of self-descriptions and self-evaluations (life satisfaction) are unclear.

Crose and colleagues (1992), based on their literature review and qualitative experience, believe that gender differences exist in almost all aspects of health and

health care. Similarly, in a Taiwanese study, Lu (2000) found gender differences when examining marital compatibility in role experiences and subjective well-being. Gender differences in psychological well-being support the notion that men tend to score better than women in indicators of psychological well-being. A research study found that women scored significantly lower than men on measures of psychological well-being (Carmel & Nigavekar 2007).

It seems that almost every year the rankings of the "happiest" countries are updated, published and released. Although these rankings vary from year to year, the highest levels of well-being are consistently found in Northern Europe and lowest in Africa (Helliwell, Layard, & Sachs, 2017). Why do societies differ in wealth? The

confrontation between Northern Europe and Africa draws attention to the importance of economic development and socio-political stability. Indeed, societies characterized by greater wealth and social stability have higher average life satisfaction than those where these factors are poorer (Stevenson & Wolfers, 2008; Tov, Diener, Ng, Kesebir, & Harter, 2009). Broad socioeconomic factors such as gross domestic product (GDP) per capita, life expectancy, and perceived corruption together account for 20-75% of variation in a country's well-being, depending on the measure used (Helliwell, Huang, & Wang, 2017).

Similar to gender in the cultural environment, the level of well-being also varies, because people in economically developed countries are better able to satisfy the basic needs of food, comfort and safety (Diener et al., 2010). Citizens of rich countries also have greater freedom of choice and expression (Inglehart, Foa, Peterson, & Welzel, 2008; Tov & Diener, 2008). However, socio-economic development ignores a significant part of the variation in national well-being. This is not surprising that societies differ in many other variables such as climate, geography, population density, cultural values, beliefs and practices.

Theories of well-being attempt to identify what is essential for all forms of well-being. Hedonistic theories equate well-being with the balance of pleasure and pain. According to desire theories, well-being consists of the satisfaction of desires: the more the desires are satisfied, the higher the well-being. Objective list theories argue that human well-being depends on a list of factors that can include both subjective and objective elements.

Theories of wellbeing

Social Influence Theory: Social influence is a complex phenomenon that plays a key role in determining how people behave, think, and make decisions in society. According to Latiné (1981), it is the outcome of "the real, implied, or imagined presence or actions of other individuals." It is defined as "any process whereby a person's attitudes, opinions, beliefs, or behaviour are altered or controlled by some form of social communication" in the Oxford Dictionary (Colman, 2001). It encompasses group polarization, obedience, conformity, compliance, minority social

influence, persuasion, and the impact of social norms. Social influence shapes people's attitudes, behaviours, and support networks within their social networks, all of which contribute significantly to the promotion of well-being. Emotional resilience, self-esteem, and the promotion of both physical and mental well-being are all fostered by positive social influence, which includes modelling, encouraging, and supporting good behaviours.

Social Acceptance Theory: According to Leary (2010), social acceptance refers to a person's sense of inclusion in their relationships and groups. A person who perceives themselves as socially acceptable would believe that others want to involve them in their interactions and groupings. Conversely, social rejection suggests that people don't really want to incorporate the individual in their social circles and interpersonal connections (Leary 2010). People encounter acceptance and rejection from society in a variety of settings. Acceptance can take many forms: getting accepted for a desired job, getting a love partner to accept a marriage proposal, or experiencing social rejection like divorce or being shunned by coworkers (DeWall & Bushman 2011). The foundation of wellbeing is social acceptability, which gives people a feeling of support, validation, and community within their social networks. People's emotional stability, self-confidence, and general happiness are all enhanced when they perceive others to be accepting and valuable.

Social Identity Theory: According to Erikson (1975), identity is a subjective feeling of personal continuity and sameness in which a person's chosen roles, vocations, and connections merge with a variety of innate characteristics, including appearance, temperament, and aptitude. However, even a cursory examination of human behaviour demonstrates that, behind an individuated sense of personal identity, is a collective or social identity to which people act to protect and are emotionally attached (Brewer, 1991). These social identities, which can be national, ethnic, religious, or professional, move the emphasis from what makes us unique to what makes us feel like interchangeable models of a particular social category (Turner et al., 1987). Social identity is a significant factor in well-being because it shapes people's sense of connection, purpose and belonging in social groupings, all of which improve psychological toughness and self-worth. A framework for comprehending

one's place in the world is provided by social identity affirmation, which fosters a sense of security and belonging.

HELPING BEHAVIOUR

Helping behaviour refers to voluntary actions aimed at helping others, with or without pay. It is a type of prosocial behaviour, which is a voluntary act of helping or benefiting another individual or group of people, such as sharing, comforting, rescuing, and helping. Helping behaviour can be driven by various motives, including empathy, compassion, or social norms. As defined by Wispe (1972), prosocial behaviour is a behaviour that is expected to produce or maintain the physical and psychological well-being and integrity of other individuals involved. That is, engaging in conduct that helps other people. Prosocial behaviour includes behaviours such as helping, cooperating, or exchanging.

According to Penner and colleagues (2005), prosocial behaviour is any action taken with the intention of helping another person. It is an umbrella word used to cover actions performed to safeguard or promote the wellbeing of others. According to Schwartz and Bilsky (1990), examples of prosocial behaviour include helpful interventions, volunteer work, and giving blood or money. While each of these behaviours has its own distinct qualities, they are always united by the intention to help or benefit others. Thoits and Hewitt (2001) have reported on the prevalence of helping behaviours. Prosocial behaviour and altruism are sometimes used interchangeably.

Helping attitude was described by Nickell (1998) as the attitudes, sentiments, and actions associated with providing assistance to others. According to Snyder, Lopez and Pedrotti (2011), altruism is defined as acts or behaviours that are meant to benefit another person. It is sometimes used interchangeably with helpful conduct. A helpful attitude or action is widely seen as a noble behaviour in many cultures, and it is a central tenet of several global religions. According to Seligman and Csikszentmihalyi (2000b), altruism is a crucial mechanism that promotes society's overall well-being.

The term helping is proposed as a narrower term meaning an action that benefits others without promising external benefits in return. Cases where prizes are allowed are considered exchanges. Helping behaviour includes various actions such as sharing, helping, supporting or donating. Helping thus refers to an action that, from the user's point of view, aims to benefit another person(s) and can be motivated by a number of motives, such as a sense of duty, expectation of money, fulfillment of a request or threat, expectation of external benefits, debt, compensation or altruism. In all these cases, no external payment was allowed in advance for services, though the helper himself could expect all kinds of payments.

Prosocial behaviour encompasses a broader range of actions that benefit others or society as a whole. It includes behaviors such as cooperation, sharing, volunteering, and acts of kindness towards others. Prosocial behavior can involve helping individuals directly, as well as contributing to the welfare of groups or communities. It often reflects a concern for the well-being of others and a desire to promote social harmony and cooperation. Again, altruism is a specific form of prosocial behavior characterized by selfless concern for the welfare of others, even at the expense of one's own interests or well-being. Altruistic actions are motivated by genuine concern for the needs and welfare of others, without any expectation of personal gain or reward. Altruism involves a willingness to make sacrifices or incur costs to benefit others, purely out of a sense of empathy, compassion, or moral obligation.

Helping behaviour is a specific form of prosocial behaviour focused on assisting others, while prosocial behaviour encompasses a wider range of actions aimed at benefiting others or society. Altruism represents the highest form of prosocial behaviour, characterized by selfless concern for the well-being of others and a willingness to sacrifice personal interests for the greater good. While all three concepts involve actions aimed at benefiting others, altruism is distinguished by its purely selfless and unconditional nature.

Social psychologists study the ways in which people help others. Research shows that people are less likely to offer help to someone in need if others are present. This phenomenon is called the *Bystander Effect*. As the number of people

living increases, the chances of the person in need getting help decrease. The sharing of responsibility contributes to the effect of those who live there. The responsibility is shared with everyone present, so if there are a lot of people there, you don't feel the responsibility to help anyone.

Background of Helping Behaviour

One of the oldest virtues that the Greeks talked about, the concept of assisting one another is present in all global faiths and has been for centuries. Plato, an ancient Greek philosopher, proposed that social contracts be established by groups of people to guarantee that individuals would refrain from acting selfishly in order to benefit others. According to Aristotle, human nature is more inherently good. He also talked about the generally good emotions that both the donor and the recipient have for one another. Aristotle asserts that the individual providing assistance experiences these emotions more intensely than the person receiving it. Regarded as the pinnacle of Confucian virtues, the ancient Chinese value, "Jen", is kindness or generosity towards others.

Not only the Chinese and Greeks of antiquity valued helpful behaviour. The Golden Rule—that individuals should treat others as they would like to be treated—is found in almost all global faiths. The Christian Bible encourages compassion for the underprivileged, needy, and one another. The story of the Good Samaritan, who assisted a stranger in need as they were walking down the road, is also recounted. This fable has evolved into the contemporary archetype of selfless deeds. The eight levels of righteousness in aiding others are known as the Golden Ladder of Charity, as explained by the Jewish philosopher and Rabbi Maimonides. The third pillar of Islam, known as Zakat, is charity towards others. It entails a yearly duty to provide for the less fortunate. The Noble Eight Fold Path of Buddhism promotes doing good deeds, words, and lifestyle in order to assist others. Being nice to all living things is significant in Hinduism, as they are all representations of God. Additionally, easing the pain of others is a form of good karma, or the beneficial influence of one's actions has on future incarnations.

Among new scientific approaches, social psychologists are at the forefront of understanding how and why people help others. However, very little was written about helping behaviour until a major historical event occurred: the assassination of Catherine "Kitty" Genovese on March 13, 1964. Social psychologists Bibb Latane and John Darley were motivated to learn what decision-making processes are involved in deciding whether to help in an emergency situation. This study was the first of thousands of professional journal articles and books on the subject.

Models of Helping Behaviour

Several scholars have suggested models of helpful behaviour to assist in explaining the process by which people choose to help or not.

Latane'- Darley Model: Latane and Darley (1970) proposed a broad model that explains the obstacles that need to be overcome before assistance is provided. The following obstacles must be overcome, in accordance with the Latane'-Darley model, before someone may offer assistance in an emergency: A potential helper must: (1) recognize when someone is in need of assistance; (2) interpret this as a situation requiring intervention; (3) take accountability for providing assistance; and (4) choose a suitable course of action and decide to carry it out. Latane and Darley (1970) assert that a help answer can be evaded almost at any stage of the assistance-giving procedure. For instance, as it happens with diffusion of responsibility, a potential helper may overcome the first and second hurdles, yet neglect to take accountability for their assistance. Similarly, a person could get beyond barriers one through three, but they might not be able to determine the right path of action and opt not to provide assistance. Some recent models more accurately forecast when an individual will cross the stages in the original theory, however, Latane and Darley offer a good general prediction of when a bystander will or will not act on behalf of a person in need (Brewer & Crano, 1994).

Arousal-Cost-Reward Model: The arousal-cost-reward model developed by Piliavin and Colleague (1981, 1982) is one such hypothesis. The two main parts of this paradigm are arousal and the potential helper's assessment of the benefits and drawbacks of being involved. First, the model makes the assumption that individuals

actively look for strategies to reduce their unpleasant arousal when they see the pain or suffering of others. The clarity and gravity of the situation at hand influence the amount of arousal that is experienced. Because of this, someone who witnesses a horrific murder together with its associated images and noises will be more aroused than someone who hears the cries but does not see the consequences.

Numerous studies have demonstrated the significance of arousal in supportive environments. According to research by Gaertner, Dovidio, and Johnson (1982), those who were highly aroused—as seen by a raised heart rate—acted more quickly in an emergency than people who were less aroused. The subjects intervened more promptly as their pulse rate increased. But how individuals interpret their arousal also influences how they behave when offering assistance.

Social Exchange Theory: In order to forecast the causes and effects of helpful behaviour, social exchange theory is frequently applied in helping behaviour research. "Social exchange is defined by Blau (1964) as the relationship that involves undefined obligations". Social trade ultimately rests on mutual confidence that each side will fulfil their end of the bargain. To maintain the trading connection over time, both parties must uphold the reciprocity rule. A wide range of resources, including authority, credibility, and respect, may be traded. Since what should be traded is typically not stated, people's real exchanges are determined by their assessment of

the resources they possess as well as their judgement of the wants of their exchange partners (Blau, 1964). To put it another way, one must give their exchange partners what they require in order to keep the connection going, but this relies on whether or not one is aware of what those requirements are. Additionally, people may have distinct social exchange relationships with various exchange partners, including coworkers, bosses, and organizations. (Lavelle, Brockner, & Rupp, 2007)

Social Responsibility Norm- The Social Responsibility Norm emphasizes the societal expectation that individuals should help others in need, even if doing so comes at a personal cost. According to Reno and colleagues (1993), societal norms define what is considered appropriate behaviour for members of a given society. These are general standards that cover how society interacts and anticipates others to interact.

Helping behaviour may be encouraged in individuals and may be prescribed by certain standards at the social level (Carlo and Randall, 2002). This norm underscores the importance of altruistic behaviour and promotes a sense of duty and obligation towards others within a community or society. When individuals adhere to the Social Responsibility Norm, they are motivated by a sense of moral obligation to assist those who are less fortunate, regardless of any potential sacrifices involved.

Reciprocity Norm- On the other hand, the Reciprocity Norm operates on the principle of mutual exchange and cooperation. According to the reciprocity norm, which is a social standard, individuals should repay favors and other acts of goodwill (Gouldner, 1960). Fair and easy social interactions are made possible by following this guideline. But those looking to obtain an unfair edge might also take advantage of the norm. The reciprocity norm frequently influences compliance with requests, according to a number of research (Cialdini & Goldstein, 2004). According to this norm, individuals feel obligated to help those who have previously helped them, fostering a sense of reciprocity and mutual support within social relationships. By reciprocating acts of kindness or assistance, individuals contribute to the maintenance of social bonds and cooperation within their social networks.

Social traps- While individuals often act in their own self-interest, certain situations can lead to unintended negative consequences for both themselves and others. Any circumstance where the immediate, local stimuli influencing a person's behaviour conflict with the long-term, global interests of that individual and society is referred to as a social traps (Cross and Guyer, 1980, Teger, 1980). Social traps exemplify scenarios where individual pursuit of self-interest leads to collective harm or undesirable outcomes. People reacted for short-term, self-serving benefits, but over time, they suffered significant societal costs. These types of responses were dubbed "social traps" by Platt (1973). In the case of global warming, for instance, individuals may prioritize their immediate needs or desires, such as purchasing fuel-inefficient cars, without considering the long-term environmental consequences. This shortsighted focus on personal gain can contribute to the exacerbation of global environmental issues, illustrating the detrimental effects of individual actions on the collective well-being of society.

Types of Helping Behaviour

There are countless tiny acts of kindness that individuals perform on a daily basis, such as lending a pen to a fellow student. Large-scale actions of assistance also exist, such as financial donations of substantial amounts or saving a person from a burning building. Three dimensions were used by Pearce and Amato (1980) to categorize the different types of assistance: level of planning and formality, directness of the help, and seriousness of the need.

Level of planning and formality can vary from being quite official and scheduled, such as volunteering at a hospital once a week, to being very informal and impromptu, such as assisting someone who has dropped some papers in the corridor. Assisting a little child tie her shoes is an example of highly direct support; assisting hurricane victims through the mail is an example of very indirect help. The term "directness of help" refers to the degree of interaction between the giver and the recipient. Finally, the seriousness of the need must be considered. There is a big difference between lending someone a few pennies when they are out of groceries or giving CPR and lifesaving breaths to someone having a heart attack. The consequences of the first are very small, while the consequences of the second can mean the difference between life and death.

In 1994, McGuire distinguished four categories of helpful behaviour. Casual helping, performing little favours for acquaintances on a casual basis, such lending someone your mobile phone for a brief conversation, is known as 'informal assisting'. 'Substantial personal helping' means providing significant personal assistance, for instance, assisting a friend or family member with a relocation. This kind of assistance is making a significant effort to support someone over a long period of time so that they can gain something. 'Emotional helping' means giving someone care and tailored emotional support, such as listening to a friend who is having a rough day or offering information and counselling to someone upon request. Lastly, helping someone with an urgent issue is what 'Emergency helping' entails. It would be similar to dialling 911 in the event of an automobile collision. McGuire's categories of helpful behaviour are linked to the idea of social support, which may include offering someone the tools they need to solve an issue as well as the

emotional or psychological support they need to deal with the difficulties of life's challenges.

Research groups led by Batson and colleagues (2007) have sparked a continuing discussion over how empathy influences prosocial behaviour. According to Miller and colleagues (1991), altruistic conduct is a subset of prosocial activity. Prosocial conduct and altruism are tightly associated. Altruism is a subset of prosocial activity, whereas prosocial behaviour as a whole refers to the act of providing assistance to others. The primary distinction between altruism and prosocial conduct is that the prosocial conduct refers to any action taken with the intention of assisting another person, whether or not an internal or external benefit is anticipated. Altruism, on the other hand, does not include any kind of compensation and is carried out only for the benefit of the other person. When assisting someone without considering what you could receive in return, prosocial activity turns into altruistic behaviour. Not all prosocial actions are altruistic, even though all altruistic acts are prosocial. Helping others can be motivated by a variety of factors, including guilt, incentives, duty, obligation, and responsibility.

Gender and Other Individual Differences in Helping Behavior

It is a widely held belief that women are typically kinder, more caring, and more helpful than males. However, males are far more likely than women to win heroic accolades. In social psychology, laboratory research often demonstrates that men are more helpful or that both genders are equally helpful. In Western society, men are viewed as guardians and heroes, which promote helpful behaviour. Because males are usually physically stronger and bigger than women, they may feel less risk of injury when performing heroic deeds. Consequently, we cannot say that being naturally inclined to assist in times of need accounts for all acts of bravery. According to some study, women could be more willing to lend a hand to friends and family who they have strong and continuous relationships with. Additionally, they could be more willing to assist if the work entails doing tasks associated with stereotyped gender duties for women, including feeding a sick person or assisting a lost kid in finding her parents.

Numerous studies have examined the differences between genders in terms of helpful behaviour. Males tend to be more solution-oriented in their helpful behaviour than females while ladies focus more on providing emotional support and matching problems, according to a previous study by Tannen (1990). Comparably, a meta-analysis carried out by Eagly and Crowley (1986) revealed that males do acts of altruism more frequently than women. More specifically, an increased incidence of assistance typically occurred in circumstances deemed as instrumental. More independent, self-assured, and self-directed behaviour are employed in instrumental settings. On the other hand, research by Eisenberg and colleagues (2006) revealed that men are often considered to be more achievement-oriented and autonomous, while women are typically thought to be more reactive, sympathetic, and prosocial.

According to research conducted by Erdle and colleagues (1992), women do better than males on measures of helpful behaviour. Accordingly, females are more likely than males to assist, according to studies by Bihm and colleagues (1979). However, a study by Krebs (1970) demonstrates that there are no gender differences in the actual acts of altruism. In addition, Chou (1998) investigated the relationship between gender and volunteerism and altruistic behaviour. The results show that age positively influences altruistic behaviour; the older the teenager, the higher their prosocial behaviour score. But in terms of prosocial or helpful behaviour, he said there was no gender difference. Similar to this, Birditt and Fingerman's (2003) study explores how age and gender might influence helpful behaviour.

Culture Differences in Helping Behavior

Psychologists have shown that a person's membership in the same group as the person in need is a significant predictor of whether or not they would offer assistance. For instance, an American is more inclined than to assist another American than a member of another cultural group. Similarly, Indians are more inclined to assist other Indians than they are to assist an American individual (Miller, Bersoff & Harwood, 1990). Countries differed widely in how much assistance they would provide to a stranger. According to a study done by Robert and colleagues (2001) to determine how cultural differences affect helpful behaviour, the average amount of assistance provided by pedestrians ranged from 40% in Kuala Lampur,

Malaysia, to 93% in Rio de Janeiro, Brazil. In a similar vein, 79% of university students in Schneider and Mockus's (1974) survey thought that there was a greater chance of getting assistance from strangers in a small town than in a big metropolis. Feldman (1968) examined comparative studies of assisting in Boston, Athens, and Paris and discovered a significant cultural difference. According to the results, 93% of Greeks did not reply to a straightforward plea for assistance for their fellow countrymen, which is a far higher percentage than 32% of Bostonians.

Helping Behavior Implications

The study of helpful behaviour provides enormous advantages for improving individual results, understanding human behaviour, and the general welfare of society. People can improve their ability to help those in need in their community, gain from continuing personal relationships with others, and generally improve the world if they have a better understanding of the behaviour, motivations, personality traits, and situational influences of helpers. Researchers studying how to make people more helpful have discovered that providing explanations for needs and providing thoughtful attributions (internal justifications) for those needs lead to an increase in helpful behaviour. Helping behaviour is also increased by reminding individuals of their moral obligations to assist those in needs, providing instructions on how to assist, and humanizing the victims. There is now a lot of study being done on the relationship between helping and other good psychological traits like forgiveness and appreciation.

ANXIETY

Out of all the emotions, anxiety is the one that is most studied and least understood. The 20th century has been dubbed the "age of anxiety," although worries about the issue date back to human history (Spielberger and Vagg, 1995). It is a characteristic of the personality as well as an emotional condition. Though there is a great variation in the definition, cause, and function of anxiety, it is a crucial notion for comprehending an individual's emotional existence.

Anxiety is a psychological and physiological condition including elements of cognition, emotion, physical sensation, and behaviour. It is often referred to as worry or anguish. A general definition of anxiety is a dispersed, nebulous, intensely

unpleasant sensation of fear and trepidation. It is the uncomfortable sensation of worry and terror. The word anxiety comes from the root meaning "vex or trouble"; anxiety may cause feelings of fear, concern, dread, and unease whether or not there is psychological stress. It is thought that anxiety is a typical response to a stressor. Prompting someone to cope with a stressful circumstance may help them deal with it.

One of the major issues of the twenty-first century is anxiety. Anyone can experience anxiety, often known as fear and worry, at any moment. The Latin word "anger," which means to produce anguish, is where the term 'anxiety' originates (Sharma & Sharma, 2015). A vague, unpleasant sensation made worse by ongoing stress and the presence of several stressors is known as anxiety (Lazarus & Folkman, 1984). Anxiety is defined by the dictionary as a severe distress of mind related to an imminent or predicted illness. Anxiety reactions are characterized by a mood of uneasiness without a visible stimulus and an attempt to release tension from inside and lessen anxiety by increasing body movement. The primary feature of anxiety is that it causes a subjective or internal state. Instead of focusing just on outward danger, it depicts a threat or danger that exists within the individual.

According to Weinberg and Gould (2007), anxiety is "a negative emotional state associated with activation or arousal of the body and characterized by nervousness, worry, and apprehension." The variable mood component is referred to as state anxiety. As defined by Spielberger (1966), "an emotional state characterized by subjectively felt feelings of tension and anxiety, accompanied by or associated with autonomic nervous system activation or arousal." According to several conceptualizations (Cattell & Scheier, 1961; Spielberger, 1966), anxiety consists of both more permanent trait components and transient, situational state components.

The extent of the individual's reaction to the stimuli they are afraid of obviously outweighs the actual threat, and phobias typically have a crippling impact on a person's life (Kowalski, 2000). According to Freud (1936), anxiety is a warning indication that something dangerous is happening. This uncomfortable state of anxiety is triggered by the perceived threat of danger, whether it comes from outside sources or from one's own suppressed thoughts and feelings. This unpleasant state of anxiety then acts as a warning that the person needs to make some kind of change.

Freud's danger signal theory is highly compatible with Darwin's (1965) evolutionary approach in that it emphasizes the adaptive usefulness of anxiety in driving behaviour that enables a person either to avoid or cope with danger more effectively.

People seem to have been more nervous over the previous several decades, worried more about their safety, social approval, and job stability than they did in the past, according to Sloan (1996) and Rosen (1998). Before taking on something difficult, like an exam, interview, or test, people frequently feel anxious or afraid. These emotions are understandably reasonable and considered natural. Anxiety is considered an issue when it interferes with an individual's ability to sleep or do other everyday chores. Generally speaking, anxiety happens when a response deviates from what would be reasonable under the circumstances. Severe anxiety can be

severely debilitating and seriously interfere with daily living, whereas mild anxiety is ambiguous and uncomfortable.

Somatic, cognitive, and behavioural anxiety are all parts of anxiety. Movement variations in the perceived physiological arousal are a feature of somatic anxiety. Worry and uncertainty are components of cognitive anxiety. Low levels of arousal and attention are characteristics of behavioural anxiety. Anxiety, despair, rage, and curiosity are the main markers of psychological discomfort and wellbeing, according to Spielberger & Reheiser (2009).

Therefore, anxiety is a highly unpleasant condition that indicates a threat to the ego. It is characterized by nervousness, painful uneasiness of mind with feelings of tension, apprehension, and heightened arousal of the autonomic nervous system. Anxiety is also a stressful, affective, palpable, but transient emotional state. In addition to aiding in the effective handling of clearly identified, real, and immediate dangers, the physiological, cognitive, and subjective components may also have detrimental effects on unresolved unconscious conflicts, may affect both somatic and physiological participation, and jeopardize the integrity of the organism by acting out various discharged phenomena along a specific path.

When opposing impulses, like the need to love or hate collide, an individual may develop anxiety, an illness known as abnormal or chronic anxiety that interferes

with day-to-day functioning. Panic episodes, phobias, and obsessive-compulsive disorder are the three primary diagnostic categories that are most frequently used. Anxiety was divided into subtypes by the American Psychiatric Association in the DSM-IV (APA, 1994), including panic disorder, phobic disorder, generalized anxiety disorder, obsessive-compulsive disorder, and post-traumatic stress disorder. (Davison & Neale, 1998). Anxiety and terror are frequently used synonymously. Still, there are instances when drawing a difference is helpful. The term anxiety is used when the object of the emotion is unknown, fully or partially hidden, unrecognized, or unconscious in the sense that the anxious individual is not clearly aware of the nature of competing situations which make him uneasy. The word 'fear' is used when the object of emotion is known. He is unaware that worry stems from internal sentiments of uncertainty rather than from an outside circumstance that he associates with dread.

According to Freud (1966), anxiety develops in two stages: basic anxiety, which is a traumatic condition, and subsequent anxiety, which is the ego's response to an external danger. Unconscious worry may surface when one's security or sense of self-worth is at jeopardy. Ego-psychologist Jacobson (1964) claimed that inter-systematic tension between the ego and the id is the source of anxiety in the ego. According to Dollard and Miller (1950), anxiety is a secondary drive that arises from neurotic conflict. Eysenck (1947, 1957, 1960) regarded neuroticism and the balance between excitation and inhibition as the primary causes of anxiety and highlighted the role that personality factors play in the development of anxiety. According to Lazarus and Averill (1972), anxiety is an emotion that arises when the cognitive system is unable to effectively link to the environment. Anxiety is found on the assessment of threat, which involves symbolic anticipatory and uncertain parts.

During factor analysis, Cattell (1966) discovered a relatively broad second order factor that he named anxiety. He further stated that anxiety is specific to the urge of fear and results from the threat that occur when there is anticipation of deprivation of any one or all of the urges. The magnitude of all unfulfilled needs and the degree of uncertainty that they will be fulfilled determine the anxiety factor. Additionally, Cattell distinguished between trait and state anxiety. The state anxiety factor has a very slight loading of physiological variables like respiration rate and

systolic blood pressure, while the trait anxiety factor includes a few factors, including ego-weakness, ergic tensions, guilt-proneness, suspiciousness, and tendency to embarrassment, according to Cattell and Schierer (1961).

Epstein (1972) pointed out that anxiety tends to be of lower intensity compared to fear and is characterized by a more diffuse and ambiguous nature. It is frequently triggered by circumstances that are unclear or ambiguous, making it challenging for an individual to know exactly how to respond to the circumstance. Anxiety is considered natural to a certain extent when its strength and nature are within reasonable bounds and can even assist the body to be physically ready to handle the demands.

Furthermore, typical anxiety does not have maladaptive or disorganized effects. Normal anxiety serves beneficial purposes, such as making a person more prepared to act quickly and vigorously, building pleasant anticipation, and frequently serving as a catalyst for joy and laughter without significantly interfering with day-to-day activities.

A person who has moderate anxiety is more likely to be watchful, cautious, and sensitive to even small stimuli. In fact, a person with moderate anxiety may be more resilient in an emergency situation and have more time to prepare defensively. As a result, someone who has no anxiety at all might be just as unfortunate as someone who has excessive anxiety.

Although overall sensitivity may be inherited, which might result in an increased inclination to worry about most things happening in a man's life, the genetic origins of anxiety are often not inherited. High doses of nicotine, caffeine, and stimulant medication usage have been shown to exacerbate anxiety in those who are predisposed to it. Anxiety levels can rise in response to deficiencies in specific vitamins, such as calcium, magnesium, and vitamin B6. They can also rise in persons stopping benzodiazepines, alcohol, and barbiturate medicines.

A few environmental factors can also lead to a high level of anxiety. These include childhood experiences of being ridiculed, criticized, and overprotected, cumulative stress, unfavorable life events and significant losses, such as being

threatened with death, experiencing a breakup in a marriage, facing financial difficulties, losing a job, significant life changes, such as frequently switching jobs, and having no children or having them live at home or in a hostel while attending school (Brourne, 1995). High levels of anxiety have also been linked to negative, unrealistic, and illogical thought patterns, harmful beliefs, repressed emotions, low self-worth, assertiveness, and a lack of sense of purpose in life (David, 1980).

Symptoms of Anxiety

There could be different types of Anxiety symptom, some of the common symptoms are discuss below:

1) *Psychological symptoms of anxiety:* The psychological (mental) symptoms of anxiety include feeling anxious or nervous all the time, having trouble falling asleep, being exhausted, irritable, having trouble concentrating, being extremely alert, feeling tense or unable to relax, and crying frequently.

2) *Physical symptoms of anxiety:* Anxiety can manifest physically as a racing heartbeat, rapid breathing, palpitations (an irregular heartbeat), nausea, chest pains, sweating, and lack of appetite, headaches, dizziness, and increased frequency of bathroom visits.

Types of Anxiety

Anxiety disorders come in many different varieties. The DSM-IV-TR classifies anxiety disorders into the following categories: Anxiety disorders caused by a general medical condition, substance-induced anxiety, panic disorders, agoraphobia, specific phobias, social phobias, obsessive compulsive disorder, posttraumatic stress disorder, acute distress disorder, generalized anxiety disorder, and anxiety disorder not otherwise specified. A shift towards self-centeredness, physiological symptoms (e.g., sweating, heart palpitations, trembling, etc.), and a sense of uncontrollability focused on potential future threat, danger, or other anticipated, potentially negative events are among the common symptoms shared by the range of anxiety disorders (American Psychological Association, 2000). When utilizing the current categorization methods, some symptoms become troublesome, which brings up the question of discriminating validity.

According to Andrews (1996) and Brown and Barlow (2002), researchers hypothesize that overlapping symptoms are important for understanding the aetiology, prevention, and therapy for emotional disorders. Generalized anxiety disorder (GAD), panic disorder (PD), obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), social anxiety disorder, and specific phobias are some of the primary forms of anxiety that are classified as severe mental diseases. These different anxiety disorders and their accompanying symptoms can be categorized as follows: (i) Generalized Anxiety Disorder; (ii) Panic Disorder; (iii) Post-Traumatic Stress Disorder; (iv) Obsessive–Compulsive Disorder; (v) Social Anxiety Disorder; (vi) Separation Anxiety.

1) *Generalized Anxiety Disorder (GAD):* The most prevalent anxiety illness affecting older persons is generalized anxiety disorder. It is a common chronic illness marked by persistent worry that is neither situation- or object-specific. The best way to characterize generalized anxiety disorder would be to say that it is persistent, nebulous, inexplicable, yet severe concerns that do not appear to be connected to any one item. Individuals with generalized anxiety disorder have nonspecific, ongoing fear and worry, and they get too worked up over little things. Anxiety related to recent life events that lasts six months or more is known as generalized anxiety disorder. For both men and women, the course of generalized anxiety disorder is often lengthy—it can last up to 20 years. Between the late teens and early twenties, this sequence typically starts at observable level.

2) *Panic Disorder (PD):* Individuals with panic disorder experience extreme fear and anxiety, which is frequently accompanied by panic episodes that cause trembling, shaking, disorientation, nausea, and breathing difficulties. These panic episodes, which are characterized by sudden, intense dread or discomfort that peaks in less than ten minutes, can linger for many hours and can be brought on by stress, anxiety, or even physical activity. While the exact aetiology of these episodes is not always known, panic attacks frequently happen in reaction to a particular phobic trigger. For instance, a dog phobia sufferer may have an episode when they hear a dog barking. Studies have shown that people who suffer from panic attacks believe

they have limitations with their mental and physical health as well as their ability to operate financially and in their jobs.

3) *Post-Traumatic Stress Disorder (PTSD):* An anxiety disorder called post-traumatic stress disorder (PTSD) is brought on by a stressful event. Extreme circumstances like a battle, a natural catastrophe, rape, hostage situations, child abuse, bullying, or even a major accident can cause posttraumatic stress disorder. It can also happen when someone is exposed to a significant stressor over an extended period, such as soldiers who can withstand isolated conflict but not ongoing hostilities.

4) *Obsessive–Compulsive Disorder (OCD):* The main symptoms of this kind of anxiety disorder are recurring compulsions and obsessions. Worldwide, this illness affects around 3% of the population. Since the OCD thinking pattern entails believing in a causal link when, in fact, none exists; it can be compared to superstitions in some ways. Frequently, the procedure is completely nonsensical; for example, the want to move in a specific way could be utilized to ease the fixation on potential danger. Furthermore, the compulsion is frequently completely unexplainable—it is just a frightened person's drive to finish a routine. Many medical professionals think that the root causes of obsessions and compulsions are a desire for structure and a fear of losing control. The condition is more common in members of the same family than in the general population, regardless of whether this is due to hereditary or environmental causes. It is uncommon to have obsessive-compulsive disorder, and it should not be mistaken with issues like binge drinking or overeating. In order to assist these patients in breaking free from preoccupation and compulsions, cognitive therapists work to help them recognize how overly responsible they feel.

5) *Social Anxiety Disorder (SAD):* An extreme fear and avoidance of unfavourable public scrutiny, public shame, humiliation, or social contact is characterized as social anxiety disorder (SAD), sometimes known as social phobia. This dread might be exclusive to certain social contexts, like giving a speech in front of an audience, or it

can be felt in various social settings. Certain physical signs of social anxiety, such as flushing, perspiration, and trouble speaking, frequently appear. Like with many phobic illnesses, social anxiety sufferers frequently try to avoid the thing that is making them anxious. This is especially troublesome for social anxiety sufferers, since it can, in extreme situations, result in total social isolation.

6) *Separation Anxiety Disorder (SepAD):* The sense of excessive and inappropriate worry over being apart from a person or location is known as separation anxiety disorder (SepAD). In infants and young toddlers, separation anxiety is a natural aspect of development; it is only when this emotion becomes overwhelming or inappropriate that it can be classified as a problem. About 4% of children and 7% of adults suffer with separation anxiety disorder; however, the cases in children are often more severe; in certain situations, even a brief separation can cause panic.

Causes of Anxiety

Rather than stemming from a single source, anxiety seems to arise from the interplay of several elements. In general, if one or both of our parents show signs of worry, we are more likely to feel anxious ourselves. The following are some major causes of anxiety:

1) *Feeling of Inadequacy:* There are a number of reasons why someone could feel inadequate. Some of these factors may include:

a) An excessively protective parenting style that makes it difficult for the child to manage his difficulties on his own.

b) The individual is questioned about his talents due to important others' criticism and appropriate attitudes towards his accomplishments.

c) Unrealistically high levels of ambitions, which cause the person to experience recurrent failure and destroy his self-confidence.

2) *Experiences:* Anxiety is brought on by situations that erode one's sense of self-worth and leave them feeling inadequate.

3) *Emotional Conflict*: McDougall and Gordon state that conflicts between any two emotions might result in neurotic anxiety disorder.

4) *Mental conflict and Frustration:* Kelly thinks that dissatisfaction and internal conflict are the main causes of anxiety disorders.

5) *Suppression of sexual desire:* According to Freud, anxiety arises when an individual's libido becomes aroused but is not satiated, leading to its repression. He goes on to say that a man or woman who has sexual excitement but is unable to express it would eventually succumb to worry.

6) *Repression of self-assertive tendency:* According to Adler, man's most important and most intense impulse is to assert himself. If the person's ego does not develop properly and he instead develops a sense of inferiority, then his self-tendency is repressed and this leads to development of anxiety neurosis.

Diagnosis of Anxiety:

Anxiety disorders are frequently crippling long-term illnesses that can develop gradually over time or emerge out of nowhere in response to a trigger. They often accompany physiological symptoms such as headache, perspiration, muscular spasms, palpitations, and hypertension, which can sometimes result in weariness or even exhaustion. They are prone to flare up during periods of intense stress. Although the terms "fear" and "anxiety" are frequently used synonymously in everyday speech, they have different connotations in clinical contexts. Fear is the mental and physical reaction to a known external threat, whereas anxiety is described as an unpleasant emotional state for which the reason is either difficult to determine or thought to be uncontrollable or inescapable.

As many 60% of individuals with anxiety disorders also have clinical depression, which is one of the most common co-occurring mental diseases with anxiety disorders. The fact that anxiety and depression symptoms can occasionally overlap significantly and that both conditions can be brought on by the same triggering environment may assist to explain the high occurrence of comorbidity. Additionally, research has shown that those with a family history of anxiety disorders, particularly specific types, are at a higher risk of developing anxiety disorders themselves.

Anxiety disorders and sexual dysfunction are frequently co-occurring conditions, however it can be difficult to say if anxiety causes sexual dysfunction or whether the two conditions have a shared cause. The most common manifestations in individuals with an anxiety disorder are escaping from sexual activity, premature ejaculation or erectile dysfunction among male and feeling of pain during intercourse among women. Sexual dysfunction is predominantly common among people exaggerated by panic disorder and post-traumatic stress disorder.

Treatment for Anxiety:

The benefit of early identification and therapy is the most significant clinical takeaway from social anxiety disorder according to study findings. In general care practice, social anxiety disorder residue is under-recognized. The available treatment options include medication therapy, psychotherapy, particularly cognitive behavioural therapy, and lifestyle modifications. Almost all treatments should include education, encouragement, and some type of cognitive behavioural therapy. The results of studies have demonstrated the effectiveness of two treatment modalities for social anxiety disorder: particular drugs and a brief psychotherapy called cognitive behaviour therapy, which focuses on progressive exposure therapy. There are three ways to manage anxiety: on its own, with psychological counselling, or medically. In the end, the course of treatment is determined by the patient's choices and the reason for the anxiety. Often, medicine, behaviour therapy, and psychotherapy are used in conjunction throughout the treatment process. Treatment for the anxiety disorder may need to wait until coexisting illnesses like alcoholism, depression, or other conditions are under control because they may sometimes have such a significant influence on the person.

Effects of Anxiety

Anxiety will impact the mind and body in equal measure.

1) *Physical effects*: Tension in the muscles can lead to headaches and other pain. Rapid breathing can cause dizziness, unsteadiness, pins and needles, and confusion. Vomiting and nausea can also be brought on by blood supply changes that disrupt the digestive tract. Rising blood pressure might heighten one's awareness of their own

heartbeat. The consequences of anxiety on an individual's neurological system might show up as butterflies in the stomach and an overwhelming need to use the loo.

2) *Psychological effects*: Anxiety can include psychological consequences such as dread, irritability, and feeling on edge, increased attentiveness, and difficulty relaxing or focusing. The person could have a strong need to be reliant and cry and ask for other people's help. A person's style of thinking may be impacted; he may project negativity onto everything that happens out of concern that the worst may happen.

DEPRESSION

Depression is a recognized mental health issue and a significant societal phenomenon. It has been described as the main cause of disability worldwide. A wide range of individuals, including adolescents, women, men, and students, are susceptible to depression (Pilgrim, Rogers, & Pescosolido, 2011). It is well-recognized that depression is an internalizing issue that affects individuals and is categorized by its symptoms, which include excessive sadness or a depressed mood, loss of interest in activities, trouble sleeping, difficulty thinking, and difficulty concentrating (Merrell, 2008). Ten percent or fewer of the population at any one moment experiences mood swings associated with depression, which are typically accompanied by psychosocial or psychiatric problems requiring treatment (WHO, 2007)

Depression is assessed as a mood disorder. It's going to be defined as feelings of sadness, loss of interest or anger that hinder a person's everyday activities. Sadness, sensation and having a loss of interest or desire in daily activities are common feelings for everyone. But if they continue and disturb our lives significantly the problem may be depression. According to The Centers for Disease Control and Prevention (CDC), 8.1 percent of American adults aged around 20 years and over faced the problem of depression in any given 2-week period from 2013 to 2016 (https://www.cdc.gov).

In our daily lives, we feel swings in our moods. Sometimes we experience good emotions and sometimes we feel bad. In this modern struggling life, we become sad so many times. Depression is more than this feeling of sadness. Depression affects a person's daily life activities and thinking style. Depression is a common mental disorder, it affects not only you, but also those people who think and take care of you. According to Comer (2013), depression is a depressing, gloomy mood in which life appears hopeless and its problems overwhelming. According to Sarson and Sarson (2002), depression is a pervasive feeling of sadness that may begin after some loss of stressful event, but that persists for long afterwards. Inappropriate

thought patterns that realize every event as a calamity are characteristic of depression.

According to the July 2011 World Health Organization research, India had the highest global rate of serious depression. Murray and Lopez (1996) predicted that depression would come to the top cause of mortality by 2020. As a matter of fact, depression ranks first among the diseases that affect women in both high- and low-income nations (WHO, 2008). Depression is a mental disease that affects people worldwide and is quite common. It may be extremely debilitating (Gilbert, 1992; Renneberg et al., 2005). Depression is an emotional state in which a person feels depressed, hopeless, uninspired, or uninterested in their life. But if the ideas become disruptive to day-to-day activities and the mood lasts for more than two weeks, it probably becomes a psychiatric illness that needs medical attention.

According to Carson and colleagues (2000), depression is an emotional state marked by extreme melancholy and hopelessness. Aversion to all activities is a sign of depression. We experience mood swings in our daily lives for a variety of causes. Sad scenarios include losing a loved one, failing in our endeavours, losing our jobs, being unemployed, experiencing relationship adjustment issues, and dealing with personal issues. Depression is the term for these depressing emotions that last for a long period and are accompanied by other symptoms. It is not your typical melancholy.

A person experiencing depression may have low mood, less interest in enjoyable activities, changes in eating habits or weight, feelings of helplessness and hopelessness, diminished interest in sexual activities, difficulty concentrating, and self-criticism. Depression symptoms vary greatly from person to person. Some depressed individuals choose not to seek help. Depression can result from a wide range of biological, psychological, and cultural reasons. Psychotherapy, medication, and other approaches are effective in treating depression. A depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration are all signs of depression, a mental health condition that lasts for at least two weeks. Depression is also characterized by

feelings of extreme sadness or despair, a pessimistic sense of inadequacy, and a despondent lack of activity. These issues have the potential to become persistent or recurring, which can seriously affect a person's capacity to attend to daily obligations. When depression reaches its worst, it can result in suicide, a terrible death that claims over 8,50,000 lives annually (Corsini, 1999).

Symptoms of Depression

While each person's symptoms of depression are unique, there are some common ones. We all experience similar symptoms from time to time, but if they are severe and persistent, it indicates that the individual is depressed. The following is a description of depressive symptoms (Jeffrey et al., 2014).

1) *Emotional symptoms:* The emotional symptoms of depression are:

a) Mood swings: Your mood is all over the place, changing from happy to sad or calm to anxious, frequently.

b) Feeling teary-eyed: Finding yourself crying more often, even over little things that wouldn't usually bother you.

c) Easily annoyed or jumpy: Feeling on edge or getting irritated quickly, even at small annoyances.

2) *Cognitive symptoms:* Some of the cognitive symptoms of depression are -

a) Trouble concentrating: Having difficulty focusing or thinking clearly, like your mind is foggy or scattered.

b) Negative thoughts about yourself and the future: Constantly thinking negatively about yourself and feeling hopeless about what lies ahead.

c) Feeling guilty or regretful: Carrying around a sense of guilt or remorse for things you've done in the past.

d) Low self-esteem: Not feeling good about yourself or feeling like you're not worthy or capable.

e) Suicidal thoughts or thoughts of death: Feeling as though life is not worth living, or considering suicide or death.

3) Functioning and motor behavioral symptoms: The common symptoms of this

a) Moving or talking slowly: Feeling sluggish or finding that you're moving or speaking more slowly than usual.

b) Changes in sleep and appetite: Having trouble sleeping or sleeping too much, and experiencing changes in appetite and weight.

c) Decreased productivity: Finding it hard to keep up with work or school, neglecting responsibilities, and not caring about your appearance as much.

4) Motivational symptoms: Motivational symptoms of depression are-

a) Lack of motivation: Struggling to get going in the morning or even getting out of bed, feeling like you lack energy or drive.

b) Reduced social interest: Losing interest in socializing or participating in activities you used to enjoy.

c) Loss of pleasure: Not finding enjoyment in activities that once brought you pleasure, feeling emotionally numb or disconnected.

d) Decreased interest in sex: Having less desire or interest in sexual activities.

e) Insensitivity to praise or rewards: Not feeling uplifted or motivated by positive feedback or rewards.

Depression most likely results from a confluence of biological, psychological, environmental, and hereditary variables. Depression disorders have a connection to the brain. Magnetic resonance imaging and other brain imaging technologies have shown that the appearance of depressed individuals' brains differs from that of healthy individuals. The brain regions related to thought, sleep, hunger, and conduct

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all seem to differ. However, these pictures fail to reveal the reason behind the sadness. While some forms of melancholy run in families, depression can also strike those who have never had sadness in their family.

Researchers investigating genetics are looking into which genes may be more likely to cause depression. According to some results of genetics research, the interaction of several genes with environmental or other variables increases the risk of depression. A depressed episode can also be triggered by any stressful circumstance, a challenging relationship, or physical or mental damage.

Differences in Experiencing Depression Symptoms

Men may experience symptoms related to their:

1) Emotions, which include fury, hostility, impatience, nervousness, and restlessness
2) Mental health, including depressive, gloomy, or empty feelings
3) Actions, such as losing interest in once-favorite activities, experiencing fatigue easily, having suicidal thoughts, drinking too much, abusing drugs, or participating in dangerous activities
4) Sexual interest—reduction in sexual desire and performance
5) Cognitive functioning—difficulty focusing, finishing tasks, delayed responses during conversations
6) Sleep patterns—insomnia, restless sleep, excessive sleepiness, not sleeping through the night
7) Physical well-being—fatigue, headaches, digestive issues

Women may experience symptoms related to their:

1) Disposition, such as agitation
2) Cognitive abilities, such speaking or thinking more slowly
3) Emotional well-being, like feeling depressed, empty, nervous, or hopeless
4) Behaviour, like losing interest in activities, withdrawing from social interactions, or having suicidal thoughts
5) Physical well-being: aches, pains, headaches, increased cramps, decreased energy and increased weariness, changes in appetite, changes in weight, trouble sleeping through the night as well as difficulties waking up early

Children may experience symptoms related to their:

1) Emotions, including sobbing, agitation, irritation, and mood swings

2) Emotional health, including emotions of hopelessness, sobbing, and deep grief, or sentiments of inadequacy (such "I can't do anything right")

3) Cognitive abilities, such as difficulties focusing, a drop in academic performance, changes in grades

4) Behaviour, such as misbehaving, avoiding friends or siblings, thinking about death or suicide, and refusing to go to school.

5) Physical well-being, including low energy, gastrointestinal issues, changes in appetite, weight loss or increase, and sleep habits, such as difficulties falling asleep or sleeping excessively

Symptoms can extend beyond the limits of the mind. Depression can be more than just a constant feeling of sadness or "feeling down." Major depression can produce a variety of symptoms. Some will affect your mood and some will affect your body. Symptoms persist, and come and go.

Types of Depression:

The different types of depression are mentioned below:

1) *Major depression*: Other names for major depression include unipolar depression, classic depression, and major depressive disorder. A severe mood condition is major depressive disorder (MDD). Mania is absent from this condition; only significant depression episodes exist. Episodes of depression last for at least two weeks in those with severe depressive disorder. It is not just plain old melancholy. Since persistently low mood is a primary symptom of MDD, it differs from dysthymia condition. Both a person's personal and professional lives are impacted. Fatigue, irregular sleep and eating patterns, psychophysical agitation, difficulties focusing, a slowed down mental process that prevents quick judgements, a poor self-image, and suicidal thoughts are some of the symptoms of Major Depressive Disorder (MDD).

Bulmash and colleagues (2006) claim that severe depression can make it more difficult for people to fulfil their regular responsibilities. Major depressive disorder can cause people to lose interest in the majority of their regular hobbies and interests, struggle to focus and make decisions, have overwhelming thoughts of death, and consider or actually try suicide. It often affects people in their 30s to 40s, with a higher prevalence in women than in males. The majority of disorders that may be diagnosed are major depressive disorders. The condition has a lifetime prevalence of around 12% for males, 21% for women, and 16.5% overall, according to a recent nationally representative study (Conway et al., 2006; Fullerton et al., 2011).

2) *Seasonal affective disorder:* Depression associated with specific seasons is known as seasonal depression, commonly known as seasonal affective disorder and professionally characterized as major depressive disorder with seasonal pattern. It usually happens in the winter for most people.

Major depression has a variant known as seasonal affective disorder. MDD is classified as seasonal affective disorder when symptoms recur in the same season every two years. It is characterized by a wintertime depression that rises in the spring and summer. Seasonal affective disorder is a kind of depression that can be brought on by changes in the weather, namely the transition from summer to autumn and winter (Madsen, Dam & Hageman, 2011).

When the days become shorter in the autumn, symptoms usually start to show, and may last for the whole winter, and the symptom may include (i) feeling depressed, hopeless, or unworthy on a daily basis; (ii) weight gain; (iii) social disengagement; and (iv) an increased desire for sleep.

Suicidal thoughts may arise from seasonal depression, which may worsen as the season goes on. Symptoms usually go better in the spring. The changes in one's bodily cycles could be a reaction to the increased natural light.

3) *Persistent depressive disorder (Dysthymia):* Depression that lasts for more than two years is referred to as persistent depressive disorder. It is sometimes referred to as persistent depression or dysthymia. Even while persistent depression may not

seem as bad as severe depression, it can nevertheless cause difficulties with everyday tasks and relationships.

Dysthymia usually starts in infancy or adolescence and continues chronically into maturity. The word dysthymia comes from the Greek words dys-, which means "hard" or "bad," and thymos, which means "spirit." While they are not as profoundly sad as people with major depressive illness, people with dysthymia may feel "bad spirited" or "down in the dumps." Dysthymia is a moderate but persistent condition that usually lasts for years, while major depressive disorder is usually severe and has a limited time frame (Jeffrey et al., 2014).

According to Friedman (2009), 90% of individuals with dysthymia go on to acquire severe depression, and there is a significant chance of both major depressive illness and another relapse. At some point throughout their lives, 4% of the general population will have dysthymia (Conway et al., 2006). Dysthymia is more frequent in women than in males, similar to severe depressive illness. According to the American Psychological Association (2013), dysthymia is only diagnosed in individuals who have never had manic or hypomanic episodes.

4) *Double depression:* Some people have significant depression and dysthymia simultaneously. When a significant depressive episode is layered over a longer-term dysthymia, it is referred to as double depression (Jeffrey et al., 2014). It should come as no surprise that Double Depression presents a more severe clinical presentation than either major depressive disorder or dysthymia alone (Joiner et al., 2007; Klein et al., 1988). Manic episodes and other concomitant mental illnesses are more likely to manifest in double depression.

5) *Manic depression, or bipolar disorder:* The symptoms of manic depression alternate between depressive bouts and manic or hypomanic phases, during which you experience extreme happiness. Bipolar disorder used to be known by the archaic term "mania". An individual must undergo a manic episode lasting seven days, or shorter if hospitalization is necessary, in order to be diagnosed with bipolar illness. One may have a manic episode first, and a depressed episode later.

The symptoms of depressive episodes are the same as those of severe depression, and they include: (i) thoughts of suicide; (ii) feelings of emptiness or melancholy; (iii) lack of energy; (iv) weariness; (v) sleep issues; (vi) difficulty focusing; (vii) decreased activity; (viii) loss of interest in once-enjoyable activities; (ix) exhaustion. A manic phase is characterized by: (i) elevated energy; (ii) decreased sleep; (iii) irritability; (iv) racing thoughts and speech; (v) grandiose thinking; (vi) heightened self-esteem and confidence; (vii) unusual, hazardous, self-destructive behaviour; (viii) feelings of elation, euphoria, or being "high."

Episodes may involve delusions and hallucinations in extreme situations. A milder kind of mania is called hypomania. Additionally, you may experience mixed episodes, which manifest signs of both sadness and mania.

6)   Postpartum depression or Perinatal depression: Clinically referred to as major depressive disorder with peripartum start, perinatal depression develops during pregnancy or in the first four weeks after giving birth. Postpartum depression is a common term for it. You may have postpartum depression during your pregnancy. Perinatal depression may happen to anybody, but it is more common in women who are alone or who have experienced depression in the past.

Friedman (2009) and Payne (2007) state that 80% of new mothers experience mood swings following delivery. These shifts in mood are sometimes referred to as "baby blues," "postpartum blues," or "maternity blues." They typically last for a few days and might be a typical reaction to the hormonal shifts brought on after delivery. Given these erratic hormonal fluctuations, it may be deemed "abnormal" for the majority of women to not go through any emotional changes in the immediate postpartum period. However, according to current estimates (Friedman, 2009), around one in seven new moms have more severe mood changes that may be categorized (Navarro et al., 2008) as postpartum depression (PPD).

A significant depressive episode occurs in women with postpartum depression four weeks after giving birth. According to the American Psychological Association (2013), in half of the instances, the depressive episode starts prior to delivery and lasts throughout the postpartum phase. Thankfully, postpartum

depression bouts are often less severe and last shorter than other major depressive episodes. Yet, postpartum depression and suicide are associated in certain cases. PPD risk increases for pregnant women who have a history of mood disorders or who have the blues.

The following are additional risk variables of the *Postpartum depression or Perinatal depression* (Reck et al., 2009; Viguera et al., 2011; Kornfeld et al., 2012; Leibenluft & Yonkers, 2010; Phillips et al., 2010).

a) Experiencing domestic abuse

b) Being a single or first-time mother

c) Having financial difficulties or a tumultuous marriage

d) Lacking social support from partners and family members

e) Having undesired, ill, or challenging-to-handle infants

Vulnerability to PPD may also be influenced by genetic factors (Friedman, 2009; Mahon et al., 2009). A woman with PPD is more likely to experience depressive episodes in the future. Thankfully, there are efficient therapies out there, such as antidepressant medications and other psychotherapy modalities (Sockol, Epperson & Barber, 2011).

7) Premenstrual dysphoric disorder: A severe variation of premenstrual syndrome (PMS) is called premenstrual dysphoric disorder (PMDD). PMDD symptoms are often mostly psychological; however, PMS symptoms can also be physical.

The DSM-5 added premenstrual dysphoric disorder as a diagnostic category (Epperson, 2013). A more severe kind of premenstrual syndrome is called PMDD. During the premenstrual phase, women with premenstrual dysphoric disorder have both physical and psychological symptoms. Women with PMDD may experience mood swings, unexpected crying, despondency, impatience, rage, anxiety, tension, and negative self-thoughts (Jeffrey et al., 2014).

Premenstrual symptoms related to mood affect most women, with many (up to 50%) reporting moderate to severe symptoms. Researchers have found that almost one in five women experience physical or mood symptoms related to pre-menstruation that are severe enough to interfere with their day-to-day functioning,

such as making them miss work or causing them to experience severe emotional distress (Halbreich et al., 2006; Heinemann et al., 2010).

It is yet unknown what causes premenstrual dysphoric disorder and PMS. According to recent study, women with PMDD may experience unpleasant emotional reactions when exposed to normal amounts of female sexual hormones, whereas healthy women may not experience this same reaction (Baller et al., 2013; Epperson, 2013).

8) Situational depression: Short-term, stress-related depression is known as situational depression. It may worsen following the occurrence of a stressful incident or series of events. Another name for it is adjustment disorder. It might be difficult for people to get used to their regular lives after going through a terrible experience. Another name for it is reactive depression. Reactive depression symptoms often appear over a period of time that corresponds with how long the stressful circumstance lasts. Once more, the scientific difference between situational depression and clinical depression is inaccurate. Feelings of agony, the blues, and other symptoms should persist since situational depression is a frequent condition. People who experience healthy emotions lament over these circumstances.

When the stresses are removed, situational sadness is usually a problem, and it will go down as the person learns to manage the circumstances. It is a type of depression that lasts just a short while and can result from a number of devastating life events, such as divorce, retirement, job loss, or the death of a close relative. Health experts may refer to this illness as an adjustment disorder. Although the symptoms of this type of depression can largely be confused with those of clinical depression, there are some fundamental distinctions between the diseases' effects and courses of therapy.

9) Atypical depression: Under dysthymic disorder or major depression, atypical depression is a subtype that is presented with some particular symptoms, such as weight gain or increased appetite, excessive sleepiness or weariness, noticeable weakness or fatigue, moods that are highly reactive to external events, and extremely

refractory thoughts. Depression referred to as "atypical" does not imply that it is uncommon or infrequent. Its name is due to two factors.

a) It was recognized with its distinct characteristics after melancholy depression was identified.

b) It did not respond the same way as melancholy sadness to the two distinct classes of antidepressants that were available at the time.

While older people may have episodes with gloomy qualities more frequently, younger people may be more prone to exhibit unusual characteristics. Atypical depression exhibits unique personality psychopathology, biological characteristics, and a higher risk of suicidal conduct in addition to a high co-morbidity of anxiety disorders. The prevalence of atypical depression is higher in people with bipolar disorder.

10) Depressive psychosis: There are times when patients with profound depression experience delusions. Psychosis is the term for this condition, which can include delusions and hallucinations. Clinically speaking, both of these conditions are referred to as major depressive illness with psychotic characteristics. Nonetheless, some healthcare professionals continue to refer to this condition as psychotic depression or depressed psychosis.

When someone has hallucinations, they see, hear, taste, smell, or feel things that aren't actually there. Hearing voices or seeing individuals who aren't there are two examples of this. A deeply held belief that is obviously untrue or nonsensical is called a delusion. However, all of these things are absolutely accurate and real to someone who is going through psychosis. Physical symptoms of psychosis-related depression might also include delayed mobility or difficulty sitting still.

Theories of Depression:

Psychodynamic theories: Karl Abraham and Sigmund Freud created psychodynamic theory. According to Freud (1917), losing a loved one can cause depression. Research indicates that losing important people in one's life—via divorce or death, for instance—raises one's chance of developing depression (Kendler, Hettema, et al., 2003). According to Bowlby (1980), childhood trauma is a major contributing factor

to depression. Depression is significantly influenced by the family environment and family history (Cohen et al. 2006).

Humanistic theories: Humanistic theory states that depression can arise from a variety of circumstances, including low self-esteem, losing friends and loved ones, and work-related issues. We frequently associate our social duties as parents, spouses, employees, or students with our sense of self and personal identity. When a spouse dies, when children leave for college, or when a career is lost, these roles that have become our identities can be impacted. It is possible for our feeling of value and purpose to be destroyed (Jeffrey et al., 2014).

Learning theories: According to behaviorists, persons who experience major changes in the quantity of rewards and punishments in their life are more likely to experience depression (Martell et al., 2010). According to Peter Lewinsohn (1974), depression can arise from a lack of positive reinforcement. When someone is unsatisfied with an object or aim, or with the reinforcement of their desires, depression may set in. Behaviorists have discovered in several researches that there is a correlation between an individual's level of rewards in life and whether or not they experience depression. In addition to reporting on average less pleasant rewards than non-depressed individuals, persons with depression also tended to report better moods when their rewards started to rise (Bylsma et al., 2011; Lewinsohn, Youngren, & Grosscup, 1979).

In a similar vein, several studies have discovered a robust correlation between happy and satisfied life experiences and emotions (Carvalho & Hopko, 2011; Martell et al., 2010). Additionally, behaviorists have shown that social incentives play a significant role in the depressive spiral (Martell et al., 2010; Farmer & Chapman, 2008). Research has demonstrating that depressed people receive less social benefits than non-depressed people and that these rewards rise with improving mood has been used to bolster this hypothesis. While individuals with depression may occasionally be victims of their social environment, it is also possible that their gloomy attitudes and uninteresting behaviours contribute to a decrease in social rewards (Joiner, 2002).

Interactional theory: An interactional hypothesis was created by James Coyne in 1976. When there is an issue in an interpersonal connection, depression may arise.

Cognitive theories: In 1967, Aaron Beck formulates a theory of cognition. According to Beck, a major contributing element to depression is cognitive issues. A person may get depression if they feel nervous about how they appear and become unhappy as a result. According to Beck's cognitive theory, people's pessimistic thinking might contribute to depression. In summary, negative thoughts such as "I don't look good, I'm not loved by anyone, I can't do this, and I'm worthless" can lead to depression.

Learned helplessness: Seligman (1974, 1975) advances the helplessness hypothesis of depression. Early animal laboratory experiments served as the foundation for Seligman and his associates' learned helplessness theory. According to these researches (Overmier & Seligman, 1967; Seligman & Maier, 1967), dogs who were subjected to an inescapable electric shock demonstrated the learned helplessness effect by not learning how to flee when it became available. The animals seemed to have learned that they had little power to alter the circumstances as a result of being exposed to unpredictable influences (Forgeard et al., 2011). Animals who had taught helplessness exhibited traits of depression, such as sluggishness, lack of drive, and trouble picking up new abilities (Maier & Seligman, 1976). Seligman (1975, 1991) postulated that exposure to events that appear uncontrolled may lead to some types of depression in humans.

Causes of Depression:

Depression is a complex condition with a wide range of biological, psychological, and social contributing elements. Numerous life circumstances can contribute significantly to depression, including a lack of social support, stressful events in life, low self-esteem or self-criticism, relationship issues, depression in the family, unemployment, long-term health issues, alcohol or drug abuse, early childhood trauma or abuse, financial strain, brain structure (assuming the frontal lobe of the brain is less active), and medical conditions like chronic illness, insomnia,

chronic pain, or attention-deficit hyperactivity disorder (ADHD). Below is a description of the causes of depression:

Stress and depression: Stressful life experiences raise our chance of developing mood disorders such as major depression and bipolar disorder (Monroe & Reid, 2009; Risch et al., 2009). Depression is linked to a number of stressful life situations, including interpersonal issues, chronic physical sickness, unemployment, and the death of a loved one. Any major loss, including the death of a loved one, a broken relationship, or losing one's work, can cause depression, according to the American Psychological Association (2013).

According to a recent study, young individuals who tend to think negatively are more likely to experience depression due to stress related to interpersonal issues with friends, family, and romantic partners (Carter & Garber, 2011). Depression and stress are correlated in both directions: stressful life events can cause depression on their own or act as a trigger for subsequent stressors like divorce or job loss (Liu & Alloy, 2010; Uliaszek et al., 2012).

Biological view: Biological factors such as genetic, neurophysiological and neuroendocrine elements play a role in depression.

Genetic factors: A person's susceptibility to depression disorders is mostly determined by hereditary variables (Duric et al., 2010; Malhotra et al., 2011; Nes et al., 2012). By focusing on specific genes connected to depression, researchers are making headway (Kohli et al., 2011; Pinacho et al., 2011; Zou et al., 2012). In the realm of major depression and other mood disorders, one new paradigm focuses on the interplay between hereditary and environmental variables (Jokela et al., 2007). Researchers discover that variations in certain genes involved in regulating serotonin are associated with an increased risk of depression when faced with stress in life, highlighting the significance of interactions between biological and psychosocial variables (Karg et al., 2011; NIMH, 2003).

Relatives of depressed patients are two to six times more likely to have depression than people without a family history of depression, according to several researches on the subject. According to Elder and Mosack (2011), there is evidence

from four different types of study (twin, family pedigree, adoption, and molecular biology gene studies) suggesting that certain people are predisposed to depression.

Biochemical factors and brain abnormalities: Serotonin and adrenaline are two neurotransmitters that are linked to depression. Depression is brought on by low levels of these two neurotransmitter molecules. First, reserpine and other high blood pressure drugs were shown to frequently cause depression by medical experts (Ayd, 1956). It was often believed that depression may be caused by low levels of either serotonin or adrenaline, but researchers now think that the relationship between these chemicals and sadness is more nuanced (Goldstein et al., 2011).

Additionally, scientists studying biology have shown that depression could be influenced by the body's endocrine system (Goldstein et al., 2011). Researchers have discovered that cortisol, a hormone secreted by the adrenal glands in response to stress, is remarkably elevated in people with depression (Gao & Bao, 2011; Veen et al., 2011). Prefrontal cortex and limbic system, two regions of the brain involved in controlling thought and mood, have smaller sizes and lower metabolic activity in patients with mood disorders, according to brain imaging studies (Duman & Aghajanian, 2012; Kieseppa et al., 2010; Lorenzetti et al., 2010; Wang et al., 2012).

Treatment of Depression

Depression is a complex mental illness. There is not one cause of depression, which is why there are several approaches to treating it.

Biological therapy: Biological therapy is an effective means of treating depression. Here, two different forms of biological treatment are discussed.

Antidepressant drugs: It is well known that antidepressant medications may alleviate depression. Patients with depression recover in a range of 29% to 46%, 15% have minimal treatment, and some patients are not helped by antidepressants (Fava & Davidson, 1996). Here, we talk about a few antidepressant medications, including tricycles, monoamine oxidase inhibitors, and second-generation antidepressants. Antidepressant medications act on neurotransmitters, or chemicals in the brain that include dopamine, adrenaline, and serotonin. This neurotransmitter controls our emotional state.

Monoamine oxidase: Monoamine is an antidote to depression. Symptoms of depression can be treated with these medications. Monoamine drugs include Nardil, Paranate, and Marplan. It is the oldest form of medicine. Because these drugs reduce the metabolism of monoamines, they are also called monoamine blockers.

Tricycles: Tricycle medications are well-known and have fewer side effects. It is superior to inhibitors of monoamines. Tricyclics have been shown to significantly alleviate depression in hundreds of trials compared to identical patients receiving placebos, however, these benefits need at least ten days of treatment (Julien et al., 2011). Those with depression who quit taking tricyclics right away after feeling better have a greater chance of relapsing within a year. However, their risks of relapsing significantly diminish if patients continue to take the medication for five months or more after no longer experiencing depressive symptoms—a strategy known as "continuation therapy" (Kim et al., 2011; Ballas, Benton, & Evans, 2010). According to the majority of studies, tricycles work by influencing neurotransmitter "reuptake" pathways to alleviate depression (Ciraulo et al., 2011).

Second generation antidepressant drugs: It is one of the most used. Less adverse effects are present. It is often referred to as an SSRI, or selective serotonin inhibitor. Prozac, Poxil, and Zoloft are involved. Today's top-selling medication is SSRI.

Electroconvulsive therapy: Another name for it is shock treatment. If antidepressant medication is not effective for the patient, ECT is then administered. For those who are very depressed, it is beneficial. Another name for it is shock treatment. Research demonstrates that ECT can help relieve major depression even in situations when medication therapies have not worked, and it is typically safe and successful as a therapy for severe depression (Bailine et al., 2010; Faedda et al., 2010; Kellner et al., 2012). An estimated 100,000 Americans are estimated to receive ECT each year (Dahl, 2008). ECT indicates current between 70 and 130 volts. Most patients report feeling less sad after six to twelve of these sessions spread out over two to four weeks (Loo, 2010; Fink, 2007, 2001). Individuals receiving electroconvulsive therapy (ECT), especially those receiving bilateral ECT, frequently experience

memory loss related to specific events, usually those that occurred just before and following their treatments (Merkl et al., 2013).

Behavioural therapy: Behavioural activation, the most popular behavioural therapy approach, encourages patients to engage in rewarding or pleasurable activities more often (Chartier & Provencher, 2013; Kanter et al., 2010). According to several researchers (Carlbring et al., 2013; Dimidjian et al., 2011; Houghton et al., 2011: Hunnicutt-Ferguson et al., 2012), behavioural activation can have a significant impact on the treatment of depression. Psychodynamic treatment is less effective and less common than behaviour therapy. It was worked on by Lewinsohn (1989). In this treatment, the therapist is first interested in learning about the patient's past. It is imperative that the patient focus on and retain his good memories. In addition to providing motivation and support for social work, the therapist reinforces the patient's typical behaviour. By increasing the patient's self-confidence, this therapy reduced the patient's reliance and stress levels. As a treatment, it is really helpful.

Cognitive behaviour therapy: Aron Beck and associates created cognitive therapy. Today's behaviour treatment is known as cognitive behaviour therapy since it also incorporates cognitive therapy. According to cognitive therapy, depression arises from self-defeating thoughts. In cognitive therapy, the therapist encourages the patient to complete various tasks, reflect on their ideas, recognize unfavourable viewpoints, and alter their core attitudes. The patient can so adapt with ease. Numerous researches conducted over the last several decades have demonstrated the effectiveness of Beck's treatment and related cognitive and cognitive-behavioral techniques in treating depression.

Adult patients with depression who get these therapies experience much greater improvement than those who get no treatment at all or a placebo (Manicavasgar et al., 2011; Hollon et al., 2006, 2005, 2002). About 50–60% of them get almost complete symptom relief. Numerous depression therapists have embraced cognitive and cognitive behavioural techniques, with some even providing group treatment forms, in light of this compelling empirical backing (Petrocelli, 2002). Impressive outcomes have been seen in the treatment of severe depression and the

reduction of recurring episode risks using cognitive-behavioral treatments, such as Beck's cognitive therapy (Beck & Dozois, 2011; Hans & Hiller, 2013; Hollon & Ponniah, 2010; Rehm, 2010). Even when treating moderate to severe depression, the advantages of cognitive-behavioral therapy seem to be on par with those of antidepressant medication (Beck & Dozois, 2011; Fournier et al., 2009; Siddique et al., 2012). However, in some circumstances, receiving both antidepressant medication and psychological treatment may be more beneficial than receiving either treatment alone (Cuijpers et al., 2009, 2010).

Interpersonal therapy: It is an effective treatment for mild depression. According to Elkin and colleagues (1989), it also aids in the severance of depressive people. This therapy aims to improve the patient's social awareness, competency, and maturity while educating them on innovative behaviour in stressful and conflictual situations. The therapist helps the patient resolve his conflicting interpersonal roles and teaches him how to behave in a more flexible manner. This is a very short-term treatment that helps clients create positive adjustments in their relationships and highlights the importance of interpersonal difficulties in depression (Weissman, Markowitz, & Klerman, 2000). Typically, the therapy lasts no more than nine to twelve months. IPT has shown promise in treating a variety of psychiatric problems, such as posttraumatic stress disorder, bulimia, and dysthymia (Markowitz et al., 2008; Rieger et al., 2010; Schramm et al., 2008; Weissman, 2007). It has emerged as an effective treatment for serious depression. Some background of the dependent variables which were taken up in this study was highlighted, and the relevant literature available will be provided in the next chapter: **CHPATER - II: REVIEW OF LITERATURE.**

CHAPTER - II

REVIEW OF LITERATURE

`A literature review may consist of simply a summary of key sources, but in the social sciences, a literature review usually has an organizational pattern and combines both summary and synthesis, often within specific conceptual categories. A summary is a recap of the important information of the source, but a synthesis is a re-organization, or a reshuffling, of that information in a way that informs how you are planning to investigate a research problem.

Social media has transformed how people communicate, exchange information, and express themselves globally, and has become a crucial component of contemporary communication. However, due to differences in cultural norms, beliefs, and societal expectations, various cultures utilize social media platforms in very diverse ways. Examining several studies and research papers over the last ten years, this review of the literature tries to investigate how gender and culture affect the usage of social media. Researchers, professionals, and decision-makers may obtain insight into how social media affects society differently in various cultural contexts by recognizing these cultural variances.

Social networking (SNS) has emerged in the last 15-20 years. Since that time, SNS has grown from a niche to a mass online activity, in which a huge number of internet users are engaged, both in their free time and at the workplace. Social networking has existed ever since society was formed. Based on some studies highlighting gender-related differences in Internet communication and actions in general, it can be expected that men and women have different objectives regarding their SNS usage (Haferkamp, Eimler, Papadakis & Kruck, 2012). According to Deshmukh and colleagues (2014), social networking connects individuals in a more direct and interpersonal way, enabling straightforward person-to-person communication.

Gender differences in technology use have been noticed and underlined in computer and educational research in the last two eras (Tsai & Tsai, 2010). Before the 1990s, computer technology seemed unsuitable for females because the language and way of thinking related to it had reflected a culture of masculine authority (Turkle, 1997). The computer appeared to be an unwelcome environment for women

to use until the mid-90s' because of the beginning of the World Wide Web (Turkle, 1997; Tsai & Tsai, 2010; Nisiforou & Laghos, 2014).

A study conducted by Greenhow and Robelia (2009) showed that teenagers use social networking sites on a daily basis. Another study conducted by Eteokleous-Grigoriou and Ktoridou (2013) on gender-based differences found that females use social networking sites on a daily basis contrary to males who use it 2-3 times per week. Again, another research done by Babo, Lopes and Rodrigues (2010) conflicts with a previous empirical study has shown no gender differences between users of Moodle platforms. Similarly, Tasir, Al-Dheleai and Harun (2011) have shown that female students are more skilled and ready to use social networking services compared to male students.

Other studies by Rainer, Laosethakul and Astone (2003) have also compared gender gaps in college students' internet - use and attitudes from 1995 to 2002. The result discovered that males use the Internet and online applications more than females. Females' most common activities on the internet were mainly sending emails to friends and for online communication, whereas males rated playing games as their most popular usage (Mumtaz,2002; Volman et al., 2005). Similar findings were noted in Tsai's research, conducted in the year 2006 in a high school in Taiwan. Boys view the Internet as a way of entertaining themselves while girls interpreted the Internet as a communication medium.

Another research looked at 798 senior high school students in Lampung Province, Indonesia, with regard to gender and grade-based disparities in internet facilities, reasons for internet usage, online self-efficacy, and views connected with studying physics. The results showed that while male and female students were more likely to use the internet for entertainment purposes and to access physics-related videos and animations, female students showed greater ownership of computers and internet access via mobile phones. However, there were no significant differences between the genders in terms of internet self-efficacy or frequency of use.

In another study by Nelson and Cooper in 1997 which investigated gender differences in computer use and attitudes among 127 Grade 5 students, it was

revealed that there were no significant gender differences in liking for computers. The study also revealed that boys are more likely to blame external factors for failure, while girls are more likely to blame internal factors for success. These different attributions can explain why boys and girls have different attitudes towards computer use and relaxation. One more study by Weiser (2004) reveal that males tend to use the Internet for entertainment and leisure, while females gravitate towards interpersonal communication and educational assistance.

Research conducted by Schumacher and Morahan-Martin (2001) delves into the relationship between computer and Internet experiences, skills, and attitudes, particularly in the context of gender differences. Research indicates that females tend to have less computer experience and more negative attitudes towards computers. Two studies conducted in 1989/90 and 1997 among incoming college students revealed significant gender disparities in computer experiences and attitudes in the earlier study, with males having more computer experience and higher skill levels. By 1997, computer experience disparities had diminished, but gender differences persisted in Internet experiences and skills, with males generally reporting more experience and higher skill levels.

Narasimhamurthy (2014) conducted a study among Indian Culture and the results showed that overall, females tend to use social media more than males. Precisely, adult women in India are mainly active on social network sites compared to men. When it comes to why people use these sites, there are significant differences between males and females. Women are more driven by seeking information and connecting with others on social media. Chua and Chang (2016) conducted research, in specific, this study was concerned with how adolescent females promoted themselves and compared themselves to their peers on social media. It focused on how female users created their online personas by uploading selfies and participating in peer-to-peer interactions. This study clarified how expectations and gender norms affect behaviour online. Moreover, increasing studies began to highlight gender issues concerning Internet use (Wu & Tsai, 2006).

Cultural differences also have an impact on communication, behaviour, and values. A study conducted by Rosen, Stefanone, and Lackaff (2010) pointed out that there are differences among cultures, and these differences affect the way people communicate within social networking sites. Individual's cultural backgrounds play a vital role in defining online usage patterns and preferences toward culturally modified web designs (Gevorgyan & Manucharova, 2009). A study by the Pew Research Center (2018b) revealed that the use of social media in developing countries continues to rise while it has already peaked in developed countries. In 2017, 53 per cent of adults from emerging countries used social networking sites (up from 40 percent in 2015). The Middle East stands out for its comparatively high usage compared with other regions. For example, in Jordan, the number of social networking site users is around 94 percent. But, in Germany, only 46 percent of internet users use social media. Dhoha and colleagues (2019) have done a study on cross-cultural differences in the adoption of social media. To determine the cultural difference in the use of social media, they have collected data from the USA (i.e. an individualistic culture) and Kuwait (i.e. a collectivist culture). They have found that there is a significant difference in attitude towards the use of social media: students from the US have more positive attitudes towards SNS as compared to the students of Kuwait.

Another study by Sabine and Philipp (2016) compares the usage of social media, self-disclosure, privacy views and attitudes, and online privacy behaviour across five countries (the United States, the United Kingdom, Germany, the Netherlands, and China). The results indicate that variations in social media use and privacy practices were only partially explained by a general distinction between Western and Eastern cultures. Instead, the findings of this study reveal that the United Kingdom, Germany, and the Netherlands share similar beliefs about privacy and exhibit comparable behavioural tendencies. On the other hand, non-European civilizations (such as the USA and China) utilize social media differently. Again, Leonor Gaitán and colleagues (2022) conducted a study among international students enrolled at universities in Spain, Portugal, and Poland. Results revealed that social media interaction with domestic nationals was associated with higher levels of

identification but interaction with residents of the host country indicated a worsening of adaption. Findings also highlight the dynamic character of the adaptation process by demonstrating the usage of social media and social group identification.

One more study was conducted by Sangmi Chai (2020) on how social media usage was influenced by perceived ethical culture and worries about information privacy. More significantly, the study looked at how cultural differences affect how those elements relate to one another. According to the findings of the study conducted among Korean and American social media users, individuals' information-sharing behaviour on social media is adversely correlated with information privacy concerns and favourably correlated with ethical culture. Additionally, according to the study's findings, there are differences between the two nations in the magnitude of the two facts' effects.

WELL- BEING

Study done by Chraif and Dumitru (2015) to find out the gender differences on the level of well-being and quality of life confirmed gender differences between male and female students and revealed that men are higher than women in quality of life. Despite the early claims that the consequences of employment on the psychological well-being of males and females would be similar, Hall's (1989) research has provided evidence that there are differences between males and females. Similarly, Adelmann (1987) found that levels of job characteristics (e.g., control, money) and their influence on psychological well-being is different between male and female employees. Like education, higher pay and control were associated with higher level of happiness in men as compared to women. Again, Pugliesi (1995) set up substantiation to suggest that while control and complexity of the occupational terrain had important influences on the psychological well- being of males and ladies, control had a stronger influence in males, and complexity had a stronger influence in ladies.

Across broader and larger samples, there have been mixed findings on whether there are gender differences in subjective well-being (SWB). Whereas some research has found that men have significantly higher levels of SWB (Stevenson &

Wolfers, 2009; Haring, Stock, & Okun, 1984), other studies have shown that women have significantly higher levels of SWB (e.g., Fujita et al., 1991). Complicating matters further, many studies have found no significant differences (Okun & George, 1984), particularly after controlling for other relevant demographic factors (e.g., age, marital status) (White, 1992; Inglehart, 1990; Shmotkin, 1990; Warr & Payne, 1982; Larson, 1978).

In addition, a study by Diener and Ryan (2014) have demonstrated few gender differences in psychological well-being, although women reported having experienced positive and negative emotions with greater frequency and intensity than men. A large-scale international study by Lucas and Gohm (2000) found that in most of the nations examined, women experienced more negative affect than men. Other studies have reported similar findings that negative affect is more prevalent among women (Nolen-Hoeksema & Rusting, 2003).

Broadly, large-scale, nationally representative studies on life satisfaction have found somewhat mixed results on gender differences in life satisfaction. An early study by Clemente and Sauer (1976) found no significant differences between men and women in life satisfaction in a representative sample of over 1,000 individuals from the United States. A study by Inglehart (2002) in using data from the World Values Survey that spanned to more than 60 nations found that the direction of the gender difference was dependent upon the age group, whereas younger (e.g., 18-44) women had higher levels of life satisfaction than younger men, older women (e.g., 44-65+) had lower levels of life satisfaction than older men.

Studies about the differences between women and men on well-being have not yielded consistent outcomes (Ferguson & Gunnel, 2016). Wilson (1967) concluded that one's sex was not associated with happiness – though this conclusion was based on only two studies. A later study by Blanchflower and Oswald (2004) that compared over 20,000 individuals from both the United States and Great Britain, cited a small effect with women reporting higher levels of life satisfaction than men in both Great Britain and the United States.

Cross-cultural research on *well-being* has revealed multi-level differences, from the denotation and connotation of the construct to its experiences and moderators (Bieda et al., 2017; Joshanloo, 2014; Kitayama & Markus, 2000; Taylor et al., 2004). Eastern and Western cultures differ from each other in many aspects, such as in collectivism vs. individualism (Markus & Kitayama, 1991), which may influence well-being on various levels. On a conceptual level, role obligation and dialectical balance were emphasized for the social well-being of Chinese students. For students with a European and American background, individual well-being encompasses explicit pursuit and personal accountability (Lu & Gilmour, 2004). On a response bias level, people from a traditional Confucian society tend to suppress the expression of positive affect, while American culture typically emphasizes the expression of positive intrapersonal feelings (Lau et al., 2005; Ying, 1989).

Many of the conclusions about culture and subjective well-being (SWB) are similar to those for personality and subjective well-being. International studies on life satisfaction consistently reveal significant mean level variations between countries (Inglehart & Klingemann 2000, Veenhoven 1993). Culture changes with time as Japanese life satisfaction, for instance, varied between 1958 and 1987 (Veenhoven 1993). On the other hand, Denmark's average national life satisfaction ranged between 8 and 9. Within the United States, several ethnic groups have been discovered to have cultural differences that are analogous to those found outside. Oishi (2001a), for instance, discovered that European Americans had much higher life satisfaction than Asian Americans. In a similar vein, Okazaki (2000) found that Asian Americans experienced higher levels of anxiety and despair than European Americans. As a result, there are distinctions within nations and among ethnic groups within nations. The biggest cultural distinction between civilizations seems to be the individualism-collectivism cultural syndrome (Triandis, 1996). The "deep structure" of cultural differences is what Greenfield (2000) refers to. Among the many cultural distinctions that exist, this one seems to have the most historical and cross-cultural significance. Today, this dimension is used in around 100 papers annually to highlight cultural differences (Suh, 1999).

Well-Being and Social Networking

Research has shown the *association between well-being* and high "*relatedness*" of *social networking sites* (Ashmore, 1979). As a greater understanding and higher-quality relationships shrub individual's well-being (Berkman, 2001), an increase in the usage of SNSs in search of social support may have an effect on the person's well-being (Cohen, 1985). Online perceived social support has been found to affect the psychological well-being of the subjects (Kraut & Burke 2015), in other words, the online social support may play a role in increasing the well-being of the user (Cohen& Wills, 1984; Ellison, Steinfield, & Lampe, 2007; Liu & Yu, 2013). Thus, social media use may strengthen bonds with existing friends and may help in forming new friendships online, which in turn reduces social isolation and loneliness, and indirectly improves mental health (O'Keeffe & Clarke Pearson, 2011).

Contradictory research findings stated that extreme usage of social media affects all the facets of a youth's life including psychological, emotional and physical well-being as well as social development (Lee, Lee & Kwon, 2011). A greater usage of social networking sites leads to a greater decline in psychological well-being (Moody, 2001). Hyper-texting and hyper-networking can lead the subjects to indulge in alcoholism and smoking which can result in declining psychological well-being among college-going students.

Research has been conducted by Apaolaza and colleagues (2013) on the relationship between the use of social networking sites and the well-being of teenagers. For the study, they collected data from 344 Spanish adolescents from the age group of 12 to 17 years old, having an online profile on Tuenti, a social media site that is mostly used by Spanish teenagers. The findings uncovered that the use of social networking sites has a positive influence on the well-being of teenagers. Furthermore, the use of social networking sites also helps in reducing loneliness and helps in enhancing life satisfaction. Similarly, Ahn (2011), based on his study on social network sites and its effect on adolescents, argued that the use of social networking sites can be one of the ways to increase the well-being of teenagers.

The belief that one is cared for, loved, valued, and part of a network of communication and mutual responsibility, which enhances an individual's well-being, is known as "Perceived Social Support." Peers are the main foundation of social support for today's generation and they give priority to getting this social support through all possible ways (Conrad & Barker, 2010). However, the notion of perceived social support has now transformed for the Gen Y due to the common use of SNSs (Goulet, 1998). As a result of this, lots of studies have started to examine the relationship between SNSs usage and perceived social support among youth (Qiu & Tov, 2012).

Kim and colleagues (2014) have conducted a study among undergraduate students of Korea and the result of this study discovered that self-disclosure on social networking sites is positively related to subjective well-being. Similarly, another study conducted by Lee and colleagues (2011) at the University of South Korea specified that the well-being of the students is not related to the time they spend on social networking sites. The results also indicated that self-disclosure is positively associated with the subjective well-being of university students. Again, the socioeconomic status of university students has negatively been correlated with self-disclosing.

Kim and Lee (2011) conducted a study on well-being among 391 undergraduate Facebook user students. The study exposed that the use of social networking sites like Facebook has an optimistic relation with the subjective well-being of the students. However, the study also revealed that this relation is not facilitated by perceived social support. Gerson and colleagues (2016), in their study on well-being and use of social media among 337 participants consisting of both students and part-time employees, found that the use of Facebook is not positively connected with higher levels of well-being among the participants. Moreover, the study also revealed that social comparison on Facebook is negatively associated with the well-being of students and part-time employees.

On the contrary, a study conducted by Farahani and colleagues (2011) on mental health among students using Facebook in Iran. For the study, 162 Female and

103 Male Iranian students were chosen for the study. The results of the study revealed that the use of social networking sites like Facebook is significantly related to anxiety. Students who use these sites have more anxiety and stress as compared to students who do not use them. Another research has been conducted by O'Reilly and colleagues (2018) who have done a focus group discussion with groups consisting of adolescents between 11 and 18 years old. This study stated that adolescents believe that the use of social networking can be a threat to mental health and well-being.

HELPING BEHAVIOR

Previous research with preschoolers has shown that the positive effects of empathic concern, perspective taking, and language ability on prosocial behavior were stronger among boys than among girls (Braza et al., 2009; Longobardi, Spataro, Frigerio, & Rescorla, 2016). Again, in older children and adolescents, similar moderations were reported by McMahon and colleagues (2006). Overall, youths with extra empathy described more prosocial behavior, and this effect was more noticeable in males than in females. Similarly, Roberts and Strayer (1996) found in their study that boys' empathy was a strong predictor of prosocial behavior, while girls' empathy was related to prosocial behaviors with friends but not to cooperation with peers. In a meta-analytic review that has been conducted by Eagly and Crowley (1986) on gender differences in prosocial behavior, the analysis displayed that overall males helped more than females and females got more help as compared to males. Feinman (1978) has also disclosed that men are more helpful in comparison to women.

On the other hand, Longobardi and colleagues (2019) analyzed a sample of primary school children between 8 and 11 years old and confirmed that girls rated themselves as having higher levels of empathic concern and prosocial behaviour in comparison with boys. Thus, girls exhibited higher levels of empathic concern and prosocial behaviour. Similarly, Bihm and colleagues (1979) also found that females are more likely to help others than males. In a meta-analysis by Imuta and colleagues (2016), it was found that the relation between the theory of mind and prosocial behaviour was stronger in girls than in boys.

Eisenberg and Fabes (1998) mentioned that gender and culture are two very important indicators of prosocial behaviour and they suggested that females are somewhat high in prosocial behaviour than males. Similarly, Erdle and colleagues (1992) also found that females seem to be on the higher side on the measures of helping behaviours when compared to males. Additionally, they suggested that gender differences prevail in personality correlates of prosocial behaviour. Christopher Einolf (2001) also stated that in general, females are more pro-socially motivated than males.

However, some researchers have also pointed out some relatively contradictory outcomes. Though various studies found significant gender differences in prosocial behaviour, some studies found no difference among the genders. A study by Boice and Goldman (1981) proposed no gender-related differences in helping behaviour. Kumar and colleagues (2016) also found no significant gender differences in social relationships and adjustment. Studies have been done in the Indian context too. One Indian study was conducted by Chadha and Misra (2006) and the results of the study pointed towards the absence of significant influence of age, socio-economic status and gender differences on prosocial behaviour.

Another study was conducted by Korte and Ayvalioglu (1981) among cities, towns, and urban villages of Turkey to find out the helpfulness among people. The results of the study revealed that males were significantly more helpful as compared to females. On the contrary, findings by Roy and colleagues (2018) indicated no significant differences between males and females in relation to altruistic behaviour and social responsibility among rural and urban pre-adolescents.

Korte and Kerr (1975) have conducted a study to compare the rural and urban people in relation to the level of help provided to strangers. The results of the study pointed out that strangers were being helped more often in rural (small towns around Massachusetts) than in urban environments (Boston). In addition, Korte and Ayvalioglu (1981) have done a study to inspect whether the differences observed in urban and rural environments are also present in a more traditional and collectivistic context. They have compared helpfulness towards a stranger in big cities, small towns, and squatter settlements within Turkey. The study revealed that strangers

were less often helped in the big cities than in small towns and in the squatter settlements.

To observe the cultural differences in helping behaviour, Levine and colleagues (Levine et al., 2001; Levine, 2003) did a field experiment across big cities in 23 different countries (e.g., Rio de Janeiro, Amsterdam, Shanghai, Tel Aviv, New York, Kuala Lumpur and 18 others). They tried to find out how regularly strangers were being helped in three diverse situations. Helping rates showed great variations between the 23 cities, being maximum in Rio de Janeiro (Brazil, 93%) and lowest in Kuala Lumpur (Malaysia, 40%). In another study, Miller, Bersoff, and Harwood (1990) provoked participants with hypothetical helping scenarios to find out the differences among cultures. The result of the study showed that Indians usually felt more responsible and grateful to help others as compared to Americans.

One of the earlier research projects exploring different rates of volunteering in different countries has been done by Curtis (1971). In the study, the researcher compared involvement rates in voluntary associations in America, Canada, Great Britain, Germany, Italy, and Mexico. From this research, he found that memberships were higher for Americans and Canadians than the citizens of the other four nations. On the contrary, research conducted by Paul, Yablo and Nigel (2007) on the role of culture in altruism compared college students in Thailand and United States. The result of the study indicated that students in Thailand scored significantly higher as compared to the students of the United States. The study also pointed out that a collectivistic society appears to be higher on altruistic behaviour as compared to an individualistic society.

Steblay (1987) has done a meta-analytic review of 65 studies to explore helping behaviour about urban and rural settings. The result of the meta-analysis revealed that helping is more likely to occur in a non-urban environment than in an urban situation or a city area. Another study was conducted by Levine and friends (1994) among 36 cities of the United States which include small, medium, and large cities. The findings revealed that the population density plays a very important role

in helping. The cities with high population density have lower rates of helping, on the other hand, cities with lower population density have higher rates of helping.

Roy and colleagues (2018) conducted a study on altruistic behaviour and social responsibility among pre-adolescents. They tried to find out the difference between rural and urban populations. Thus, they found a significant difference among the urban and rural populations on altruistic behavior but they could not find any differences in social responsibility. On the contrary, Korte and coworkers (1975) have also done a study to find out the helpfulness among urban and rural populations. The result of the study indicated that no significant difference was present between cities and towns. Similarly, one more study was carried out by Amato in 1983 among 55 cities of Australia. The result indicated that there was no significant difference between the urban and the rural environments regardless of the population size.

Research conducted by Koster and friends (2016) on prosocial behavior of toddlers among three different cultures including rural area of Brazil, urban area of Germany and urban area of Brazil found that helping behaviour of the children among all the three cultures were parallel. A similar kind of result was also found in a study by Callaghan and colleagues (2011) that included three cultural settings - rural Canada, rural Peru and India. The result of the study revealed that helping behavior in all the three cultures were similar among the young children.

A research conducted by Valle and colleagues (2004) on help-seeking strategies included 39 Latino and 50 Euro-Americans who were then interviewed. A significant difference was found between these samples. The caregivers from the Latino background reported less help-seeking as compared to the Euro-Americans. On the contrary, another research was carried out by Prot and colleagues (2014) on empathy and prosocial behavior. They collected data from seven countries including Australia, China, Croatia, Germany, Japan, Romania, and the United States. From the finding, they concluded that empathy and prosocial behavior were equal among all the countries.

One study conducted by Peter and Gregory (1976) included samples from Iran and England and was related to direction giving. In this study, they tried to find

helpful behaviour related to giving directions to places even when they were not familiar with the place. The results of the study pointed out that Iranians scored significantly higher than English people in relation to giving directions to a fictional place. Another study conducted by Kathleen and Albert (1975) on helping to reward another person included India and the United States – two cultures that were very different from each other. The study revealed that Americans reward another peer more than they reward themselves. On the contrary, Indians reward themselves more and less than their peers.

Helping Behaviour and Social Media:

Although the majority of studies focus on the detrimental impacts of media on social conduct, little research has suggested that media can also have a positive impact on prosocial activity. For example, Sprafkin, Liebert, and Poulos (1975) carried out an early investigation on the connection between prosocial behaviour and the media. They discovered that kids who watched prosocial television showed increased prosocial conduct. In their meta-analysis of the connection between prosocial media and prosocial behaviour, Mares and Woodard (2005) discovered that persuading viewers to be nice is just as simple as persuading them to be aggressive. For instance, four-year-old children were shown to be more likely to exhibit altruistic conduct after viewing the television program "Mr. Rogers," according to research conducted by Friedrich and Stein (1973). The kids demonstrated more tolerance, perseverance, and rule compliance.

One more study conducted by Malik and Ahmad (2019) on the use of social media and prosocial behavior among 350 social media users from Malaysia, including both male and female, revealed that social media use does not have any effect on the prosocial behaviour of social media users in Malaysia. On the contrary, another study conducted by Chiou and colleagues (2014) on social networking sites found a decrease in prosocial behavior. The study conducted two experiments and found that online social media could potentially influence users' prosocial behaviour, leading to a decreased inclination towards prosocial behaviours among social media users.

Numerous empirical studies have shown the impact of playing video games with prosocial content—where the main objective is to help another game character—on prosocial and antisocial outcomes. Gentile and associates (2009) conducted correlational, longitudinal, and experimental assessments to evaluate the hypothesis that there is a relationship between prosocial behaviour and playing prosocial video games. Gentile and colleagues (2009) discovered that playing prosocial video games is strongly linked with cooperative and sharing behaviour, empathy, and helping behaviour in their first correlational research. Even after accounting for prosocial behavior at the initial time point, two longitudinal samples still demonstrated that exposure to prosocial video games strongly predicted prosocial behavior three to four months later.

Jacob and colleagues (2010) discovered that listening to prosocial (as opposed to neutral) music at a restaurant enhanced customers' tipping behaviour in a natural context. According to mediational studies, the mediating channel from media exposure to action appears to be composed of emotional factors rather than cognitive ones: listening to music with prosocial lyrics improves empathy, which in turn inspires helpful behaviour (Greitemeyer, 2009b). Again, according to a recent study by Lenhart and colleagues (2008), 78% of teenagers who play video games had seen others being kind or giving while they were playing.

Virtual communities, as previously mentioned, are social networks created or aided by electronic media (Eysenback et al, 2004). Online communities can provide a prosocial setting for conduct. They can be applied as social support and mental health therapies, for instance. "Electronic support groups" is another term for them. Virtual communities, according to Rheingold (1993), are a "response to the hunger for community that has followed the disintegration of traditional communities around the world." In 2004, Eysenback and colleagues conducted a study on the benefits of peer-to-peer online support and failed to find any health benefits but found harmful effects.

Moya and colleagues (2008) studied Walther's (1996) theory of hyperpersonal communication in an online Alzheimer support group and found that online support groups make the formation of hyperpersonal relationships possible by

increasing and enhancing member's motivation, level of participation, and level of self-disclosure. Online support groups are another example of a prosocial environment on the internet. Green and Himelstein (1998) found that more than 46% of online users sought information via the internet about a medical or personal problem. The information often came from an online resource.

Helping behaviour and well-being:

Altruism and social interest are desirable personality qualities and the cornerstones of mental health, according to Adlerian psychology (Rareshide & Kern, 1991). According to recent studies (Post, 2005; Moore, Hinterlong, Rozario, & Tang, 2003), there is a significant correlation between well-being, health, and longevity on the one hand, and compassion and helpful behaviour, or both, on the other. The tale of Ebenezer Scrooge, a miser turned philanthropist, as told by Charles Dickens, effectively illustrates the connection between generosity and happiness. Scrooge finds satisfaction in every act of charity.

According to research on the advantages of altruism, helpful attitudes are associated with improved life adjustments (Crandall & Lehman, 1977), a sense of purpose in life (Crandall, 1984; Mozdzierz, Greenblatt & Murphy, 1986), a better adjustment in marriage (Markowski & Greenwood, 1984), a decrease in hopelessness (Miller, Denton & Tobacyk, 1986), and a decrease in depression (Crandall, 1975). Furthermore, compassion has been shown to moderate life stress and be a predictor of physical health condition (Zarski, Bubenzer & West, 1986). A person's well-being may be improved by helpful actions like volunteer work, which function as a role identity and provide a feeling of meaning and purpose in life (Thoits, 1992).

According to Schwartz and colleague (2003), elderly women are more inclined to assist others than others. According to Sheldon and Kasser (2001), people tend to have more mature aspirations as they become older, which increases their well-being. This is consistent with research by Ryff and colleagues, which shows that meaning, growth, autonomy, and purpose are crucial for older individuals' well-being and ability to adapt and prosper in later life (Keyes, 1998; Ryff, 1995; Ryff and Singer 1998). Research by Fernandes, Sanyal, and Fatima (2015) has demonstrated

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that older persons, regardless of where they reside, typically display prosocial activity (helping) and also have high levels of psychological well-being.

Studies have supported the notion that exhibiting selflessness and prosocial behaviour can have positive outcomes for both individuals and society. Colorful studies have established that adult volunteers were healthier and lived longer than non-volunteers. (Moen et al., 1992; Oman et al, 1999). Midlarsky (1991) articulated that by helping others, a person can distract himself from his own problems, can increase his life satisfaction as well as improve his tone- evaluations, and have boosting moods. Oman and colleagues (1999) suggested that helping others could impact the body through sickie- neuro- immunologic pathways; therefore it helps in reducing mortality rate. Colorful inquiries have also linked prosocial behavior with great emotional, internal and physical health benefit, hence, boosting temporary mood, long- lasting well- being and happiness. Giving also reduces negative moods of stress.

Sarada, Melati and Norfaezah have conducted a study in (2019) to check the wellness of teenagers between the age range of 16 and 18 after parental divorce. The findings of the study presented that helping others give satisfaction to the person who is helping and the person who is receiving help. Similarly, Kurtek (2018) has conducted a study among 151 students to establish differences in general life satisfaction in adolescents with mild intellectual disability (MID). The results of the study discovered an optimistic association between indirect prosocial style and life satisfaction among the samples. Again, a study carried out by Jeffrey and colleagues (2010) has found that prosocial behavior is connected with satisfaction and a higher level of overall life satisfaction.

ANXIETY

Chaplin and colleagues (2008) have conducted a study among healthy adult social drinkers: 27 male and 27 female. The study reported that females were more helpless to stress and pain than males. The study also revealed that females reported and showed greater sadness and anxiety as compared to male. Similarly, Gao and colleagues (2019) conducted a study among undergraduate students in China, with

898 females and 994 males. The results showed that both female and male college students suffered from mild anxiety but females scored significantly higher in anxiety as compared to male students.

Another study conducted by Bayram and Bilgel (2008) among a group of 1,617 Turkish university students on depression, anxiety and stress revealed that female students significantly suffered more from stress and anxiety when compared with the male students. According to Adlaf and colleagues (2001) among the both genders - male and female, female students unveiled mental health problems more openly than the male students. Reddy and Harinath (2013) also conducted a study on Examination Anxiety among 10th Class Students and discovered different levels of examination anxiety among the students. Among the boys and girls of 10th class, the girl students showed significantly higher levels of examination anxiety than the boy students.

A research done by Banga (2016) among 400 senior secondary boys and girls of Himachal Pradesh found that there was a significant gender difference in the level of anxiety. Girl students were higher in the level of anxiety as compared to boy students. Another study was carried out by Shakir (2014) on academic anxiety and academic achievement among 352 senior secondary school students consisting of boys and girls. The findings of the study showed that gender has an effect on anxiety – female secondary school students were higher in the level of anxiety as compared to their male counterparts. Mahajan (2015) carried out a study related to academic anxiety among 120 students from 10th grade. Findings of the study clearly showed no significant difference existed in the academic anxiety of male and female secondary

school students. However, a significant difference between government and private secondary students was found in academic anxiety.

Gayathri (2008) conducted a study among boy and girl students of class 10 and the results of the study showed that there was no significant difference in the level of anxiety among the genders. However, when a comparison was made between government and private schools, the results revealed that the students studying in government schools have higher levels of anxiety than the students of

private schools. Reddy and Harinath (2013) found that there is a significant level of difference in the test anxiety of boys and girls studying class 10 in government schools and private schools. Students of private schools have a slightly higher level of test anxiety as compared to government schools.

Vig and Chawla (2013) investigated the level of academic anxiety among 100 adolescent girls, aged 15-16 years, from both rural and urban areas of the Ludhiana district. The result of the study showed that the rural girls scored significantly higher levels of academic anxiety as compared to the urban girls from senior secondary schools. Similarly, the findings of Dr. Sarita and Kavita (2016) conducted a study on a sample of 350 secondary school students, studying in class 9, in the city of Rohtak. The study revealed no significant difference among the male and female students but they found a significant difference in educational anxiety among urban students and rural students of the secondary school.

Kumar and Kumar (2009) conducted a study that included 80 Indian and 80 Iranian students of both genders. The result of the study pointed out that Indian students were significantly higher in anxiety as compared to Iranian postgraduate students. Additionally, the study also failed to find gender differences among male and female students. In contrast, a study by Sharma and colleagues (1983) examined the test anxiety levels of Iranian and Indian students at the school and college levels. The study included 160 Iranian and 160 Indian students and revealed that Iranian students scored significantly higher in test anxiety compared to Indian students.

Mustafa and colleagues (2022) have also conducted a study on anxiety among American, Turkish, Mexican, and Philippines college students. For the study, they collected a sample of 1709 college students belonging to four different countries. The results of the study exhibited that there are significant differences among the students related to the levels of state and trait anxiety. Students from the Philippines scored the highest on the levels of both state and trait anxiety, followed by the students of Turkish, Mexican, and American. Again, Hofmann and colleagues (2006), in their study on social anxiety and social anxiety disorder, found cultural differences among Asian, Russian and US samples. The results pointed out that the samples from Asian

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cultures scored the lowest as compared to the Russian and US samples that scored the highest level.

Mokashi, Yadav and Khadi (2012) have also found that residential children were high in their anxiety and also in their academic achievement. Boys were significantly having higher anxiet**y** while girls were higher in academic achievement. On the contrary, Siddiqui and colleagues (2014) in their study found that academic anxiety is higher among girls as compared to boys. The study also found that socioeconomic status is an important variable, which certainly affects the academic anxiety in a negative manner. But, Bihari (2014) in his study revealed that there is no significant difference between the overall mean scores of secondary school boys and girls and rural and urban students on their academic anxiety while a significant difference was found between the mean scores of government and private secondary school students on their academic anxiety.

Anxiety and Social Media:

Numerous studies have investigated the relationship between social media use and anxiety, as well as obsessive behaviour. A recent study conducted in the United Kingdom found that a substantial proportion of adults (45%) experience feelings of worry or discomfort when they are not being able to access their email or social media accounts (Anxiety UK, 2012). Additionally, Rosen and colleagues (2013) discovered that younger generations, particularly those born between 1995 and 2012 (iGeneration and Net Generation), exhibit a pattern of excessive checking of

messages and social media platforms, characterized by frequent checking every hour, every 15 minutes, or constantly (Rosen et al., 2013). These findings suggest a potential link between social media use and anxiety, as well as a cultural shift towards a more compulsive and constant use of these platforms.

In addition, younger generations are more anxious as compared to older generations concerning an inability to access social networking sites and texting. This same relationship gave rise to a new medical term, which is call Phantom vibration syndrome. Phantom vibration syndrome, defined as the vibration experienced by individuals with non-vibrating cell phones, has been reported to

occur in many people (Drouin et al., 2012; Rothberg et al., 2010). Phantom vibration syndrome can reflect symptoms of anxiety caused by mobile phones in people who are too focused on checking social networks and messages.

People who frequently use social media often worry about "fear of missing out" (FOMO), a condition driven by the platform's dramatic rise in popularity. This anxiety, along with feelings of inadequacy and distraction, stems from the constant stream of updates, messages, and images on social media sites like Facebook, Twitter, and Instagram. According to Wortham (2011), some people are so overcome by this dread that they choose to put their future social connections ahead of their own safety and participate in dangerous behaviours like accessing social media while driving. According to Grohol (2013), adults and teens are more prone to this concern because they worry about losing out on something more interesting or better than what they are doing right now. According to Ariely (2009), people's dread of regret is the psychological process that underlies this anxiety as they grow more concerned about choosing poorly how to spend their time.

Barman and colleagues (2018) conducted a study in the Indian city Kolkata, among the medical students. For the study, they have included 200 undergraduate students of medical college. In the study, they tried to discover the relationship between use of social networking sites and anxiety and depression. The study discovered that use of social media sites and addiction to social media sites were significantly linked with anxiety and depression among medical students. Recently, Soohinda and colleagues (2021) have conducted a study among 220 students, average age of the samples were 20.44 years. The aim of the study was to assess the social media use patterns and correlate with anxiety and depression. The results of the study revealed that the use of social media makes the social evaluation easier among the youths and it leads to poor mental health and life dissatisfaction.

Lai and colleagues (2023) conducted a study to understand the relationship between the use of social media sites and social anxiety among college students. They included a large sample size of 1740 college students from seven colleges in China. The findings of the study publicized that active social media use is linked to

lower social anxiety, on the other hand, passive usage of social media correlates with higher social anxiety among college students.

Ohannessian and colleagues (2021) directed an enquiry to explore the links between social media use and repetitive discussion of personal issues with peers among adolescents. The survey showed that the use of social networking sites among adolescents can firstly offer support but may lead to co-rumination, possibly increasing the indicators of anxiety over time. Karim and colleagues (2020) also did a systematic review on the use of social media sites and its association to mental health. After reviewing 16 papers, they summarized that the use of social media sites is responsible for provoking mental health problems like depression and anxiety.

Anxiety and well-being:

Andriyani and colleagues (2017) investigated the connection of anxiety with school burnout and well-being among 192 vocational students of high school. The investigation exhibited that anxiety can affect the well-being of students. When students sense burnout at school, they become anxious and it can disturb their well-being. But if they are not anxious, school stress does not impact them. Thus, anxiety seems to be the main link between school stress and well-being. Nagaraj (2017) examined anxiety and its relation to psychological well-being. For the research, the researcher collected data from adults as well as old aged people. The outcome of the examination exhibited that when the anxiety levels of the samples are high, psychological well-being tends to be low, and again when anxiety levels of the samples are low, psychological well-being tends to be greater.

Sola-Carmona and colleagues (2013) conducted a study to find out the link between anxiety, psychological well-being and self-esteem. Spanish families with blind children were included in this study. A group of 28 fathers and 33 mothers of visually impaired children participated in the Spanish sample. The result of the enquiry highlighted negative links between anxiety and individual psychological well-being. Similarly, Golińska and colleagues (2021) studied mental health during the COVID-19 pandemic and included 210 participants from Poland. The outcome showed that an increase in anxiety signs was associated with lower levels of well-

being, and these symptoms got worse when strict social distancing was executed in both non-clinical and clinical groups in Poland.

Another research was carried out by Silva and colleagues (2021) during COVID-19 concerning the influence of anxiety on psychological well-being. The research involved 352 Participants from Brazil and the result indicated that anxiety is inversely associated with a specific form of well-being, that is, psychological well-being. When anxiety is high, the well-being of the general sample in Brazil is low. Similarly, Jones and colleagues (2021) carried out a study during the time of COVID-19 on mental health among adolescents. The result of this research is also similar to the previous research. University students in Argentina displayed an undesirable correlation between poorer subjective well-being and higher levels of anxiety, demonstrating that increased anxiety was associated with decreased overall happiness and satisfaction among university students.

Mendoza and colleagues (2022) prepared an enquiry on occurrence of mental health problems in Southeast Asian context during the COVID-19 pandemic. For the research, they collected data from 4,524 individuals from the general community, aged between 18 and 73 years old. The end result of the enquiry indicated that individuals with high anxiety scores also unveiled lower well-being scores among the participants. Similarly, Dizon and colleagues (2023) carried out another study with higher sample size in the Philippines. A nationwide survey was carried out among

Filipino adults, with a total of 10,529 participants. The outcome presented that anxiety symptoms are negatively associated with psychological, social, and emotional well-being.

Stein and Heimberg (2004) conducted an exploration on well-being and life satisfaction in generalized anxiety disorder. The study involved over 8000 citizens aged between 15 to 64, residing in the Canadian province of Ontario. Then, they found that having major depressive disorder (MDD) or generalized anxiety disorder (GAD) in the past years or during life is associated with lower levels of well-being. In addition, individuals with a history of MDD and GAD showed less satisfaction with important tasks and relationships with family.

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Anxiety and helping behaviour:

McGovern and Taylor conducted an investigation in 1973 on social anxiety and helping behaviour among 54 male undergraduate students, categorized as either high or low in social anxiety. The results of the investigation highlighted that compared to high-anxiety individuals, low-social-status individuals are more helpful in difficult situations involving emotional distress than helping. McPeek and Cialdini, (1977) conducted an experiment on social anxiety, emotion, and helping behaviour involving 96 subjects of both genders. The major discovery of their experiment was that people with lower social anxiety do not validate greater altruism following harm-doing, while persons with moderate social anxiety show a higher level of helping.

Handy and Cnaan (2007) examined the role of social anxiety in volunteering among 1,147 respondents. The results of the study revealed that individuals with higher levels of social anxiety engage in volunteer work significantly less and are less likely to continue doing so compared to individuals with lower levels of social anxiety. Stoltenberg, Christ and Carlo (2013) also conducted research on social anxiety, triallelic genotype and prosocial behaviour. For the research, they collected data from 398 undergraduate students of Midwestern University including Asian, African American, American Indian/Alaska Native, Native Hawaiian or other Pacific Islander. This research uncovered that having a certain type of gene (Triallelic 5-HTTLPR) is associated with the extent to which people help others. This association is because people with this gene tend to be more anxious in social situations and less able to help others. These findings support the idea that the brain chemical serotonin influences anxiety and helping behaviour.

Another recent study carried out by Maiya and colleagues (2023) on anxiety self-regulation and prosocial behaviours included 249 U.S. Latino college students as participants, ages ranging between 18 to 25 years old. The results of the study demonstrated that anxiety symptoms were noticeably related to sensitive, adaptive, unsigned, and public forms, but negatively related to altruistic forms of helping behaviour. Anxiety related to physical and social limitations often makes it difficult for Latino American youth to engage in socially valued behaviours, such as helping

others. There is a study undertaken by Alden and Trew (2013) on publicly anxious individuals. For the survey, 142 individuals with high levels of social anxiety were casually allotted. According to the results from pre-test and post-test measures, socially anxious people who did good deeds felt happier about their social connections and less worried about negative social consequences. In other words, they became less inclined to avoid social situations.

Taylor, Lyubomirsky and Stein (2017) found that optimistic emotions can decrease the effects of negative emotions on both body and mind. Their study suggested that positive emotions may be useful in reducing the effects of depression and anxiety. When studying people suffering from depression or anxiety, they found that involving in positive activities such as helping behaviours led to significant reductions in anxiety and depression compared to the people who were not involved in such activities. Again, Trew and Alden (2015) tried to investigate the effects of kindness on reducing social anxiety among individuals and included undergraduate students as participants in their investigation. The study highlighted that participating in kindness activities reduced anxiety levels and anxiety-related behaviours, such as avoiding social interactions.

Contrary to previous literature, Culotta and Goldstein (2008) conducted research to find different aspects or perspectives. The study investigated how being mean to others, physically aggressive behaviour and doing good to others are related to jealousy and social anxiety in people. From the investigation, they established that anxiety in social situations did not predict rudeness or physical aggression, but it predicted doing nice things for others without being asked. When teenagers felt more socially anxious, they tended to proactively do good things for others. This may be because they want to fit in with their peers and hope that being nice will make others like them, even if they are nervous inside.

DEPRESSION

Galambos, Leadbeater and Barker (2004) studied gender differences and risk factors for depression in adolescence and found a robust gender difference in the level of depression, with girls more affected than boys. Similar to these findings,

Afifi and colleagues (2005) investigated health correlates of adolescent depression in Canada and found a gender difference in the relationship between health and depression. The findings also revealed that females were more likely to be depressed than males. Several health determinants were associated with depression among adolescents in Canada.

Similarly, D'Arcy and Siddique (1984) found significantly higher levels of depressive symptoms among school-going girls than boys. Similar results have been described among various studies in the United States where girls seem to have more depressive symptoms as compared to boys (Allgood-Merten et al. 1990; Burke & Weir 1978; Gore, Aseltine, & Colten 1990; Kandel &Davies 1982; Lewinsohn et al. 1988; Webb & VanDevere 1985). These findings are also consistent with findings in the United Kingdom (Rutter, 1985; 1986).

On the contrary, Wong et al., (2006) conducted a web-based survey of depression, anxiety and stress among first-year tertiary education students in Hong Kong. The findings showed that male students suffer more from depression as compared to female students. Likewise, Lama and Al-Qaisy (2011), in their study among a group of university students, revealed that male students are more depressed as compared to female students.

Although there are various researches which disclose gender differences in depression, there are also studies which could not find substantial gender differences regarding mental health (Grant et al. 2002). Another study conducted by Hankin and colleagues (1998) found no gender difference between males and females in relation to depression. Similarly, a study conducted by Kovacs (2001) failed to find any gender differences in the risk of recurrent depressive episodes among the age of 11- to 17-year-olds with MDD.

Adlina and colleagues (2007) conducted a pilot study on depression among secondary school students in Selangor. This study found that females were more depressed than males. The study also discovered cultural differences in depression. Similarly, Kessler (2003) studied depression among women and revealed that women experience significantly higher rates of depression compared to men. Additionally,

the study found that this difference is attributable to the higher risk of primary onset among women.

Chinese students are more depressed compared to Indian students. Similarly, Bhui (1999) reviewed some studies that compared white UK residents with South Asians in the UK. The results showed that South Asians in the UK are inclined to have lower rates of depression as compared to white UK populations when measured in primary health care.

Kleinman (2004) argued that in the culture of the United States, the experience of depression is broadly acknowledged and reflected psychologically as well as physically. In contrast, in the culture of China, the experience of depression is mostly physical not psychological as in the culture of the United States. Similarly, Beshai and colleagues (2016) conducted a study of depression among individuals of two countries namely Egypt and Canada. For the study, they employed 29 depressed and 29 non-depressed individuals from Egypt and 35 depressed and 38 non-depressed individuals from Canada. They found that Egyptians commonly exhibited significantly more dysfunctional attitudes compared to Canadian individuals.

Sung and Thomas (2001) conducted a cross-cultural comparative study of American and Korean college students and discussed that Korean students express their depressive distress through somatic symptoms more than the American students do. Also, the Korean students expressed more negative effects compared to the American students. Similarly, Okasha (1999), in his study on depression, revealed the lifetime occurrence of depression in the population of urban and rural Egypt to be 11.4% and 19.7%, respectively.

Li and colleagues (2009) studied suicide in mainland China among the rural and urban elderly people. The results of the study revealed that elderly people over the age of 65 years show highest suicide rate. The study also revealed that suicide rate among the people in the rural area is much higher than the people who live in the urban area. The study pointed out that suicide rates among the rural elderly people are three to five times higher than the urban people. Another study conducted by Li (2015) argued that the suicide rate in China is the lowest among the countries in

2012, especially in the urban area. But on the contrary, suicide rates among the elders are higher than average world standards, especially in rural areas.

Depression and Social Media:

Depression and anxiety increase the threat of morbidity and mortality (Primack et al. 2017). This study conducted by Primack and colleagues (2017) showed that the longer time people spend on social media, the more prone they are to depression and anxiety. To make matters worse, psychiatric issues are associated with pervasive health issues. Exemplifications cited by others mentioned that prolonged social media use can lead to lowered tone- regard, dropped satisfaction with life, sleeping problems, loneliness, social impairment, depressive and anxiety symptoms, and physical symptoms (El-Khoury et al., 202l; Hou et al., 2019; Andreassen et al., 2017). The physical symptoms include body cramps such as pain in the arms, chest, back, legs, or other areas. Neurological issues may be reported similar to headaches, dizziness, or fainting. Although these physical symptoms are not caused by any beginning medical condition, they can still disrupt a person's day-to-day well-being (Cleveland Clinic, 2018).

From the above literature, it is visible that social media is an introductory agent that not only enhances but also nourishes mental health problems like depression. Inordinate usage of social media leads an individual to disastrous results that start with anxiety that may eventually escalate to depression. In a research conducted by Pantic and colleagues (2012), it was revealed that depression and time spent on Facebook by adolescents are appreciatively associated. Furthermore, Rosen and colleagues (2013) reinforced these findings, demonstrating that symptoms of major depression were prevalent among individuals who spent a significant amount of time engaging in online comparison and manipulating images on social networking platforms.

Another research by Lou and colleagues (2012) asserted that students who use Facebook intensively report enhanced loneliness. It has been found that social media operation also enhances the psyche-social problems like adaptation and self-regard. Davila and colleagues (2012) also had done an examination on the social

networking behaviour of 334 undergraduate students. From this research, he further discovered that negative and less positive relations on social networking activity were associated with greater depressive symptoms and more negative social relations. On the contrary to the previous studies, substantiation of inverse relation between depression and internet operation has been reported by Kraut and colleagues (1998) and according to Shah and Grant (2002), vibrant social activities like gaming and socializing have the potential to alleviate depression and mental health risks. Their findings suggest that colourful social interactions may serve as a protective factor against depressive symptoms and other mental health challenges.

The more time people spend on social media, the more likely they are to experience depression. Additionally, it was reported that engaging in social networking activities such as Facebook and Twitter is less beneficial for students in terms of maintaining focus and reducing stress. Again, Kaur and Bashir (2015) in their study explored both the positive and negative effects of social media on the mental health of adolescents - the positive effects contain socialization, enhanced communication, learning openings and access to health-related information while the negative aspects include depression, online irritation, cyber-bulling, sexting, fatigue, trauma, repression of emotions and decline in intellectual capability. According to Kalpidou and colleagues (2011), college students who testified as having advanced figures of Facebook friends endured lower emotional adaptation to college life. Additionally, the same study put forward that college students who spent further time on Facebook reported having lower self-worth than those who spent lower time.

A further study conducted by Pantic in 2014 showed that extended Facebook use may be associated with some early signs of depression, anxiety, or lowered self-assurance in adolescents. On the other hand, there are a handful of studies that displayed the optimistic aspects of Facebook use, which were instant communication, broadcast, commercial openings, and shared aptitude (Ball, 2016). Pantic's discovery tried to regulate if depression was interconnected with the time a person spent on Facebook or vice versa. People who are depressed and use Facebook parade some particular characteristics that may fuel their depressive moods such as fewer friends or a poor social support system (Pantic, 2014). So, according to

Barthorpe and associates (2020), future research should be more focused on specific sites and use of social media and their differing effects on mental health.

Rapid task switching (also known as multitasking) facilitated by social media may be one of the core causes of depression (Rosen et al., 2013). Multitasking is an inherent human trait. It may have been overly encouraged and promoted by multi-window computing environments, multi-program smartphone screens, and extensive sensory stimulation (and distraction). They provide high-definition adaptive visual and audio cues combined with vibratory touch". With many social networking sites at our fingertips every second, multitasking has become a way of life for many people rather than an occasional necessity.

Depression and well-being

Numerous students leave their houses for the first time and distance themselves from their support networks (Cleary et al., 2011). These challenges can affect the mental health and well-being of advanced education students. Indeed, there is substantiation that a strain on internal health is placed on students once they start at the university, and although it decreases throughout their studies (Macaskill, 2013; Mey & Yin, 2015), it does not return to pre-university situations (Cooke et al., 2006; Bewick et al., 2010). The likelihood of experiencing common mental health issues such as depression, anxiety, and stress increases during adolescence and peaks in early adulthood around age 25 (Kessler et al., 2007), thus, university scholars are within this particularly vulnerable population.

Van Hemert (2003) conducted a study to find out the differences in subjective well-being at the domestic level. Accordingly, depression had undesirably been associated with subjective well-being and other variables which are connected to happiness. These outcomes suggested that depression had the same implication at the individual and country levels and that depression is an adequate measure of well-being at a country level. Similarly, another study conducted by Pragya and Nishi (2015) on the relationship between depression and the psychological well-being of students of professional courses revealed that there is an undesirable correlation

between depression and total well-being. The study suggested that the students who are low on depression reported higher in total psychological well-being.

Positive well-being (PWB) has become an area of focus in research and therapy, drawing attention to its relationship with mental health. Ryan and Deci (2001) have begun to examine positive well-being, which is strongly related to depression (Ryff, 1989a; Ryff & Keyes, 1995; Ryff et al., 1994). This association suggests that individuals with low positive well-being may be more prone to depression. In response, interventions that increase positive well-being are being developed for both the prevention and treatment of depression, and some of these interventions have already entered general clinical practice (Fava, 1999; Fava et al., 1998; Seligman et al., 2005; Duckworth. et al., 2005).

In the past, studies in psychiatry substantially looked at how bad passions or negative passions affect the threat of depression. Also, some exploration conducted by Barnett and Gotlib (1988) and Duckworth and associates (2005) verified that the absence of positive well- being can be a threat factor for depression. The study also discovered that persons who have lower levels of positive well-being are more likely to witness depression, whether researchers measure their overall well-being or

concentrate on particular features like tone-acceptance, tone-adequacy, purpose of life, positive relations, control over the terrain they're living, and their individual development.

Some of the research has shown that people with higher depressive symptoms have reported lower closeness, enjoyment, and perceived influence in everyday social relations (Nezlek, Hampton, & Shean, 2000; Nezlek, Imbrie, & Shean, 1994) and have also reported less day- to- day stability of well- being (Gable & Nezlek, 1998). Researchers have found that depressed individuals exhibit heightened reactivity to positive life events, responding with increased positive affect to both positive and negative events, among other indicators of well-being (Nezlek & Gable, 2001). Similarly, a recently conducted longitudinal epidemiological study revealed that individuals who are depressed benefit more from being married compared to

those who are not depressed, as indicated by lower levels of depression (Frech & Williams, 2007).

Complete internal health (i.e., flourishing) is a result of passing low internal illness and high situations of well-being. Deficient internal health (suffering), on the other hand, refers to the absence of internal illness symptoms and low-reported situations of well-being. Two other conditions are possible within this frame. Deficient internal illness (thrashing) refers to high situations of well-being accompanied by high internal illness symptoms. Lastly, complete internal illness (floundering) accounts for low situations of well-being and high internal illness symptoms (Keyes & Lopez, 2002).

Depression and helping behaviour:

Cialdini, Kenrick, and Baumann (1982) suggested that individuals in a bad mood might help others as a way to alleviate their negative urges. They proposed that helping could act as a kind of price, and this positive feeling from helping could be learned through social experiences. Still, Carlson and Miller's (1987) literature review opposed this idea. It set up that being in a bad mood did not constantly lead to helping for self-reinforcement and relief from negative passions. While negative dispositions did increase helping in some situations, in others, they dropped interest in social conditioning, reduced overt helping actions, and lessened impulsive opinions about charitable donations. Moreover, clinically depressed individualities did not laboriously seek out openings to help as a way to enrich their mood (Morris & Kanfer, 1983).

Bauman and Summers (2009) have conducted a study to examine direct and indirect victimization and depressive symptoms. For the study, they had a sample of 229 Mexican American middle school students. Around 23% of students in the study experienced victimization. While females received more prosocial behavior, the support they received did not impact the relationship between victimization and depressive symptoms. Further, Dore and colleagues (2017) discovered that individuals who concentrated on helping others, rather than seeking support for their

own issues, endured significant reductions in depression. This enhancement was linked to an increased use of retrospection as a managing strategy in their diurnal lives.

One more study conducted by Setterfield and colleagues (2016) on increased social anhedonia and reduced helping behaviour in young people, involving 46 female samples, indicated that youthful ladies with high situations of depressive symptoms anticipate to responding less appreciatively to social situations and engage less frequently in helping act compared to those with low depressive symptomatology. Ruchkin and colleagues (2006) have also directed a study including a sample of 3309 adolescents from the United States, Belgium and Russia. The results validated that in both gender that is male and female, the depression symptoms were correlated with increased situations of assuming and happening problems, as well as lower level situations of prosocial beliefs and low perceptions of injury from adventurous performance.

When looking at factors that might impact how negative moods relate to helping behaviour, some experimenters considered fresh studies that accompany feeling down. These studies involved whether someone felt accountable for their bad temperament (Rogers et al, 1982), whether they supposed they might change their

destructive mood (Manucia, Baumann, & Cialdini, 1984), and whether their attention was concentrated on their own problems or on others' issues (Barnett, King, & Howard, 1979; Kidd & Marshall, 1982; Thompson, Cowan, & Rosenhan, 1980). Some other studies recommended that the connection between negative mood and assisting depended on how conspicuous the request for help was (McMillen, Sanders, & Solomon, 1977) or if the helping action needed minimum trouble from the helper but brought significant benefits to the beneficiary (Weyant, 1978).

On the wise side, feeling unhappy or depressed frequently stems from particular and ecological encounters. In similar situations, it might be more salutary for individualities to take an unresisting, thoughtful, and self-concentrated approach rather than being outwardly interested in the world and social relations (Cunningham, 1988a; Greenberg & Pyszczynski, 1986). People in a depressed mood

might still help if they believe it is in their finest interest, but what they find fascinating or pleasing may be limited in range (Cunningham, 1988b). How someone asks for help can affect whether the person understands the societal or particular significance of helping, and as a result, whether an optimistic or negative mood will make them more likely to help.

Depression and Anxiety

Depression symptoms are frequently present in those who exhibit anxiety symptoms. Subjects whose presentation fits the criteria for generalized anxiety disorder are likely to have met—or still meet—the criteria for additional anxiety and depressive disorders, according to the American Psychiatric Association (2013). Again, depression and anxiety are often co-occurring conditions. College students have been observed to experience anxiety and depression at higher rates than the general population (American College Health Association, 2013).

The ongoing discourse centres on the causal dynamics behind the coexistence of anxiety and depression (i.e., anxiety causing depression; depression causing anxiety), as investigated by Cohen and colleagues (2018). These discussions highlight the intricate interactions and reciprocal effects between depression and anxiety that are presented in the literature. Research repeatedly demonstrates that anxiety and depression coexist, as comorbidity studies (Almeida et al., 2012) have shown. This highlights the coexistence of both mental health problems.

The hypothesis that anxiety precedes depression has been supported by various studies. According to Pine and colleagues (1998), anxiety or depression in adolescence was a strong predictor of an increased risk of depression in adulthood by a factor of two to three. Similarly, Woodward and Fergusson (2001) found a positive significant connection between adolescent anxiety reports and the later emergence of anxiety disorders, major depressive disorder, and substance usage based on a birth cohort of 1,265 New Zealand children. The longitudinal study conducted in five middle schools by Chaplin and colleagues (2009) also revealed a predicted relationship between anxiety and concern and depressive symptoms one year later. This relationship was stronger in females than in boys.

Aune and Stiles (2009) conducted a study among the children of Norway, for this study, they have included 1,439 children. The result of the study found that whereas early depressive symptoms did not appear to predict future social anxiety, early social anxiety did predict the development of depression among the children. Similarly, Wetherell and colleagues (2001) conducted another study among Swedish middle-aged and older twins. The study included 1,391 participants. According to the findings, anxiety and depression were strongly correlated and anxiety symptoms contributed significantly to the development of depression over time, however, the opposite causal direction was not observed.

Additionally, research indicated that anxiety and sadness were predictively related in clinical investigations. According to Beesdo and colleagues (2007), 3,021 young adults in Germany had a cumulative incidence of 11.0% for social anxiety disorder and a subsequent 27.0% for major depressive episode or dysthymia. Parker and colleagues (1999) found that social avoidance or inhibition, which are symptoms of anxiety, were more likely to precede "early-onset non-melancholic major depression" and were associated with a higher chance of developing the condition. According to Bittner and colleagues (2007), there was a substantial correlation between childhood overanxious disorder and adolescent depression as well as overanxious disorder.

High-level prenatal generalized anxiety disorder was found to be an independent predictor of postnatal depression, according to Coelho and colleagues (2011). In their study, Bair and colleagues (2013) observed that baseline generalized anxiety disorder emerged as a significant predictor of depression severity at the 12-month mark, indicating a noteworthy predictive association between anxiety symptoms at baseline and subsequent depression severity over time. Similar findings were made by Starr and Davila (2012), who discovered that daily anxiety predicted the upcoming appearance of depressive moods at different time delays, but the depressed mood consistently failed to predict the later anxiety.

Vowels and colleagues (2022) discovered that during COVID-19, individual depression was strongly predicted by personal attachment anxiety, while the attachment style of one's partner did not indicate a decline in mental health. On the

other hand, Beesdo and colleagues (2007) contended that parental anxiety had a substantial predictive influence in addition to the degree of social anxiety disorder in predicting an individual's later depression. Additionally, Ranney and colleagues (2021) research revealed that parental worry was strongly categorized as one of the important risk factors for the development of their children's depression.

Relationship between dependent variables

Helping behaviour and depression relation **-** Earlier research findings mentioned that negative dispositions increase helping or reduce helping behaviour depending upon the context and individual psychological condition (Carlson & Miller, 1987) but clinically depressed individuals hardly laboriously seek help (Morris & Kanfer, 1983).

Helping behaviour and anxiety relation **-** People with higher social anxiety do volunteer work significantly less and will continue to do so less than people with lower social anxiety. A recent study carried out by Sahitya Maiya and colleagues (2023) on anxiety self-regulation and prosocial behaviours demonstrated that anxiety symptoms were noticeably related to sensitive, adaptive, unsigned, and public forms, but negatively related to altruistic forms of helping behaviour.

*Helping behaviour and well-being relations***:** A person's well-being may be improved by helpful actions which influence the identity, and provide a feeling of meaning and purpose in life (Thoits, 1992). Jeffrey and colleagues (2010) found that prosocial behaviour was connected with higher life satisfaction. Similarly, Kurtek (2018) discovered an optimistic association between the indirect prosocial style and life satisfaction among the samples.

Depression and anxiety relations **-** Anxiety or depression is a strong predictor of an increased risk of suicide (Pine et al., 1998). Wetherell and colleagues (2001) conducted another study among Swedish middle-aged and older twins which exposed a strong correlation between anxiety and depression (Woodward & Fergusson, 2001).

Depression and well-being relations **-** Some studies verified that the absence of positive well-being can lead to the threat factor of depression (Barnett & Gotlib,

1988; Duckworth et al., 2005). Research has shown that people with higher depressive symptoms reported lower closeness, enjoyment, and perceived influence in everyday social relations (Nezlek, Hampton, & Shean, 2000; Nezlek, Imbrie, & Shean, 1994) and reported less day-to-day stability of well- being (Gable & Nezlek, 1998).

Anxiety and Well-being Relationship: **-** Nagaraj (2017) examined anxiety's relation to psychological well-being and found that low levels of anxiety are accompanied by low psychological well-being. It was found that a negative correlation exist between stress and psychological well-being among Spanish families with blind children (Sola-Carmona & et al., 2013).

The available literature related to the study was gathered, and research gaps were identified, particularly in the targeted population. Therefore, the upcoming chapter will address the need for the study based on these identified gaps: **CHAPTER - III: STATEMENT OF THEPROBLEM**.

CHAPTER - III

STATEMENT OF THE PROBLEM

The present study will aim to elucidate the use of social networking and its effect on well-being, helping behaviour, depression and anxiety among the adult students of Sikkim and Assam. The psychometric adequacy of the measures used in the study will be incorporated in light of the experiences of cross-cultural psychology. The findings of the present study will provide empirical and methodological foundations and give an insight into the sub-cultural variations that may or may not exist, for further/future studies and for the development of intervention strategies.

Adolescents and young adults having more knowledge about social media than their parents invoke conflict, especially with parents (Mesch, 2006) as parents are unable to exert control over their children because of their deficiency (Hur & Gupta, 2013) which may be called "techno parenting" (Yardi & Bruckman, 2011). Facebook users are higher in sociability, extraversion, and neuroticism (Hughes, Rowe, Batey, & Lee, 2012), less conscientious and socially lonely than non-users (Ryan & Xenos, 2011), have addictive behaviour (Wilson, Fornaiser, & White, 2010) and have lower self-esteem (Mehdizadeh, 2010). Research has found that high-quality intimate relationships are critical to well-being, affecting happiness, health, and even longevity (Kiecolt-Glaser & Newton, 2001).

Using and viewing image-based social media sites like Instagram and Snapchat may also hurt psychological adjustment (depression, anxiety, well-being). General Social Media Use and Outcomes of Social media have multiplied over the last decade and internet use has increased compared to television and radio use (Bargh & McKenna, 2004). Because of this incredible increase in social media use, researchers have paid more attention to studying how these uses play a role in a variety of emerging outcomes as social media use has been found to correlate with academic achievement (Junco, 2012, 2013; Rosen, Carrier, & Cheever, 2013), conflict with parents (Mesch, 2006), certain personality characteristics (Mehdizadeh, 2010), romantic relationships (Fox & Warber, 2013), body image (Meier & Gray, 2014), and psychological well-being (Hur & Gupta, 2013). Facebook users who were

distraction in their academic activity had lower GPAs than those who avoided the social media site (Rosen et al., 2013a).

Additionally, social media use and psychological well-being have been depicted as hurting individuals' lives (Kraut et al., 1998). Increased use of the Internet has been associated with a decrease in participants' communication with family members in the household, reduced social circle which increases depression and loneliness (Kraut et al., 1998). Instant messaging and chatting in online chat rooms are positively associated with compulsive internet use and depression (van den Eijnden et al., 2008), playing video games and using the internet increases depression (Romer, Bagdasarov, & More, 2013). Highly depressed people also have lower life satisfaction (Howard, Galambos, & Krahn, 2010).

Often many people complain that psychology researches are mostly focused on negative experiences and ignores the aspects of human experience that makes life worthwhile (Seligman & Csikszentmihalyi, 2000). The field of media studies is a good example. Several studies have exposed that consumption of violent media is allied with increased cognition, emotions, behaviours and decreased subjective consequences (Anderson et al., 2010; Bushman & Huesman, 2006). Furthermore, the processes underlying the impact of violent media on behavioural responses are well known (Anderson & Dill, 2000; Greitemeyer & McLatchie, 2011). On the contrary, the positive effects of disclosure are rarely considered. Some of the previous studies have shown that television with prosocial content reduces aggression and increases empathy in children (Mares & Woodard, 2005).

In a meta-analytic review that was conducted by Eagly and Crowley (1986) on gender differences in prosocial behaviour, the analysis recommended that overall, males helped more than females and females got more help as compared to males. In a study conducted by Feinman (1978) on prosocial behaviour, significant gender differences were found, suggesting that men were more helpful compared to women based on the results of his research. Previous research with preschoolers has indeed shown that the positive effects of empathic concern, perspective-taking, and

language ability on prosocial behaviour were stronger among boys than among girls (Braza et al., 2009; Longobardi et al., 2016).

Korte and Kerr (1975) conducted a study to compare the help provided to strangers in rural and urban settings. The result of the study pointed out that strangers were being helped more often in rural (small towns around Massachusetts) than in urban environments (Boston). Further Korte and Ayvalioglu (1981) conducted a study to investigate whether the urban and rural differences in helping behaviour also occur in more traditional and collectivistic contexts. The results of the study revealed that strangers were helped less often in big cities compared to small towns and squatter settlements.

Sprafkin, Liebert, and Poulos (1975) carried out an early investigation on the connection between prosocial behaviour and the media. They discovered that kids who watched prosocial television showed increased prosocial conduct. Gentile and colleagues (2009) discovered that playing prosocial video games was strongly linked to cooperative and sharing behaviour, empathy, and helping behaviour in their first correlational research. Jacob, Guéguen, and Boulbry (2010) discovered that listening to prosocial (as opposed to neutral) music at a restaurant enhanced customers' tipping behaviour in a natural context. According to mediational studies, the mediating channel from media exposure to action appears to be composed of emotional factors rather than cognitive ones: listening to music with prosocial lyrics improves empathy, which in turn inspires helpful behaviour (Greitemeyer, 2009b). Again, according to a recent study by Lenhart and colleagues (2008), 78% of teenagers who play video games had seen being kind to others or giving while they were playing.

Kessler and colleagues (2003) found that depression has a lifetime prevalence of 16.2%, suggesting that it will affect around 34 million US adults. This prevalence also increases the chance of developing depression early in life, leading to later chronic episodes. The World Health Organization predicts that depression will become the leading cause of disease burden worldwide (Richards, 2011). Davila and colleagues (2012) found that individuals who engage in fewer positive interactions on Facebook experience more negative interactions and greater levels of depression,

indicating that the quality of interactions is very important. A study examining the relationship between Facebook social connectedness and anxiety, depression, and subjective well-being found a negative relation (Grieve et al., 2013).

Studies reveal that there is a direct association between the use of social media and depression (Davila et al., 2012; Hur & Gupta, 2013). According to WHO report, India is the 6th most depressed country and Sikkim has the highest rate of suicide in India. The National Crime Records Bureau (NCRB) has released a report on accidental deaths and suicides in India (ADSI) 2022. This report is the publicly available set on suicides in India. Since the first ADSI report in 1966, suicide rates have increased significantly. In 2022, the suicide rate increased by 4.2 percent compared to 2021 and was 12.4 per 100,000 inhabitants. This is the highest number recorded in over 56 years, and the total number of suicides increased from 1, 64, 033 to 1, 70, 924.

Suicide rate (deaths per 100,000 population) in India from 1966-2022
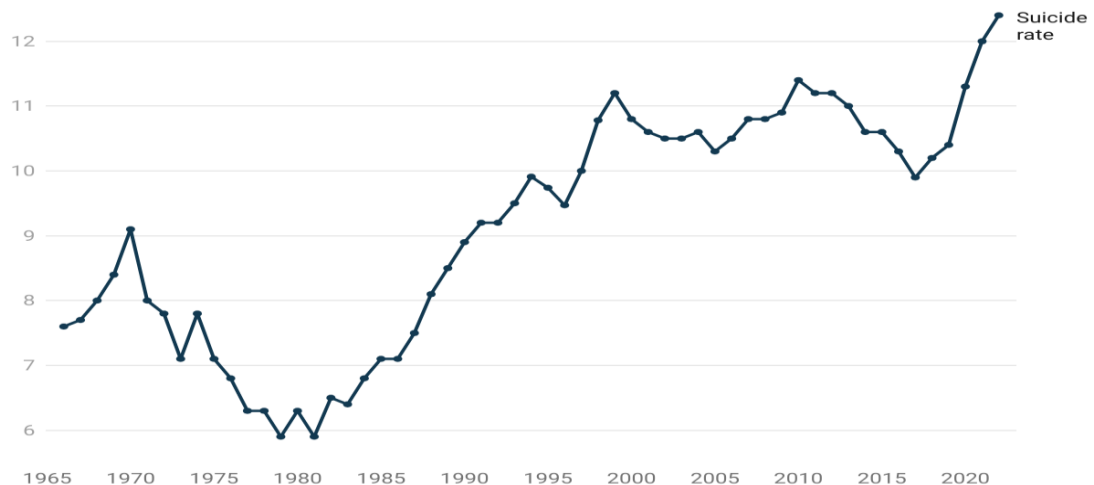
Chart: Keshav Desiraju India Mental Health Observatory • Source: National Crime Records Bureau: Accidental Deaths & Suicides in India • Created with Datawrapper

Results indicated that when individuals saw a decrease in positive expression on their News Feeds, users produced fewer positive posts and more negative posts. Conversely, when individuals saw a decrease in negative expression in their News Feeds, users posted more positive expression and fewer negative posts (Kramer et al., 2014). Increased smart device involvement was associated with an increase in levels of depression, anxiety, and stress as excessive Internet use or Internet addiction has

been linked to mental health. Internet and video game use were related to an increase in reports of depression (Romer et al., 2013) as well as negative psychological functioning (Harwood et al., 2014). Internet-addicted individuals were found to be more depressed (Morrison & Gore, 2010).

Suicide and age

Proportion of suicides across age groups for 2021 and 2022

Legend:
- Below 18 years
- 18-30 years
- 30-45 years
- 45-60 years
- Above 60 years

2021 — Total: 164,033 (7%, 34%, 32%, 18%, 9%)

2022 — Total: 170,924 (6%, 35%, 32%, 19%, 9%)
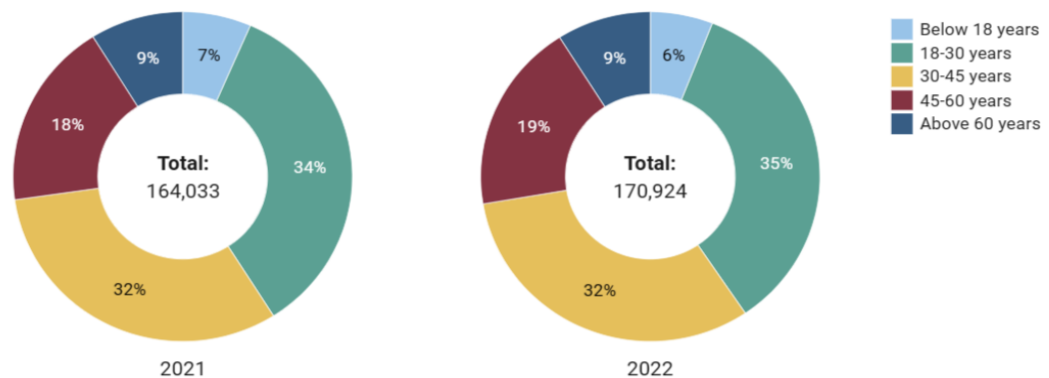
According to the report of National Crime Records Bureau (NCRB) in 2022, young adults aged 18-30 years made up the major portion of suicides at 35%, while adults aged 30-45 years narrowly followed, accounting for 32%. In total, these age groups represented 67% of all suicide deaths in the country (https://cmhlp.org/imho/blog/takeaways-from-the-ncrb-data-on-suicide-for-2022/).

Rate of Suicide

State	Rate
Sikkim	29.3
Tripura	25.9
Kerala	24.6
Tamil Nadu	24.3
Chhattisgarh	21.7
Karnataka	18.5
Arunachal Pradesh	18
Goa	17.4
Andhra Pradesh	16.9
Maharashtra	14.3
West Bengal	14.3
Haryana	12.6
Madya Pradesh	12.6
Odisha	12.6
Gujarat	11.8
Assam	11.3
Mizoram	9.2
Himachal Pradesh	8
Rajasthan	6.9
Meghalaya	5.1
Jharkhand	4.5
Uttarakhand	3.6
Punjab	3.4
Jammu & Kashmir	2.5
Uttar Pradesh	2.5
Nagaland	1.6
Manipur	1.5
Bihar	1.1

State-wise suicide (per lakh population) in India 2013 (Source: Scroll.In).

Rate of suicides

UT	Rate
Puducherry	35.6
A & N Islands	28.8
D & N Haveli	21.4
Delhi (UT)	10.4
Daman & Diu	9.8
Chandigarh	6
Lakshwadeep	3.9

UT-wise suicide (per lakh population) in India 2013 (Source: Scroll.in).

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According to a study reported to the WHO conducted for the National Care Of Medical Health (NCMH), at least 6.5% of India's population suffers from some form of serious mental illness, with no difference between rural and urban areas. Many of us are still reluctant to talk about mental health in public. Population and Mental health are closely related as India has the highest population among the other country in the world which could spell the need of mental health. According to the National Mental Health Survey (NMHS), 2015-2016, every 6th individual in India needs some form of mental health support. Among all age groups, young people are the most vulnerable. Despite the availability of effective services and treatments, there is a shortage of mental health professionals and experts.

Another important problem is the lack of trained professionals all over India, especially in the North Eastern states. The Assam population was 2.7 million in 2017, there were 78 psychiatrists, 7 clinical psychologists, 8 psychiatric social workers and 1 psychiatric nurse (Deuri & Sobhana , 2017), which highlighted the high demand for mental health professionals in the state.

Globally, it was observed that approximately 5.16 billion active social media users comprise around 59.3% of the global population. Facebook is the largest social media platform with around 3.15 billion active users. YouTube has over 2.5 billion active users, Instagram has over 2 billion active users, and TikTok has over 1 billion active users among the fastest-growing social media platforms. It was assumed that the average time spent on social media was 2 hours and 23 minutes per day on social media platforms, and mobile devices account for 98% of social media usage time. The most common social media are watching videos (82%), reading news (76%), and interacting with friends and family (72%). Among the social media users, 48.4% are male and 51.6% are female users, globally.

Researchers have investigated the psychological effects of using social media, especially among students. Social media platforms have been considered the most important source of changing individuals' moods (Chukwuere & Chukwuere (2017). Individuals using social media platforms passively with no special purpose may feel a change in their life as a function of the nature of the content overviewed.

Therefore, positive and negative moods are easily transferred between social media users through media networks (Chukwuere & Chukwuere, 2017). This area is increasingly important as social media has become an integral part of life for almost everyone more than before. Students are affected by social media posts due to an increasing reliance on social media use in life (Iwamoto & Chun, 2020), leading to the development of unrealistic expectations of self or others which can have several affective consequences.

Cultural groups under study- Assamese and Sikkimese

Assamese: The natives of the state of Assam are known as "Asomiya" (Assamese), which is also the state language of Assam (www.bing.com/search?q=Assamese+culture&qs). Assam is a state in northeastern India, in the Himalayas range along the Brahmaputra and Barak River valleys. Assam covers an area of 78,438 km^2. Assamese and Bodo are the official language of Assam. There are some other languages that the people use to communicate among their tribe, such as Bodo, Mishing, Karbi, Rabha, Dimasa, Bengali etc. There are 35 districts with 5 divisions. Dispur is the capital of Assam state and and it is known for tea, silk and one horned Rhino.

Assam and adjoining regions have evidence of human settlement from the beginning of the Stone Age. Assamese kingdoms are at their greatest territorial heights. Assam has a long history with a succession of many kingdoms. The literacy rate in Assam state is 73.18% - 78.81% males and 67.27% females. The earliest settlers were Austroasiatic and Dravidian, followed by Tibeto-Burman, Indo-Aryan, and Tai–Kadai people (Mohammad, 1993). Forty-five languages are spoken by different communities, including three major language families: Austroasiatic (Purkayastha, 2024), Sino-Tibetan and Indo-European. There is a high degree of bilingualism.

According to the 2011 census, 61.47% were Hindus, and 34.22% were Muslims. Christian minorities (3.7%) are found among the Scheduled Tribe and Castes population. The Scheduled Tribe population in Assam is around 13%, of which Bodos account for 40% (Deka, 2014). Other religions followed include

Jainism (0.1%), Buddhism (0.2%), Sikhism (0.1%) and Animism (amongst Khamti, Phake, Aiton etc. communities).

Sikkimese: Sikkimese are people who inhabit the Indian state of Sikkim. Sikkim is a state in northeastern India, having a boundary with Tibet Autonomous Region of China in the north and northeast, Bhutan in the east, Koshi Province of Nepal in the west, and West Bengal in the south. Sikkim's capital and largest city is Gangtok. The kingdom of Sikkim was started in the 17th century, ruled by Buddhist priest-kings known as the Chogyal. Then, it became a princely state of the British Indian Empire in 1890 till Indian independence, given a protectorate status by the Union of India in 1950. The monarchy was ended and Sikkim was admitted as the 22nd state to the Indian Union in 1975.

Sikkim is a multi-ethnic and multi-lingual Indian state. The official languages are English, Nepali, Bhutia and Lepcha. Other common languages are Gurung, Limbu, Magar, Mukhia, Newari, Rai, Sherpa and Tamang. English is taught in schools and used in government documents. The predominant religion is Hinduism, with a significant Vajrayana Buddhism minority. Sikkim's economy is largely dependent on agriculture and tourism. In 2015 Sikkim claimed India's first fully organic state. As of 2019, the state had the fifth-smallest GDP among Indian states although it is also among the fastest-growing states.

Sikkim's population was 610,577 inhabitants (Census, 2011) with a sex ratio of 889 females per 1,000 males, with a total of 321,661 males and 286,027 females recorded. According to the 2011 census, 57.8% follow Hinduism, making it the state's majority religion. Buddhism is followed by 27.4% of the population, while Christianity is followed by 9.9%.

Internet cafés are well established in the district capitals, but broadband connectivity is not widely available. Satellite television channels through dish antennae are available in most homes in the state. Channels served are largely the same as those available in the rest of India, although Nepali-language channels are also available. The main service providers include Airtel Digital TV, Tata Sky, Dish

TV, DD Free Dish and Nayuma. In 2011, Sikkim's adult literacy rate was 82.2 percent, 87.29 percent for males and 76.43 percent for females.

Considering the increasing and influence of social media on education and daily life with its consequences on mental and physical health among the users, it was felt that a huge dependence on social networking, and its complex influence on the user's physical and mental health was much available in the literature, and the study was taken as a challenge to fill up the gaps regarding the influence of social networking on selected psychological variables in the two cultures along with its deferential impact on gender among the samples.

Mental health is a state of well-being, understanding own abilities, ability to solve everyday life problems, working well, and making a significant contribution to one's own life and community (WHO, 2004). There is a constant debate going on about the positive and negative impacts of social media on mental health (Martinsen & Nord, 2008; Berryman et al., 2018). Social networking is a crucial element that protects mental health. The Displaced Behaviour Theory explains that people who spend more time on social media use have less time to spend on face-to-face social interaction which protects them against mental disorders (Coyne et al., 2020; Escobar-Viera et al., 2018). Social theories mention that how people view, maintain, and interact with their social network predicts the influence of social media use on their behaviour (Rahman et al., 2013). Studies have shown the impact of prolonged use of social media platforms on negative signs and symptoms of depression and anxiety (Berryman et al., 2018; Iannotti et al., 2009), as well as the creation of stereotypes wherein individuals strive to appear as popular as others.

Systematic studies related to mental health have been conducted worldwide, but they remain limited in number due to the relatively recent emergence of the phenomena. Additionally, the available literature is primarily found in medical science, as the potential influence of social media use on mental health has not been extensively investigated across disciplines. The study aims to bridge the gap by investigating the relationship between social media usage and the risk of health problems (Muris & Steerneman, 2001; Escobar-Viera et al., 2018). The significance

of the study lies in providing insights into the extent of social media usage and its impact on selected psychological functions. This information can aid researchers in gaining a perspective on future attention needed regarding social media use and in developing necessary strategies that warrant scholarly attention.

The available literature has provided that gender, as well as culture, plays a vital role in the use of social networking which has a link to individual well-being, helping behaviour, depression and anxiety of adults. So, taking the lead from the literature, the present study was framed to examine the cultural and gender differences in social networking usage and its association with well-being, helping behaviour, anxiety and depression. It was expected that the findings will not only contribute to the academic purpose but will also have practical utility for the samples and provide the basis for further research.

Objectives of the study

The following objectives have been framed for the study:

1) To examine any significant difference between High social media users and Low social media users on helping behaviour, depression, anxiety, and well-being among the samples.

2) To identify any significant difference between the two cultures - Assamese and Sikkimese samples on helping behaviour, depression, anxiety, and well-being among the samples.

3) To study any significant relationship between helping behaviour, depression, anxiety, and well-being.

4) To examine any significant independent effect and 'interaction effect of 'level of Social Media Use' and 'Culture' on helping behaviour, depression, anxiety, and well-being among the samples.

Hypothesis

To meet the objectives set forth for the study, the following hypotheses are framed:

1) High Social Media users will score higher than Low Social Media users on Depression and Anxiety but lower on helping behaviour and well-being among the samples

2) Assamese students are expected to score higher than Sikkimese samples on Depression and Anxiety but lower on helping behaviour and well-being among the samples

3) There will be a significant positive relationship between helping behaviour and well-being, and the same positive relationship between anxiety and depression but helping behaviour and wellbeing will have negative relationship with anxiety and depression among the samples

4) There will be an 'independent effect', and 'interaction effect' of the 'level of social media use' and 'Culture' on helping behaviour, depression, anxiety and well-being variables

The method and procedure to be followed will be presented in the next chapter: **CHAPTER - IV: METHOD AND PROCEDURE.**

CHAPTER - IV

METHOD AND PROCEDURES

Sample*:* The sample selection was done focusing on

the objectives of the study and a multi-stage sampling procedure was followed:

Firstly, 624 samples were identified as representatives of the two cultural groups. 324 Assamese social media users and 300 Sikkimese social media users with equal distribution of male and female samples were identified from different parts of Assam and Sikkim states respectively, using a multistage sampling procedure. Requisite permission was taken from authorities and written informed consent was taken from the participants.

Secondly, from the 624 identified social media user samples, again 320 social media users -160 representatives of Assamese (comprising 80 high social media users and 80 low social media users) and 160 representatives of Sikkimese (comprising 80 high social media users and 80 low social media users) were screened out using the Lubben Social Network Scale (Lubben, 1988) and The classification of high and low social media users was based on their scores (M±1.5). Additionally, an equal representation of both genders (males and females) was ensured for comparison.

Thirdly, for the final inclusion, 200 samples out of the initially identified 320 were further screened based on their socio-demographic backgrounds. To control for extraneous or confounding variables beyond social media usage level (high and low) and culture (Assam and Sikkim), and to ensure that the study effectively addressed its objectives, the researcher used socio-demographic profiles. These profiles included information such as name, age, address, family size, monthly family income, family type, common use of social media, and time spent on social media.

The final sample size consisted of 200 participants, including 100 Assamese social media users (50 high users and 50 low users) and 100 Sikkimese social media users (50 high users and 50 low users). The sample had an equal representation of both genders, with participants aged between 15 and 18 years.

Tools Used: The following psychological tools were employed for the collection of data:

1) *Lubben Social Network Scale (LSNS; Lubben, 1988)* was constructed by Lubben (1988). It is a self-report measure of social engagement including family and friends, consisting of 6 items. The score ranges between 0 and 60, with a higher score indicating more social engagement. The original scale has high reliability and the validity (α=.70) correlates with mortality, in all cases of health behaviour, depressive symptoms, and overall physical health (Galanakis et al., 2017).

2) *The Satisfaction with Life Scale (SWLS; Diener, Emmnos, Larsen, & Griffin, 1985)* was developed as a measure of the judgmental component of subjective well-being (SWB). The SWLS (Satisfaction with Life Scale) is demonstrated to be a valid and reliable measure of life satisfaction, suitable for use across various age groups and applications. This allows for the conservation of interview time and resources compared to many other life satisfaction measures. In our sample, the SWLS showed good internal consistency (α = .86).

3) The DASS-21 (Lovibond & Lovibond, 1995) is a self-report questionnaire consisting of 21 items, 7 items per subscale: depression, anxiety and stress. Each of the three DASS-21 scales contains 7 items each. The assumption on which the DASS-21 differentiate depression, anxiety and stress experienced by normal subjects and clinical populations are essentially differences in degree. The DASS-21 validity was confirmed with moderate correlation coefficients (0.66) between its factor scores and the ADHP-V mental health-related domains (La et al., 2017). The present study employed only two subscales - depression and anxiety.

3) *Helping Behaviour / Helping Attitudes Scale (HAS; Nickell, G, 1998)* is a 20-item measure of respondents' beliefs, feelings, and behaviours associated with helping. Each item is answered on a 5-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). This scale is a self-report measure of social engagement including family and friends. The reliability coefficient of the original scale was 0.85 which was calculated by the test re-test method (Mohammed et al., 2021).

4) *Socio-Demographic Profile (Diganta, 2019)* is constructed for the present study for the identification of the true representatives as per the design of the study which

includes – name, age, address, family size, family monthly income, address, family type, common use of social media, time spend for social media, etc.

5) *Informed Consent Form (Diganta, 2019)*: The researcher developed an informed consent form that included detailed instructions about the study. The form provided information on the study's purpose, the participant's expected contributions, and assurances of confidentiality regarding personal information. It emphasized that participation was entirely voluntary and that participants could withdraw at any time without any penalty. It also stated that there would be no harm to the participants. Inclusion in the research was based solely on the participant's willingness and consent. After being informed of these details, participants were asked to indicate their consent in writing on the Informed Consent Form.

Design of the study: The study utilized a 2x2 factorial design involving two factors: levels of social media use (100 high and 100 low social media users) and cultural background (Assamese and Sikkimese). This resulted in four comparison groups: Assamese high social media users (AHSMU), Assamese low social media users (ALSMU), Sikkimese high social media users (SHSMU), and Sikkimese low social media users (SLSMU). Each group was carefully matched for sociodemographic variables. These groups of high school students were then subjected to psychological evaluation regarding helping behaviour, depression, anxiety, and well-being, aiming to elucidate the impact of social media on these psychological factors within the sampled populations.
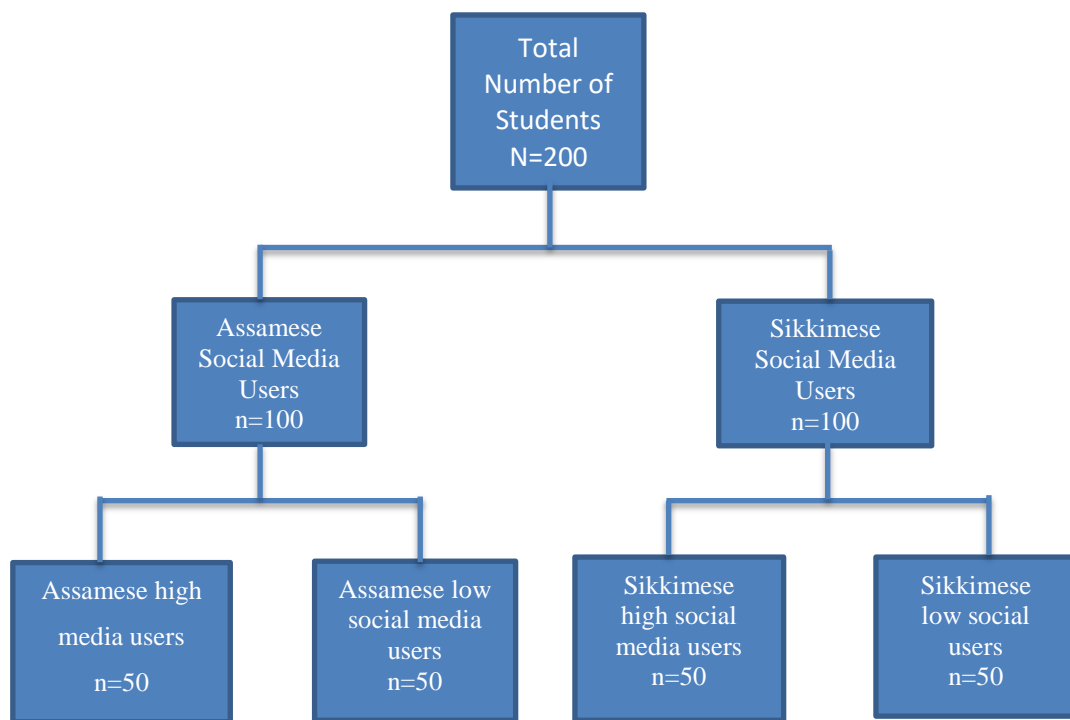
Figure-1: Showing the design of the study (2 X 2 factorial designs)

Procedure: The conduction was done with due care of the research methodology to see the impact of social networking on helping behaviour, depression, anxiety and well-being among Sikkimese and Assamese Students.

Firstly, the selected standardized psychological scales were collected, all participants understood English, and there was no need for translation into their native language. Still, the applicability of the test scales was checked through a pilot study and a high reliability was found (helping behaviour = .76; Depression =.81; Anxiety =.83; well-being =.82; Networking scale =.76). Then, the sample selection process followed.

Secondly, 200 samples out of 624 social media users were screened out based on the level of social media use, gender and socio-demographic profiles. Participants were informed about the study's purpose, their expected involvement (responding to statements, estimated time commitment), the voluntary nature of participation without coercion, the freedom to withdraw at any time without consequences, and the assurance of strict confidentiality regarding personal information. Participants

were also assured that participation would not cause harm. Written consent was obtained from each participant, and only those who provided written consent were included in the sample.

Thirdly, psychological scales were administered to the participants individually in an ideal environment where no distractions were presented and all doubts were clarified. APA ethics (2002) and instructions in the manual were followed.

Then, the response sheets were collected for coding and entry to a Microsoft Excel Sheet for further tabulation, and the outcome as well as discussion with available literature will be given in the next chapter: **CHAPTER – V: RESULTS AND DISCUSSION**.

CHAPTER - V

RESULTS AND DISCUSSION

Social Networking was considered to have positive and negative impacts on the user's behaviour differently across cultures and genders. To depict the differential impact of social networking, the representatives of two cultures (Assamese and Sikkimese) and two levels of social media use (high and low social media users) with equal representation of genders (male and female) having equal socio-demographic backgrounds were selected to examine their psychological constructs using standardized psychological tests. The detailed analysis of the results was expedited sequentially as per the objectives.

Demographic Variables. The samples of the study were carefully selected by controlling extraneous and confounding variables using a socio-demographic profile and also used as an inclusion and exclusion criteria in sample selection to focus on the differential impact of social media use on culture and gender on selected dependent variables. These demographic variables were kept under control, to be able to focus on the chosen objectives.

The raw data collected were coded and entered in an Excel sheet, thorough checks for missing data and outliers were done but since none was found, it proceeded to further data checking. Then, the data analysis was done sequentially as follows:

Checking of missing and outliers in the Raw Data: The raw data was checked for missing and outlier data which may influence the results. Since no missing or outlier data were detected, the analysis proceeded further.

Psychometric Adequacy Check of the Standardized Psychological Test Used: The raw data collected using selected psychological scales were checked for their appropriateness to the targeted population and for selecting appropriate statistics for further analysis.

The descriptive statistics highlighted the normality of the variance (Mean, SD, kurtosis and skewness), and the results were found satisfactory as skewness values less than 1.0 (+/-) and kurtosis also less than 3 (Campbell et al., 2007). The reliability of the scales was checked with Cronbach's alpha coefficient measure of the internal consistency to determine whether a collection of items consistently measures

the same characteristic, and quantifies the level between .71 to .85 (such as Helping α=.71, network α=.85, depression α=.77, anxiety α=.76, well-being α=.83). Thus, the consistency of values for each participant across a set of questions dignifies the applicability of the scales and parametric statistics assumptions (Cronbach, 1951).

Homogeneity is a convenient assumption that the statistical properties of any one part of an overall dataset are the same as any other part. The most commonly used tests -the Levene test (Levene 1960), and the Brown-Forsythe test (Brown and Forsythe 1974) were calculated. The Levene test on variables on helping (.41), network (.42), depression (.47), anxiety (.10), and well-being (.11) demonstrated the applicability and appropriateness of the use of parametric statistics for the study. The results of the Brown-Forsythe test showed non-significance on all scales which cross-checked the Levene test results to explain that the data had homogeneity and fulfilled the parametric statistic's assumption.

The reliability of the scales was checked using Cronbach's Alpha which showed an acceptable level of reliabilities for helping behaviour (α =.71), depression (α =.77), anxiety (α =.76), and well-being (α =.83). The psychometric properties checking confirmed that the test scales could be used in the targeted population under study (as presented in *Table-1*) and permitted the use of parametric statistics for further analysis.

Table 1: Shows the Mean, SD, Kurtosis, and Skewness of Social Media High Users and Social media Low Users on psychological tests (Helping Behaviour, Depression, Anxiety, and Well-being) for the samples as well as normality, homogeneity, reliability on Helping Behaviour, Depression, Anxiety, and Well-being for the whole samples.

Level of social media use	Statistics	Helping	Depression	Anxiety	Well-being
Social Media High Users	Mean	66.78	11.00	10.82	13.78
	SD	5.48	3.36	3.05	3.06
	Kurtosis	-0.81	-0.43	-0.91	-0.79
	Skewness	-0.72	-0.75	0.45	0.77
Social Media Low users	Mean	70.84	8.15	8.33	15.47
	SD	4.17	2.07	2.53	3.49
	Kurtosis	-0.51	-0.89	-0.88	-0.81

|					
	Skewness	-0.52	-0.72	0.11	0.79
Reliability (Alpha)		.71	.77	.76	.83
Test of Homogeneity of Variances	Levene test	.41	.47	.10	.11
	Brown-Forsythe)	.00	.00	.00	.00
t-test between Social Media High Users and Low Social Media Users		6.63**	6.25**	5.34**	4.28**

Objectives-1: To examine any significant difference between High Social Media Users and Low Social Media Users on helping behaviour, depression, anxiety, and well-being among the samples.

To examine any presence of a significant difference between the two groups, namely, the High social media users (SMHUs)and Low social media users (SMLUs), an independent t-test was used (Ziliak, 2008), and the results demonstrated in *Table-1* and *Figure-2* show that:

1) *On Helping behaviour:* High social media users scored lower on helping behaviour (M=66.78) than the Low social media users (M=70.84) with significance observed at.01 levels (t = 6.63; p<0.01 level).

2) *On Depression*: High social media users scored higher on Depression behaviour (M=11.00) than the Low social media users (M=8.15) with significance observed at.01 levels (t = 6.25; p<0.01 level).

(3) *On Anxiety*: High social media users scored higher on Anxiety (M=10.82) than Low social media users (M=8.33) with significance observed at.01 levels (t = 5.34; p<0.01 level).

(4) *On well-being*: High social media users scored lower on helping behaviour (M=13.78) than the Low social media users (M=15.47) with significance observed at.01 levels (t = 4.28; p<0.01 level).

The outcome of the examination of the significant mean difference between social media high and low users on dependent variables suggested accepting *hypothesis no 1*.

Figure-2: Showing Mean Difference between the Social media high and low users on dependent variables
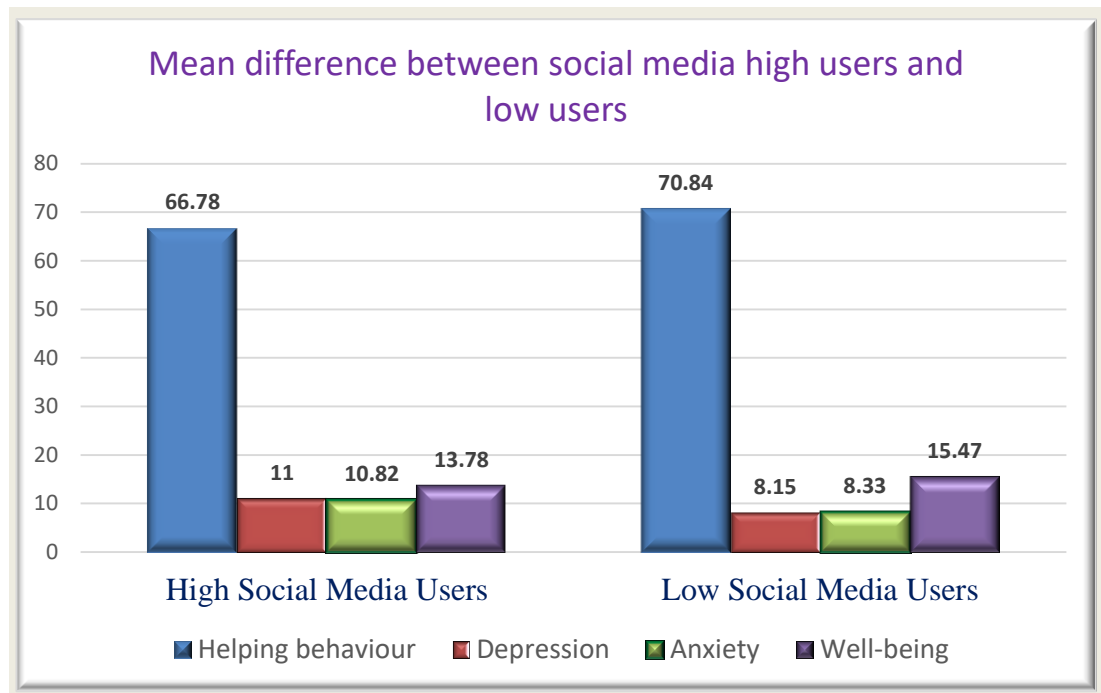
The findings can be explained with available research findings:

Helping behaviour: The study was supported by earlier research findings which found that Social Networking use decreases both prosocial behaviour (Chiou et al., 2014) and motivation for prosocial behaviour among social media users, and also has no positive impact on prosocial behaviour in males and females of Malaysian samples (Malik & Ahmad, 2019).

Depression: Earlier researchers demonstrated that excessive phone use does lead to peculiar behaviour patterns but social networking has detrimental impacts on users' mental health with young adults being most susceptible (Kolhar et al., 2021). It has a link to mental health issues such as anxiety and depression (Hu et al., 2001), and can sometimes lead to the so called "Facebook depression" in preteens and teenagers as a result of spending significant time on social media platforms (Iovu et al., 2020). With higher addiction scores, depression scores also increase.

On Anxiety: High social media users scored higher on Anxiety than Low social media users. The high anxiety among high social media users was in line with the findings that increased screen usage elevated levels of anxiety and despair (Boers et al., 2020). The use of network sites had a significant relationship with anxiety, depression, and reliance among medical students (Barman et. al., 2018). Higher social networking site users had more severe anxiety and depression (Yu & Du 2022), and lower levels of well-being (Sharma et al., 2020) due to increase in anxiety and loneliness (Wu et al., 2016).

On well-being: High social media users scored lower on well-being than low social media users. This significance at .01 level was in line with available findings that adolescents with a higher degree of social media use with high dependency have lower levels of well-being (Gaspar et al., 2023) whereas lower social media use has been linked to better psychological effects (Hunt et al., 2018). The daily use of social media for more than 30 minutes has an impact on wellbeing. Facebook addiction is associated with lower levels of life happiness and a diminished sense of life satisfaction (Błachnio et al., 2017). Furthermore, excessive screen time and negative or non-adoptive thinking styles have been found to reduce life satisfaction (Lissak, 2018).

Objective-2: To identify any significant difference between the two cultures - Assamese and Sikkimese samples on helping behaviour, depression, anxiety, and well-being among the samples.

To identify any significant difference between the two cultures -Assamese students and Sikkimese students on dependent variables, the independent t-test was calculated to determine any statistically significant difference between the means of the two unrelated groups as portrayed in ***Table-2***:

On Helping behaviour: Sikkimese students scored higher on helping behaviour (M=72.43) than Assamese students (M=65.19) and significance was observed at .01 levels (t = 16.48; p<0.01 level).

On Depression: Sikkimese students scored lower on Depression behaviour (M=6.69) than the Assamese students (M=12.46) and significance was observed at .01 levels (t = 20.37; p<0.01 level).

On Anxiety: Sikkimese students scored lower on Anxiety (M=6.15) than Assamese students (M=11.50) and significance was observed at .01 levels (t = 21.28; p<0.01 level).

On well-being: Sikkimese students scored higher on well-being (M=16.18) than the Assamese students (M=13.07) and significance was observed at .01 levels (t = 8.93; p<0.01 level).

Table-2: Showing the mean, SD, Kurtosis and Skewness on Helping Behaviour, Depression, Anxiety, and Well-being between Sikkimese and Assamese samples

Communities	Statistics	Helping	Depression	Anxiety	Well-being
Sikkimese Samples	Mean	72.43	6.69	6.15	16.18
	SD	5.10	1.07	1.98	3.28
	Kurtosis	-0.12	-0.50	-0.99	-1.08
	Skewness	-0.17	-0.06	-0.30	0.05
Assamese Samples	Mean	65.19	12.46	11.50	13.07
	SD	4.11	2.94	2.90	2.63
	Kurtosis	-0.75	-0.70	-0.85	-1.74
	Skewness	-0.45	0.62	0.52	0.74
Independent t-test between Assamese and Sikkimese		16.48**	20.37**	21.28**	8.93**

Figure- 3: Showing Mean Difference between the two cultural groups on dependent variables.
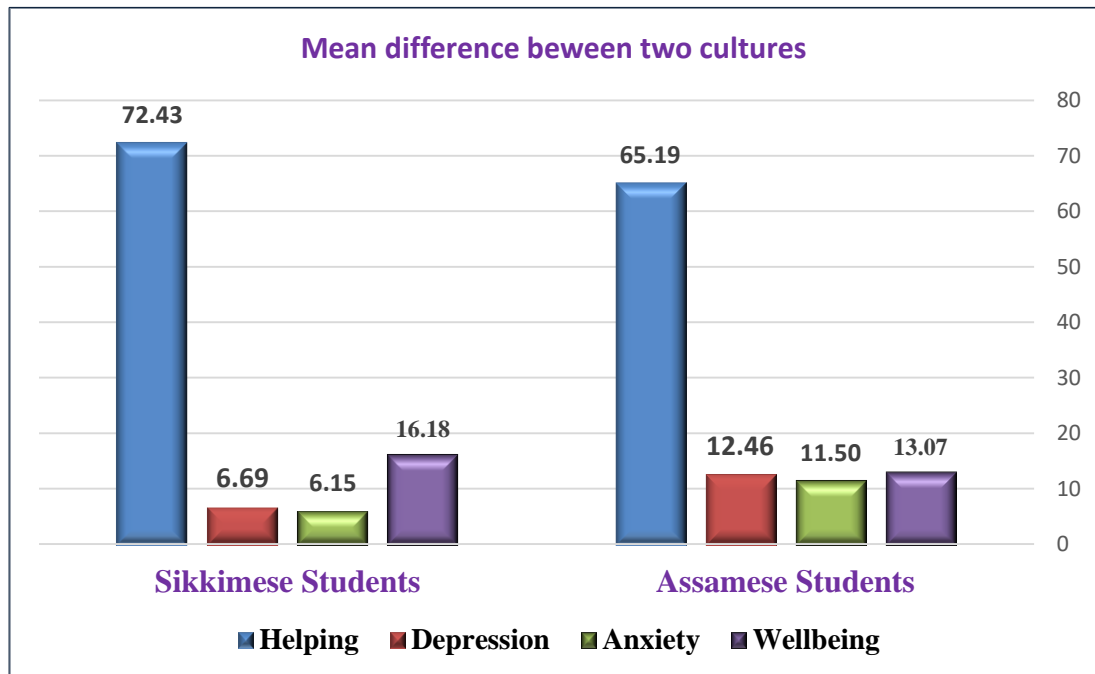
Impact of social networking in the four groups on dependent variables (Scheffe post hoc multiple mean comparision)

The Post hoc multiple mean comparision (Scheffe test) was calculated to elucidate the mean difference between groups and any level of significance between the four groups on dependent variables, and the results demonstrated (*Tables -3 & 4 and figures -3 to 6*) that:

On Helping behaviour: Assamese students who are high social media users scored significantly lower (M=63.10) on helping behaviour than Assamese low social media users (M=67.28) at .01 levels (F= -3.94;p = <0.05 level), also significantly lower than Sikkimese high social media users (M=63.10; 70.46; F=-7.12; p = <0.01) and also lower than Sikkimese low social media user students (M=63.10; 74.40; F=4.11; p = <0.05). Assamese low social media users are significantly lower on helping behaviour than Sikkimese high social media users (M=67.28; 70.46; F=3.18; p = <0.05), and also lower than Sikkimese low social media user students (M=67.28; 74.40; F=7.36; p = <0.01). Sikkimese high social media users (M=70.46; 74.40;

F=4.18; p = <0.05) scored significantly lower than Sikkimese low social media user students.

On Depression: Assamese students with high social media usage scored significantly higher (M=14.04) on depression than Assamese low social media users (M=10.88) at .01 levels (F= 2.50; p = <0.05 level), also significantly higher than Sikkimese high social media users (M=14,04; 7.96; F=5.46; p = <0.01) and also higher than Sikkimese low social media user students (M=14.04; 5.42; F=8.62; p = <0.01). Assamese low social media users (M=10.88) scored significantly higher than Sikkimese high social media users (M=10.88; 7.96; F=7.92; p = < 0.01) and also higher than Sikkimese low social media user students (M=10.88; 5.42; F=6.08; p = < 0.01). Sikkimese high social media users scored higher than Sikkimese low social media user students (M=7.96; 5.42; F=3.16; p = < 0.05).

On Anxiety: Assamese social media high-user students scored significantly higher (M=13.54) on anxiety than Assamese low social media users (M=11.46) at .01 levels (F= 2.90; p = <0.05 level), also significantly higher than Sikkimese high social media users (M=13.54; 8.10; F=6.26; p = <0.01), and also significantly higher than Sikkimese low social media user students (M=13.54; 5.20; F=8.34; p = <0.01). Assamese low social media users (M=11.46) at .01 levels (F= 3.36; p = <0.01 level) are significantly higher than Sikkimese high social media users (M=11.46; 8.10; F=3.36; p = <0.05), and also significantly higher than Sikkimese low social media user students (M=11.46; 5.20; F=5.44; p = <0.01). Sikkimese high social media users significantly scored higher than Sikkimese low social media user students (M=8.10; 5.20; F=2.08; p = <0.05).

On Well-being: Assamese social media high-user students scored significantly lower (M=11.58) on well-being than Assamese low social media users (M=14.56) but not significant (F= -.40;p = <NS level), and also significantly lower than Sikkimese high social media users (M=11.58; 15.98; F=1.80; p = <0.05) and also significantly lower than Sikkimese low social media user students (M=11.58; 16.38; F=4.80; p = <0.05). Assamese low social media users (M=14.56) scored significantly lower than Sikkimese high social media users (M=14.56; 15.98; F=1.42; p = <0.05) and Sikkimese low social media user students (M=14.56; 16.38; F=4.40; p = <0.05).

Sikkimese high social media users scored lower than Sikkimese low social media user students (M=14.56; 16.38; F=2.98; p = <0.05).

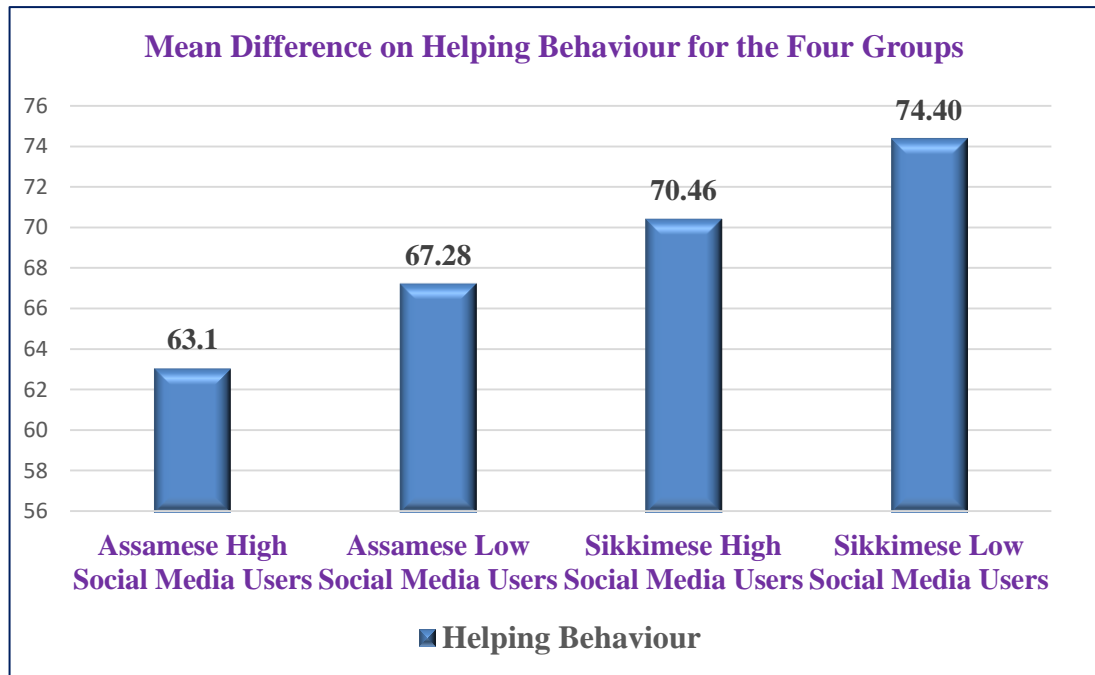**Figure-4**: Showing Mean Difference between the four groups in Helping Behaviour

Figure-5: Showing Mean Difference between the four groups on Depression
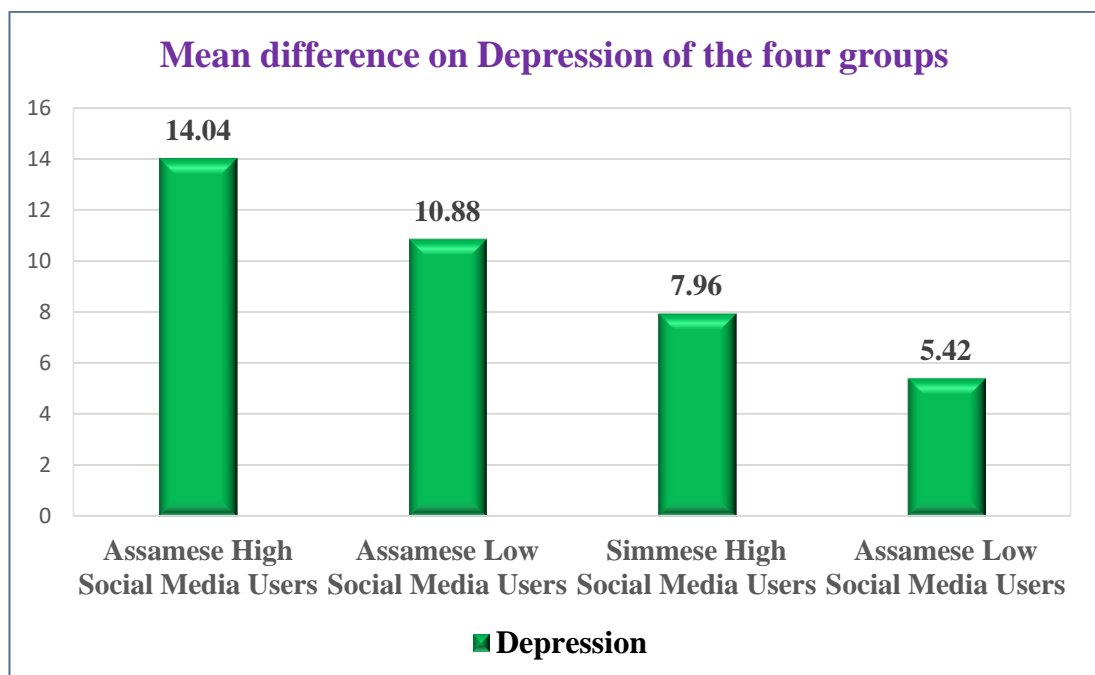
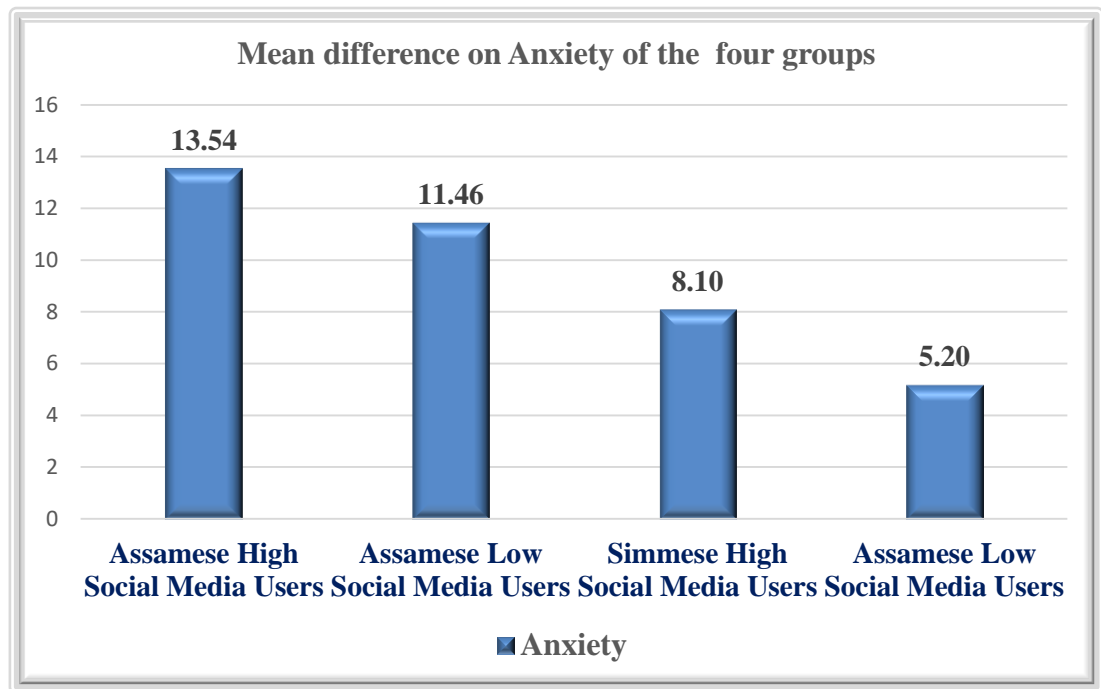**Figure-6**: Showing Mean Difference between the four groups on Anxiety

Mean difference on Anxiety of the four groups

Assamese High Social Media Users: 13.54
Assamese Low Social Media Users: 11.46
Simmese High Social Media Users: 8.10
Assamese Low Social Media Users: 5.20

Anxiety

Figure-7: Showing Mean Difference between the four groups on Well-being

Mean difference on well-being for the four groups

Assamese High Social Media Users: 11.58
Assamese Low Social Media Users: 14.56
Simmese High Social Media Users: 15.98
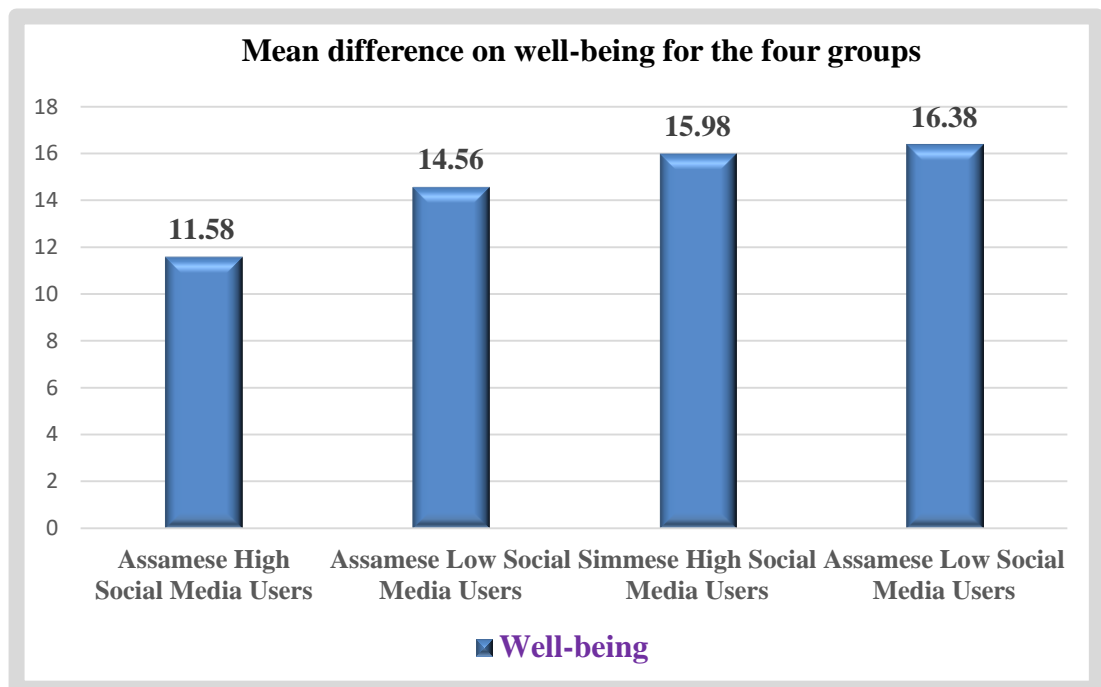Assamese Low Social Media Users: 16.38

Well-being

Table-3: Showing the mean, SD, Kurtosis and Skewness on helping behaviour, depression, anxiety, and well-being for the four comparison groups

Four Groups	Statistics	Helping behaviour	Depression	Anxiety	Well-being
Assamese high media users	Mean	**63.10**	14.04	13.54	11.58
	SD	4.58	3.34	3.54	3.19
	Kurtosis	-0.60	0.53	0.75	0.60
	Skewness	0.54	-0.69	0.73	0.98
Assamese Low media users	Mean	**67.28**	10.88	11.46	14.56
	SD	5.00	2.82	2.66	3.16
	Kurtosis	0.78	-0.75	0.82	-0.66
	Skewness	-0.73	0.56	0.54	-0.79
Sikkimese high media users	Mean	**70.46**	7.96	8.10	15.98
	SD	5.49	2.48	2.13	3.07
	Kurtosis	0.54	0.99	-0.64	-0.77
	Skewness	-0.66	0.53	-0.67	-0.61
Sikkimese low media users	Mean	**74.40**	5.42	5.20	16.38
	SD	5.30	1.77	1.54	3.48
	Kurtosis	0.51	-0.79	-0.87	-0.86
	Skewness	-0.65	0.65	0.21	0.57

The post hoc multiple mean comparision (Scheffé) was used to compare the four groups on the dependent variables as Scheffé's test is a good technique for testing the statistical significance of multiple comparisons involving more than two means, and portrayed in *Table-4*.

Table-4: Showing the multiple mean comparision (Scheffe) on Helping Behaviour, Depression, Anxiety, and Well-being between Assamese High Social Media Users (AHSMU), Assamese Low Social Media Users (ALSMU), Sikkimese High Social Media Users (SHSMU) and Sikkimese Low Social Media Users (SLSMU)

Dependent variables	Groups	ASMLU	SSMHU	SLSMU
Helping	AHSMU	-3.94*	-7.12**	-4.11*
	ASMLU	1	-3.18*	-7.36**
	SSMHU		1	-4.18*
Depression	AHSMU	2.50*	5.46**	8.62**
	ASMLU	1	7.92**	6.08**
	SSMHU		1	3.16*
	AHSMU	2.90*	6.26**	8.34**
Anxiety	ASMLU	1	3.36*	5.44**
	SSMHU		1	2.08*
Well-being	AHSMU	-.40	-1.80*	-4.80*
	ASMLU	1	-1.42*	-4.40*
	SSMHU		1	-2.98*
* =Significant at the 0.05 level				
** = significant at .01 levels				

The post hoc multiple mean comparision (Scheffé's) was used to compare the four groups on the dependent variables as Scheffé's test is a good technique for testing the statistical significance of multiple comparisons involving more than two means, and portrayed in *Table-4*.

The social media using coupled with gender differences had an impact on helping behaviour, anxiety, depression and well-being among the samples which can be explained in the light of research findings available.

On Helping behaviour: The findings of the two cultural differences in helping behaviour can be well explained using the Kin selection theory that natural selection screens out species on the ability to adapt to the challenging environment, traits and superior genes for the survival of future generations (Hamilton, 1964). The theory of reciprocal altruism posits that individuals engage in helping behaviour due to the expectation of future benefits, which justifies the cost incurred in providing assistance (Trivers, 1971). Social exchange theory explains that helping behaviour is done to gain goods from the one being helped in estimating the rewards and costs of helping others (Foa & Foa, 1975). A meta-analytic review of sex differences in helping behaviour found that men helped more than women while women received more help than men (Eagly & Crowley, 1986). Rural people seem more helpful to strangers than urban dwellers (Korte & Kerr, 1975) as rural are more traditional and collectivistic contexts (Korte & Ayvalioglu, 1981) which suggested that cultural differences predicting helping behaviour (Miller, Bersoff, & Harwood, 1990).

On Depression: The finding was supported by earlier researchers which demonstrated the prevalence differences in major depressive disorder. Excessive social media use is a substantial negative predictor of high depression (Kalita, 2023) as internet addicts showed a higher level of depression than non-addicts among the Assamese population (Saikia et al., 2019). The gender difference showed that females are approximately two times much depressed than males among adults in clinical and community samples (Weissman & Klerman, 1977). Women have higher major depression compared to men (Andrade et al., 2003; Bromet et al., 2011).

On Anxiety: The cultural differences in anxiety were also supported by earlier researchers who emphasized that anxiety disorders are strongly influenced by ethnic, racial, and cultural factors. These culturally dependent variations in beliefs and underlying physiology of the illness syndromes, as well as social context and norms, contribute to the phenomenon (Hinton, 2012; Hofmann et al., 2010).

Studies conducted in Assam found that social media use is associated with social isolation, unrealistic expectations, poor focus, incompletion of necessary work, elevated anxiety and sleep deprivation (Das & Barman, 2020). A person with internet addiction had higher anxiety, depression and stress than a person without addiction (Saikia et al., 2019). The gender differences differentiate the prevalence, course, and

symptom expression of panic anxiety disorder (McLean, Asnaani, Litz, & Hofmann, 2011) in which women are two times higher than men (Grant et al., 2006; Kessler et al., 2006). This may be influenced by etiological factors of gender difference (McLean & Anderson, 2009), higher prevalence of academic anxiety among rural girls than among urban girls (Vig & Chawla, 2013) and cultural factors of anxiety (Heinrichs et al., 2006)

On Well-being: The cultural differences in well-being are similar to earlier research findings that mentioned that cross-cultural differences are one factor of psychological differences such as well-being multi-level differences in denotation and connotation, experiences and moderators (Bieda et al., 2017; Joshanloo, 2014; Kitayama & Markus, 2000; Taylor et al., 2004). Eastern and Western cultures differ in collectivism and individualism (Markus & Kitayama, 1991) which may influence the well-being of that culture. The use of social networking has been accepted as a threat to mental health and well-being (O'Reilly et al., 2018). An extreme usage of social media affects the user's psychological, emotional, and physical well-being (Lee, Lee & Kwon, 2011) and leads to a decline in psychological well-being (Moody, 2001) although there may be cultural differences in well-being (Oishi, 2001a). Gender is a significant factor in health (Manandhar et al., 2018), influencing greater life expectancy in females (WHO, 2018) and manifesting differences between females and males (Eaton et al., 2012; Seedat et al., 2009). Women tend to experience higher rates of depression (Eaton et al., 2012; Seedat et al., 2009), psychological distress (Matud et al., 2015), and certain dimensions of psychological well-being (Karasawa et al., 2011; Seedat et al., 2009). Women have higher scores for positive relations with others (Karasawa et al., 2011), lower self-acceptance (WHO, 2018), and lower autonomy (Karasawa et al., 2011) compared to men.

The overall results presented in *Tables - 2 to 4 and Figures -2 to 6* well demonstrated the significant differences between Assamese and Sikkimese samples on helping behaviour, depression, anxiety, and well-being among the samples which proposed admitting **hypothesis 2**.

Objective 3: To study any significant relationships between helping behaviour, depression, anxiety, and well-being.

The Pearson's Correlation Coefficient (r) is the most common way of measuring a linear correlation. The Correlation Coefficient may fall between –1 and + 1 showing the strength and direction of the relationship between two variables (Pearson, 1895). The results of the Pearsons' correlation between the chosen dependent variables of the study are presented (***Table- 5***) below:

(1) ***Helping behaviour*** shows a significant negative relationship with depression (r= -.81; *p*< .01), and anxiety (r=-.83; *p*< .01) but a positive significant relationship with well-being (r=.52; *p*< .01).

(2) ***Depression*** had a significant positive relationship with anxiety (r=.84; *p*< .01) but a negative significant relationship with well-being (r= -.52; *p*< .01).

(3) ***Anxiety*** shows a significant negative relationship with well-being (r=-.55; *p*< .01).

Table-5: showing significant correlation (Pearson's correlation) between Helping Behaviour, Depression, anxiety and Well-being in samples.

Dependent Variables	Depression	Anxiety	Well-being
Helping behaviour	-.81**	-.83**	.52**
Depression	1	.84**	-.57**
Anxiety		1	-.55**
			1

The findings regarding the relationship between helping, depression, anxiety, and well-being are discussed in light of related and supporting earlier research findings that:

Helping behaviour and depression relation - The finding has supporting evidence from earlier research findings that negative dispositions increase helping in some situations and reduce helping actions (Carlson & Miller, 1987), often clinically depressed individuals do not laboriously seek help (Morris & Kanfer, 1983).

Helping behaviour and anxiety relation - Individuals with higher social anxiety tend to engage in significantly less voluntary helping work compared to those with lower social anxiety (Handy & Cnaan, 2007). Additionally, anxiety self-regulation and prosocial behaviours were observed, with positive correlations noted between sensitive, adaptive, unsigned, and public forms, but negative correlations were found with altruistic forms of helping behaviour (Sahitya Maiya et al., 2023).

Helping behaviour and well-being relations: Helping behaviour improves well-being, and promotes role identity with meaning and purpose in life (Thoits, 1992). Prosocial behaviour is connected with satisfaction and higher life satisfaction (Jeffrey et al., 2010), and is also associated with optimistic indirect prosocial style and life satisfaction (Kurtek, 2018).

Depression and anxiety relations - Anxiety or depression in adolescence strongly predicts an increased risk of depression in adulthood (Pine et al.,1998) because there is a positive significant connection between adolescent anxiety and the later emergence of anxiety disorders, major depressive disorder among birth cohort in New Zealand children (Woodward & Fergusson,2001). Again, anxiety and depression were strongly correlated, and anxiety symptoms contributed significantly to the development of depression over time among Swedish adult samples (Wetherell et al., 2001).

Depression and well-being relations - Some related studies verified that the absence of positive well-being leads to depression (Barnett & Gotlib, 1988; Duckworth et al., 2005), persons with lower positive well-being are more likely to witness depression, high depressive symptoms related to lower closeness, perceived

influence in everyday social relations (Nezlek, Hampton, & Shean, 2000; Nezlek, Imbrie, & Shean, 1994) and less day- to- day stability of well- being (Gable & Nezlek, 1998).

Anxiety and Well-being Relationship: - Anxiety is related to psychological well-being, high levels of anxiety are accompanied by low psychological well-being while low anxiety levels are related to high psychological well-being (Nagaraj, 2017). There is a link between anxiety and psychological well-being in Spanish-blind children (Sola-Carmona et al., 2013). Thus, an increase in anxiety is associated with lower levels of well-being (Golińska et al., 2021).

The overall findings of the relationship between Helping Behaviour, Depression, Anxiety and Well-being (presented in ***Table-5***) in this study suggested accepting ***hypothesis no 3***.

Objective-4: To examine any significant independent effect and 'interaction effect' of 'the level of Social Media Use' and 'Culture' on helping behaviour, depression, anxiety, and well-being among the samples.

(1) Independent effect of 'level of Social Media Use' and 'Culture' on dependent variables.

The results of one-way ANOVA showed the contribution of the level of social media use to dependent variables (***Table-6***) as follows:

Social media use independent effect on helping behaviour was 18% (F=44.00; *p< .01; η2=.18),* depression was 17% (F=39.17; *p< .01;η2=.17),* anxiety was14% (F=29.57; *p< .05;η2=.14),* and wellbeing was 9% (F= 18.36; *p< .05;η2=.09).*

Cultural difference independent effect on helping behaviour was 58% (F=271.42; *p< .01;η2=.58),* depression was 68% (F=414.99; *p< .01;η2=.68),* anxiety was70% (F=453.10; *p< .01;η2=.70),* and wellbeing was 29% (F=79.84; *p< .00;η2=.29).*

(2) Interaction effect of 'level of Social Media Use' and 'Culture' on dependent variables.

The results of two-way ANOVA demonstrated the contribution of 'social media use and culture' to the dependent variables as follows:

The contribution of both the two independent variables (social media use and cultural effects) on helping behaviour was 76% (F=207.11.00; $p<$ .01; $\eta2=.76)$, depression was 84% (F=353.78; $p<$ .01; $\eta2=.84)$, anxiety was 81% (F=308.84; $p<$ .00; $\eta2=.81)$, and well-being was 42% (F=47.64; $p<$ .00; $\eta2=.42)$. The overall results presented in **Table -6** demonstrated the significant independence and interaction effect of the 'level of social media use' and 'culture' on helping behaviour, depression, anxiety, and well-being, suggesting to accept the **hypothesis no 4**.

Table-6: Showing Independent effect (One-way ANOVA) of 'level of Social Media Use' and 'Culture', and interaction effects of 'level of Social media Use and culture' on helping, depression, anxiety, and well-being variables.

Independent Variable	Dependent variable	Sum of Squares	Mean Square	F-ratio	Sig.	Eta Sqr
Social media use	Helping behaviour	824.18	824.18	44.00	.05	0.18
Cultures		2620.88	2620.88	271.42	.00	0.58
Social media use X Culture		3445.78	1148.59	207.11	.00	0.76
Social media use	Depression	406.13	406.13	39.17	.05	0.17
Culture		1664.65	1664.65	414.99	.00	0.68
Social media use X Culture		2075.58	691.86	353.78	.00	0.84
Social media use	Anxiety	310.01	310.01	29.57	.05	0.14
Culture		1711.13	1711.13	453.10	.00	0.70
Social media use X Culture		2029.54	676.51	308.84	.00	0.81
Social media use	Well-being	142.81	142.81	18.36	.05	0.09
Culture		483.61	483.61	79.84	.00	0.29
Social media use X Culture		709.62	236.54	47.64	.00	0.42

The prediction of social media use on the dependent variable in the results can be explained with the help of earlier research findings that individuals who use social media excessively for long periods are prone to mental health issues (Pater &

Mynatt (2017) which hinders their psychological wellness (Oberst et al., 2017) and causes low emotional well-being. Social media usage leads to hostile and unsafe conduct which reduces emotional well-being (Pater & Mynatt, 2017) and increases depression and its consequences (Shensa et al., 2017). Some researchers portrayed social media use as an extraordinary hazard to psychological wellness and reduced self-confidence (Golińska et al., 2021). Online networking creates uneasiness, sorrow, dietary issues (Patel, et al., 2016), depression, and disappointment in life with reduced psychological well-being and higher depression (Lin et al; 2016).

The more time people spend on social media, the higher depression and anxiety manifest (Primack et al. 2017) as prolonged social media use can lead to dropped satisfaction with life, sleeping problems, loneliness, social impairment, depressive and anxiety symptoms, physical symptoms (El-Khoury et al., 2021; Hou et al., 2019; Andreassen et al., 2017). Some studies depict that the time spent on Facebook and depression are associated.

The results of this study have been explained in the light of earlier research findings which illustrated the negative effect of high social media users among the samples. The summary and Conclusion of the study will be highlighted in the next chapter: **CHAPTER – VI: SUMMARY AND CONCLUSION**

CHAPTER - VI

SUMMARY AND CONCLUSION

The study was designed to examine the impact of social networking on wellbeing, helping behaviour, anxiety and depression: a comparative study of Sikkim and Assam students. The reviewed literature provided the foundation for the objectives, hypothesis and methodology, including the sample, tool used, design as well as procedures of the study.

Research evinced differential levels of altruism in different cultures (Curtis,1971) that a collectivistic society appears to be higher on altruistic behaviour than an individualistic society (Paul et al., 2007), lifetime occurrence of depression is higher in urban than in rural (Okasha, 1999), significantly higher anxiety, wellbeing in some cultures than other culture as provided by their cultural practices (Berry, 1989; Triandis, 1996; Okazaki, 2000; Suh, 1999; Sharma et al., 1983), differences between male and female students. Numerous studies demonstrated a positive relationship between social media use and anxiety with obsessive behaviour (Rosen et al., 2013) suggesting a potential link between social media use and anxiety, as well as a cultural shift towards a more compulsive and constant use of these platforms. High social media use is a threat to mental health and well-being (O'Reilly et al., 2018), a decline in psychological well-being (Moody, 2001) but it may also increase the well-being depending upon individual psychological function and cultural context (Ahn, 2011).

To conclude, the study elucidated the impact of social networking on well-being, helping behaviour, anxiety and depression by comparing the cultures and two levels of social media user; and portrayed that

i) *Two levels of social media users* – showed that high social media users had significantly higher depression, and anxiety but lower helping behaviour and wellbeing. This may explain why people with high use of social media may have received overloaded arousal which may be beyond their level of tolerance or coping abilities. That heightens anxiety harmful to helping behaviour as they are also under stress and disturbed situations, not in a position to think about other's welfare through helping. Prolonging suffering, and unresolved anxiety would naturally lead to depression with decreasing well-being. The nature of social media use, network

site, duration of media use, and personal mental health would have differential prevention capacities to those possible effects of social media use.

(ii) **Cultural differences in psychological variables:** Sikkim and Assam Students revealed significant differences in well-being, helping behaviour, anxiety and depression. Cultural differences in psychological embodiment due to cultural practices, values, expectations, norms, economic affordance and acculturation stress. Accordingly, the two cultures under study were also different in helping behaviour which could have been influenced by economic status including the availability of materials resulting in no need for help from others or not in need of return through helping them. Awakening fighting for economic competence may have an impact on behaviour inviting anxiety and depression which decrease helping behaviour and well-being.

(iii) **A comparison of the four groups have shown significant differences in helping behaviour, anxiety, depression and well-being**: The four groups - Assamese high social media users, Assamese low social media users, Sikkimese high social media users and Sikkimese low social media users were compared on the dependent variables. Results demonstrated that high social media users have lower attitudes toward helping others in both cultures which implies that social media use decreases helping behaviour and wellbeing with higher anxiety and depression. Assamese social media users had higher anxiety and depression with lower well-being and helping behaviour than Sikkimese social media users, and the same trend was found between low social media users between the two cultures which portrayed cultural differences influenced on psychological variables.

(iv) **The dependent variables have a significant relationship**; Results elucidated the relationship between helping behaviour, anxiety, depression, and well-being. High anxiety was accompanied by high depression as they have a positive relationship while helping behaviour and well-being also showed the same relationship if one decreases other also will decrease. Anxiety and depression have a negative relationship with helping behaviour and well-being which thereby explains

that with high anxiety and depression cannot get a feeling of helping others and a well-being mindset.

(v) The culture and level of social media use had a significant effect on the selected dependent variables. The findings provided appropriate answers to all objectives and suggested acceptance of the hypotheses. Social media Use is harmful to mental health, it invites anxiety and depression coupled with low well-being and lower helping behaviour. Social media Use promotes anxiety and depression and decreases well-being and helping behaviour but that can be moderated by cultural influence. The same level of using of social media use had a differential influence on helping behaviour, anxiety, depression, and well-being as evidenced by the present study. On this count, the contradictory views, suggesting both negative (Chotpitayasunondh & Douglas, 2016; Van Den Eijnden et al., 2016; Jiao et al., 2017; Whaite et al., 2018; Choi & Noh, 2019; Chatterjee, 2020) and positive impacts (Carlson et al., 2016; Chen & Li, 2017; Twenge & Campbell, 2019) of social media on psychological well-being have adequately been explored. Apart from cultural influence, many possible factors which may accompany social media use have harmful effects on mental health and need to be explored individually and also for different cultures to design appropriate strategies for prevention and intervention.

Limitation:

The study has several limitations which are: (i) Some participants could not spare or were unavailable for the whole tenure of psychological evaluation, did not complete the tests, and were excluded from the sample which extended the time for data collection; (ii) In order to control extraneous variables from the focused independent and dependent variables, many sociodemographic variables were not included which could have added much interesting information; (iii) The sample included only students which limited the generalizability of the findings for other age groups; (iii) A qualitative study was not applied which could have elucidated the diversity of social networking impacts on behaviour; (iv) The antecedent of social networking was kept reserved and not included in the study; (v) The data collection was limited by the COVID-19 pandemic.

Suggestions for future research:

Based on the experiences from the study, it has been suggested that (i) Inclusion of more independent and dependent variables with a bigger sample size would contribute more knowledge about the impact of social networking on behaviour; (ii) Inclusion of more age groups would enrich the knowledge of the negative or positive impacts of social networking for different age groups; (iii) Inclusion of more cultural groups would be more beneficial to confirm any cultural influence on social networking impact on behaviour; (iv) Replication of the study coupled with qualitative methods would help get diversity of findings.

Significance of the study:

Despite these limitations, the present study highlighted the impact of social networking on helping behaviour, depression, anxiety, and well-being, considering cultural differences and the level of social media use. This research has not been previously undertaken in the targeted population. The findings can serve as a foundation for future academic research, highlighting the need for further studies to gain a deeper understanding of the positive and negative impacts of social networking. The scales employed would find replicability in the selected population for further studies. The study highlights the urgent need for psychological interventions for high social media users. In other words, knowledge of the potential effects of the growing use of social media on students' emotional well-being can bridge the gap between the alleged promises of social media and what it offers to students in terms of self-concept, self-respect, social role, and coping strategies for possible problems in their life.

Implications:

Based on the findings, it is suggested that the behavioural components of social media users should be assessed to portray a complete picture of high users and the negative impacts. Parents or authorities should prioritise early identification of social media addiction and pay attention to social networking's negative impact on all ages, especially on children for early intervention. These findings are significant for practitioners, particularly those interested in dealing with the possible negative

impacts of social media use on psychological well-being. The negative impacts can be mitigated through the identification of contributing factors and the implementation of corrective measures. Early detection of internet addiction is crucial, as it allows for timely integrated treatment. Additionally, mental health issues appear to be more pronounced in individuals who use social media more frequently compared to those who use it less. Further investigations are suggested to elucidate the underlying factors behind why social media has a negative impact in some individuals but not in others and why it has negative effects for some and positive effects on others' mental health. These outcomes would not only benefit medical professionals but also social science researchers by providing a basis to explore relationships with other constructs. Such research could potentially help reduce anxiety and depression rates, thereby preventing suicide, and also promote helping behaviour to enhance overall well-being for both the giver and recipient of assistance.

APPENDICES

INFORM CONSENT FORM (Diganta, 2019)

The following questions will be used solely for research purposes and any identifying information about participants will be kept confidential to the fullest extent possible. All information collected during this study will be treated with strict confidentiality. Your identity will remain anonymous and any data collected will be stored securely. Only the researcher involved in this study will have access to the data and the findings will be reported in aggregate form without any personally identifiable information. You can withdraw from the study at any time without providing a reason. If you have any questions or would like to get more information about this study, please feel free to ask.

Participant's Signature _____

Date and time: _____

DEMOGRAPHIC INFORMATION FORM (Diganta, 2019)

1. Age:_____

2. Sex: Male / female

3. Permanent address:_____

4. Religion: Hindu/ Muslim / Christian/ Buddhist/ Jain/ others

5. Caste/Tribe/ Community: Assamese / Sikkimese

6. Parental Income (Monthly): below 5000/ 5000-10000/ 10000-50000/ above 50000

7. Availability of Social Networking/ Internet: all time/ sometime/ not available

8. Which class you are studying: _____

9. Family Type: Nuclear/ Joint / Extended family

10. Living with parents: both parents/ single parent/ others

11. Most use social media platforms: WhatsApp/ Twitter/ Ig/ Facebook/ email/ SMS

12. Which one is most useful: WhatsApp/Twitter/ Ig/ Facebook/ email/ phone

13. At what age did you start using social media: _____

LUBBEN SOCIAL NETWORK SCALE – 6 (LSNS-6; Lubben J, 1988)

Instructions: Below are five statements that you may agree or disagree with. Using the 1 - 7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding.						
Statements	0	1	2	3	4	5
FAMILY: Considering the people to whom you are related by birth, marriage, adoption, etc						
How many relatives do you see or hear from at least once a month?	None	One	Two	Three or four	Five to eight	Above nine
How many relatives do you feel at ease with that you can talk about private matters?	None	One	Two	Three or four	Five to eight	Above nine
How many relatives do you feel close to such that you could call on them for help?	None	One	Two	Three or four	Five to eight	Above nine
FRIENDSHIPS: Considering all of your friends including those who live in your neighborhood						
How many of your friends do you see or hear from at least once a month?	None	One	Two	Three or four	Five to eigh	Above nine

					t	
How many friends do you feel at ease with that you can talk about private matters?	None	One	Two	Three or four	Five to eight	Above nine
How many friends do you feel close to such that you could call on them for help?	None	One	Two	Three or four	Five to eight	Above nine

SATISFACTION WITH LIFE SCALE (Diener, Emmons, Larsen, & Griffin, 1985)

Instructions: Below are five statements that you may agree or disagree with. Using the 1 - 7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding.

• 7 - Strongly agree

• 6 - Agree

• 5 - Slightly agree

• 4 - Neither agree nor disagree

• 3 - Slightly disagree

• 2 - Disagree

• 1 - Strongly disagree

_____ In most ways my life is close to my ideal.

_____ The conditions of my life are excellent.

_____ I am satisfied with my life.

_____ So far I have gotten the important things I want in life.

 _____ If I could live my life over, I would change almost nothing.

HELPING ATTITUDES SCALE (HAS: NICKELL, G. (1998)

INSTRUCTIONS: This instrument is designed to measure your feelings, beliefs and behaviors concerning your interactions with others. It is not a test, so there are no right or wrong answers. Please answer the questions as honestly as possible. Using the scale below, indicate your level of agreement or disagreement in the space which is next to each statement.

1= Strongly Disagree   2= Disagree   3= Undecided   4= Agree   5= Strongly Agree

SL	Statements	1	2	3	4	5
1	Helping others is usually a waste of time	1	2	3	4	5
2	When given the opportunity, I enjoy aiding others who are in need.	1	2	3	4	5
3	If possible, I would return lost money to the rightful owner.	1	2	3	4	5
4	Helping friends and family is one of the great joys in life.	1	2	3	4	5
5	I would avoid aiding someone in a medical emergency if I could.	1	2	3	4	5
6	It feels wonderful to assist others in need.	1	2	3	4	5
7	Volunteering to help someone is very rewarding.	1	2	3	4	5
8	I dislike giving directions to strangers who are lost.	1	2	3	4	5
9	Doing volunteer work makes me feel happy.	1	2	3	4	5
10	I donate time or money to charities every month.	1	2	3	4	5
11	Unless they are part of my family, helping the elderly	1	2	3	4	5

	isn't my responsibility.					
12	Children should be taught about the importance of helping others.	1	2	3	4	5
13	I plan to donate my organs when I die with the hope that they will help someone else live.	1	2	3	4	5
14	I try to offer my help with any activities my community or school groups are carrying out.	1	2	3	4	5
15	I feel at peace with myself when I have helped others.	1	2	3	4	5
16	If the person in front of me in the check-out line at a store was a few cents short, I would pay the difference.	1	2	3	4	5
17	I feel proud when I know that my generosity has benefited a needy person.	1	2	3	4	5
18	Helping people does more harm than good because they come to rely on others and not themselves.	1	2	3	4	5
19	I rarely contribute money to a worthy cause.	1	2	3	4	5
20	Giving aid to the poor is the right thing to do.	1	2	3	4	5

DASS 21 (*Lovibond & Lovibond, 1995)*

Instructions: Please read each statement and circle a number 0, 1, 2 or 3 which indicates how 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 me at 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 the time

    3 Applied to me very much or most of the time

Sl	Statement	Response			
1.	I found it hard to wind down	0	1	2	3
2.	I was aware of dryness of my mouth	0	1	2	3
3.	I couldn't seem to experience any positive feeling at all	0	1	2	3
4.	I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5.	I found it difficult to work up the initiative to do things	0	1	2	3
6.	I tended to over-react to situations	0	1	2	3
7.	I experienced trembling (e.g. in the hands)	0	1	2	3
8.	I felt that I was using a lot of nervous energy	0	1	2	3

9.	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10.	I felt that I had nothing to look forward to	0	1	2	3
11.	I found myself getting agitated	0	1	2	3
12.	I found it difficult to relax	0	1	2	3
13.	I felt down-hearted and blue	0	1	2	3
14.	was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15.	I felt I was close to panic	0	1	2	3
16.	I was unable to become enthusiastic about anything	0	1	2	3
17.	I felt I wasn't worth much as a person	0	1	2	3
18.	I felt that I was rather touchy	0	1	2	3
19.	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.	I felt scared without any good reason	0	1	2	3
21.	I felt that life was meaningless	0	1	2	3

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Details of Paper Presentation:

1) Paper presented entitled "WhatsApp Group in Academic Context: Exploring the Academic Uses of WhatsApp Group Among the Students" in 28th Annual Conference of National Academy of Psychology (NAOP), 2018 Organized by Department of Applied Psychology, Ramanujan College, University of Delhi, New Delhi, India during 19th- 21th December, 2018.

2) Paper presented entitled "Social Media Use Correlation to Satisfaction and Depression among Social Media Users" in the 57th National & 26th International Conference of the Indian Academy of Applied Psychology (RCI- Accredited),

organized jointly by the department of Clinical Psychology and Department of Psychology, Mizoram University, from 27th January to 29th January, 2022.

3) Paper presented entitled "Social Networking Impact on Stress and Anxiety: A Comparative Study of Male and Female" in the ICSSR sponsored 5th CounPsy International and 11th InSPA International virtual Conference on 'School Psychology: Focusing Global Challenges' from 06th to 08th January 2022.

4) Paper presented entitled "Gender-Based Analysis of the Relationship between Helping Behavior and Stress" in the International Conference on Emerging Trends in Psychological Interventions (Health and Allied Sciences): Future Prospects and Challenges (RCIAccredited). Organized by School of Medical and Paramedical Science, Mizoram University, from 14th November to 16th November, 2023.

5) Paper presented entitled "A Cross Cultural Analysis of Social Media use and Helping Behaviour: A comparative Study between Assamese and Sikkimese" in the International Conference on Emerging Trends in Psychological Interventions (Health and Allied Sciences): Future Prospects and Challenges (RCI- Accredited). Organized by School of Medical and Paramedical Science, Mizoram University, from 14th November to 16th November, 2023.

Research Publications:

1) Baishya, D., & Zokaitluangi. (2022). Social Media Use Correlation to Satisfaction and Depression among Social Media Users. *Contemporary Social Scientist 14*(2), 13-21.

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3) Baishya, D., & Zokaitluangi. (2024). Social Networking impact on stress and anxiety. *Inspa Journal of Applied and Social psychology, 5*(2), 205-210

4) Baishya, D., & Maheshwari, S. (2020). WhatsApp Group in Academic Context: Exploring the Academic Uses of WhatsApp Group among the Students: *Contemporary Education Technology, 11*(1), 31-46.

5) Kumar, A., Baishya, D., & Deka, M. (2021) Open Educational Resources (OER) Issues and Problems Experienced by Select Higher Educational Institutions in India. *Library Philosophy and Practice (e-journal), 5625,* 1-20.

Details of Participation in workshops/ Seminar:

1) Participated in ICSSR Sponsored National Workshop on "Research Methodology" in Social Science organized by Dr. B R Ambedkar Central library, Jawaharlal Nehru university, New Delhi during 05th – 14th April, 2021.

2) Participated in "Two days' Workshop on Rorschach Inkblot Test" Organized by Department of Clinical Psychology, Mizoram University, on 24th &25th January 2022.

3) Participated in two days' workshop on "Narrative Psychology" jointly organized by the National Academy of Psychology, India and Department of Psychology, Sikkim University, during 7th and 8th may, 2018.

4) Participated in the National Conference Empowering Teachers for Promoting Mental Health and Well-Being in Schools Organised by MANODARPAN Cell & North East Regional Institute of Education, Shillong (NCERT), from 14th to 16th December 2022.

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1. DRC : 08.04.2020
2. BOARD OF STUDIES : 08.06.2020
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Ph.D. Registration No. & Date : MZU/Ph.D./1349 of 25.07.2019

Extension (if any) : NIL

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ABSTRACT

THE IMPACT OF SOCIAL NETWORKING ON WELLBEING, HELPING BEHAVIOUR, ANXIETY AND DEPRESSION: A COMPARATIVE STUDY OF SIKKIM AND ASSAM STUDENTS

AN ABSTRACT SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

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SCHOOL OF SOCIAL SCIENCES

JUNE, 2024

THE IMPACT OF SOCIAL NETWORKING ON WELLBEING, HELPING BEHAVIOUR, ANXIETY AND DEPRESSION: A COMPARATIVE STUDY OF SIKKIM AND ASSAM STUDENTS

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Submitted

In partial fulfillment of the requirement of the Degree of Doctor of Philosophy in Psychology of Mizoram University, Aizawl

INTRODUCTION

Social media connects individuals despite differences and geographic borders. The world cherishes the distinctive cultural practices, customs, beliefs, and conventions that make them unique. Today, the world has become a small, and interactive field that is compressed in time and space due to the globalisation of media (Chen & Zhang, 2010) as such within no time, people communicate with one another on a global scale by sending and receiving messages. The world has become like a small village where everyone knows and contacts each other, as social media connects individuals from different cultural backgrounds and locations. Social media is part and parcel of everyday life, most people benefit from it to learn about their own country or host countries, build and maintain relationships, keep up with all important events or happenings and bring back home or implant to the host culture as part of the intercultural adaptation or acculturation process.

Human nature is socially active by nature, social exchange, social influence and social interaction have been moving to be a social animal. People are usually looking for ways to connect, whom to connect and how to connect. Living in the age of digitisation, people have found ways to socialise through the Internet, thanks to the emergence of many social networking platforms and applications. Social media is a group of internet-based applications that build on the ideological and technological foundation of Web 2.0 and allow the creation and exchange of user-generated content (Kalpana & Haenlein, 2010). Social media is a broad term which describes software tools to create user-generated content that can be shared (O'Reilly, 2005).

Social networking is a media platform where friends or other participants connect to share information, build relationships, and showcase social life. Due to the increasing availability of social media platforms, the importance and function of conventional communication like postal and telephonic are drastically reduced as more people rely on personal emails or face-to-face meetings. According to statistics, almost 2 billion users used social networking sites and applications in 2015, more than 2.6 billion used them in 2018, and the number of more users increasing every day.

Social Media and Social Networking:

Social media and social networking are different concepts:

Social media is a web-based technology which is a means of interaction facilitating the sharing and consuming of ideas, opinions, and information which build virtual networks and communities. The users share their personal information, photos, videos, and documents on social media platforms. Users can access social media through computers, tablets, and mobile phones on web-based software or web applications. Social media is used for different purposes, it could be a social purpose, a business purpose, or both, especially through social networking sites like Facebook, Twitter, LinkedIn, and Instagram. Social media has benefitted students by communicating information with teachers individually or in groups outside of class, planning school projects, and asking or receiving academic help from teachers even in the evenings or during the week, during vacations, so as not to fall behind. Social media is essential for higher education to connect teachers and officials with students (Selwyn, 2009). The main goal of social media is to increase interaction like just typing a quick tweet and hashtags can multiply information quickly. Users dispense blogs, infographics, films, and photos that inspire the user's audience and help maximise connections and activities. It catalysts meaningful conversations and strengthens virtual bonds (Jules, 2023, February 27). Social media is an internet-based way of publishing or broadcasting digital content that readers can fully interact with. Anyone can publish on social media like CNN and Fox News, and publish their content for digital consumption.

Social Networking is a subset of social media focused on building and maintaining positive or negative relationships. Social Media users receive information from other users on social media platforms called social networking sites or social network platforms including Facebook, Instagram, Twitter and LinkedIn. Social media users join a social network platform and begin connecting or networking with other users. The users can choose whom they want to receive communications from, and the

communication can be one-way, bidirectional, and multidirectional. It encompasses interacting with family, friends, colleagues, customers, or any group with common

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interests or goals. The social platforms can be used for social networking to share information, and connect with other users fostering relationships. Today, even students utilise social networking sites whenever and wherever an Internet connection is available to meet their educational needs like reading material, and preparation for their assignments (Dewing, 2010). The term "social networks" and social media serves as an alternative (Wolf, Sims, & Yang, 2018). Social networking is using social networking sites to stay in connection with friends, family, colleagues, clients or customers.

High Social media user: Someone who uses social media extensively and frequently invests a significant amount of time in communicating, sharing material, and building connections with people across several platforms, is considered a heavy social networking user. They have many networks friends and followers, share images and videos regularly, and participate actively in online forums. People value upholding their online persona and use social media for conversation, amusement, and information exchange. They could incorporate social media into their everyday routines and way of life, depending mostly on it as their main way of maintaining relationships with people.

Low Social Media Users: Those who use social media platforms less regularly than the typical user are known as low social media users. They might upload stuff, have small accounts, and browse for short periods. Their usage habits are controlled by their desire to restrict screen time, privacy concerns, or personal preferences. Low social media users could value in-person meetings or other kinds of contact more than online channels. Even though they could still acknowledge the value of social media for certain things, including keeping in touch with faraway friends or finding particular information, they often have a smaller profile on online social networks.

Differentiating between social media and social networking in the context of digital communication is almost impossible, and are interactive elements of creating and sustaining relationships within these platforms, social media have a variety of channels for sharing material and interacting with others. It is essential to comprehend their unique qualities to interact and communicate with them effectively. Social media platforms function as channels for content distribution, while social

networking platforms enable user interactions and idea sharing. Businesses that use these tools effectively in their plans must be aware of these differences to ensure meaningful engagement and communication with their target audience.

Factors of social media use

Research revealed the factors of individuals using SNSs and online communities (Bishop, 2007). Earlier research on social media platforms indicates that bloggers' two greatest benefits from blogging are expressing their emotions and connecting with others (Liu et al., 2007). The following motivating factors have been highlighted by research conducted in past online communities: 1) individuals with similar interests; 2) experiences and needs; 3) friendly and supportive relationships; 4) strong social feelings of belonging; and 5) a sense of shared identity (Waterson 2006; Rheingold 1993; Preece 2000). Additional recommendations are as follows: 1) user exposure; 2) feedback channels; 3) a big user base; 4) minimal entry barriers within the community; and 5) end-product accessibility and usability (Kim 2000; Diker, 2004).

HELPING BEHAVIOUR

Helping behaviour refers to voluntary actions aimed at helping others, with or without pay. It is a type of prosocial behaviour, which is a voluntary act of helping or benefiting another individual group of people, such as sharing, comforting, rescuing, and helping. Helping behaviour can be driven by various motives, including empathy, compassion, or social norms. Prosocial behaviour is expected to produce or maintain the physical and psychological well-being, and integrity of other individuals involved (Wispe, 1972) on their helping, cooperating, or exchanging. Helping attitude was described by Nickell (1998) as the attitudes, sentiments, and actions associated with assisting others. Altruism is an act or behaviour meant to benefit another person. It is sometimes used interchangeably with helpful conduct (Snyder, Lopez & Pedrotti,2011) and promoting society's overall well-being (Seligman & Csikszentmihalyi, 2000b). Studies focus on the detrimental impacts of social media on user's behaviour found prosocial television showed increased prosocial conduct

(Sprafkin et al., 1975) while other research found that social networking sites decrease prosocial behaviour (Chiou et al., 2014).

DEPRESSION

Depression is described as the main cause of disability worldwide as a wide range of individuals including adolescents, women, men, and students are susceptible to depression, (Pilgrim, Rogers & Pescosolido, 2011). Depression is an internalising issue that affects individuals, and is categorised by its symptoms, which include excessive sadness or a depressed mood, loss of interest in activities, trouble sleeping, difficulty thinking, and difficulty concentrating (Merrell, 2008). At least, ten per cent of the population at any one moment experiences mood swings associated with depression which are typically accompanied by psychosocial or psychiatric problems requiring treatment (WHO, 2007). The mental health and well-being of the global population have been bombarded by the uncontrolled massive use of social media which would naturally put them at risk (Charoensukmongkol, 2018). The impact of online social networks on the psychological distress of adolescent students (O'Dea & Campbell, 2011) has a negative correlation with the time spent resulting in depression (Dumitrache et al., 2012).

ANXIETY

Anxiety is the one that is most studied and least understood in the 20th century, and it as the "age of anxiety" (Spielberger & Vagg, 1995). Anxiety is "a negative emotional state associated with activation or arousal of the body and characterised by nervousness, worry, and apprehension (Weinberg & Gould, 2007). It is an emotional state characterised by a subjective feeling of tension and anxiety associated with the activation and arousal of the autonomic nervous system (Spielberger, 1966). Anxiety included the permanent trait components and transient, and situational state components (Cattell & Scheier, 1961; Spielberger, 1966). Studies have suggested a high prevalence with a substantial proportion of adults 45% experiencing worry or discomfort resulting in an inability to access their email or social media accounts (Anxiety UK, 2012). Young generations exhibit a pattern of excessive checking of messages and social media platforms, frequently checking

every hour, every 15 minutes, or constantly which suggests a potential link between social media use and anxiety coupled with a cultural shift towards a more compulsive and constant use of these platforms (Rosen et al., 2013).

WELL-BEING

Well-being is a state characterised by optimal functioning in which a person feels happy, satisfied and fulfilled while functioning at their highest level (Ryff, 1989). Human well-being is a personal and meaningful experience encompassing various aspects of human life, including physical, psychological and social (Diener et al., 2010). Research shows the association between well-being and high "relatedness" of social networking sites (Ashmore, 1979) as an increase in the usage of SNSs affecting the person's well-being (Cohen, 1985). Contradictory, research findings found the extreme usage of social media affects all the facets of a youth's life including psychological, emotional, and physical well-being and social development (Lee, Lee & Kwon, 2011), leads to a decline in psychological well-being (Moody, 2001)

REVIEW OF LITERATURE

Empirical studies provided evidence and robust statistical analysis demonstrating both positive and negative effects of social media use on behaviour and their coexistence. The excessive use of social media leads to addiction (Swar &Hameed, 2017; Kircaburun et al., 2020) hampering psychological well-being (Chotpitayasunondh & Douglas, 2016; Jiao et al., 2017; Choi & Noh, 2019; Chatterjee, 2020), diverting social relationships and interaction (Chotpitayasunondh & Douglas, 2016; Li et al., 2020a), increasing anxiety, heightened loneliness and depression (Dhir et al., 2018; Reer et al., 2019), rising social isolation (Van Den Eijnden et al., 2016; Whaite et al., 2018).

Conversely, some said that social media use also builds a sense of connectedness with relevant others (Twenge & Campbell, 2019), reducing social isolation through interaction with family, friends, relatives, coworkers, acquaintances, strangers (Chen & Li, 2017), and communities (Roberts & David, 2020). Consequently, several studies highlighting social media as a new

communication channel (Twenge & Campbell, 2019; Barbosa et al., 2020) playing an important role in developing one's identity by facilitating social interaction to form and maintain relationships by sharing ideas (Carlson et al., 2016) and social support (Chen & Li, 2017; Holliman et al., 2021). Recent studies (David et al., 2018; Bano et al., 2019; Barbosa et al., 2020) pinpointed the contribution of the time spent and engagement on what activities, and types of social media have differential effects on behaviour.

HELPING BEHAVIOUR

More social networking use decreases prosocial behaviour (Chiou et al., 2014) and motivation of prosocial behaviour among social media users. Kin selection theory explains helping behaviour as a survival trait for future generations (Hamilton, 1964). The incentive for an individual to help behaviour and expectation of return help from the person in the future is reciprocal altruism which makes paying a cost for the benefit (Trivers, 1971). Social exchange theory explains that people helping expect to gain goods from the recipient of help with an estimate of the rewards and costs of helping (Foa & Foa, 1975). A meta-analytic review of sex differences in helping behaviour that men helped more than women whereas women received more help than men (Eagly & Crowley, 1986). Rural people are more helpful to strangers than urban dwellers (Korte & Kerr (1975) as rural still more traditional and collectivistic contexts (Korte & Ayvalioglu, 1981) and cultural differences may predict the helping behaviour (Miller, Bersoff, & Harwood, 1990).

Earlier research explored the differential levels of altruism in different cultures (Curtis,1971), and found students in Thailand are significantly higher as compared to the students in the United States which explains that a collectivistic society appears to be higher on altruistic behaviour than an individualistic society (Paul et al., 2007). An early investigation found prosocial television showed increased prosocial conduct (Sprafkin et al., 1975). On the contrary, another study revealed that social networking sites use decrease prosocial behaviour (Chiou et al., 2014).

DEPRESSION

 High social media users scored higher on Depression behaviour than Low social media users. Hu and colleagues (Hui et al., 2001) revealed that women demonstrated a link between social media use and mental health issues including anxiety and depression. Researchers have identified "Facebook depression," which is a typical depressive symptom found among preteens and teenagers who spend a substantial amount of time using social media platforms. The symptoms of depression are strongly correlated with Facebook use (Iovu et al., 2020), and higher addiction to Facebook is associated with increasing depression. Excessive Facebook users had higher depressive symptoms than non-users among teenagers and young adults (Moreau et al., 2015).

There was a cultural difference in the prevalence of major depressive disorder (Woodward et al., 2013). Research conducted among Assamese social media users found that overuse of social media has a substantial negative impact on social media users resulting in high depression (Kalita, 2023) and that internet addiction had higher levels of depression than non-addiction (Saikia et al., 2019). The gender difference in depression is considered approximately twice as many females experience depression as males among adults in clinical and community samples (Weissman & Klerman, 1977), women have higher rates of major depression compared to men with a ratio is 2:1 (Andrade et al., 2003; Bromet et al., 2011).

ANXIETY

High social media users have higher anxiety than low social media users. A study indicates screen usage elevated levels of anxiety and despair (Boers et al., 2020). Anxiety and sadness were shown to be significantly correlated with high use of social networking sites (Barman et al., 2018). Additionally, it was found that higher social networking site usage resulted in severe anxiety and depression (Yu & Du 2022), and a higher level of social media use negatively correlated with lower levels of well-being (Sharma et al., 2020), use of the internet technology increases feelings of anxiety and loneliness as well as increasing their sense of connectedness (Wu et al., 2016).

The cultural studies found that anxiety disorders are due to ethnic, racial, and cultural factors (Hinton, 2012), and reflected social context and norms (Hofmann et al., 2010). Studies conducted in Assam found that social media use is associated with social isolation, unrealistic expectations, poor focus, a decline in the completion of necessary work which elevates anxiety, and sleep deprivation (Das & Barman, 2020). A person with internet addiction has higher levels of anxiety, depression and stress in comparison to non-internet addiction (Saikia et al., 2019). It was well-documented that the level of prevalence, course, and symptom expression of anxiety (McLean, Asnaani, Litz, & Hofmann, 2011) higher in women twice higher than in men especially a panic disorder (Grant et al., 2006; Kessler et al., 2006). The gender difference in anxiety was due to etiological factors (McLean & Anderson, 2009). Research findings revealed that rural girls scored significantly higher levels of academic anxiety as compared to urban girls (Vig & Chawla, 2013) coupled with cultural differences (Hofmann et al., 2006).

WELL-BEING

High social media users have lower well-being than low social media users (Gaspar et al., 2023), low social media dependency exhibits better well-being (Hunt et al., 2018) but lower despair and loneliness. There was a negative correlation between Facebook addiction and life happiness (Błachnio et al., 2017) as well as a positive correlation between excessive screen time and negative thinking styles, and reduced life satisfaction (Lissak et al., 2018).

The cross-cultural research on well-being across cultures revealed multi-level differences in denotation and connotation, experiences and moderators (Bieda et al., 2017; Joshanloo, 2014; Kitayama & Markus, 2000; Taylor et al., 2004). Eastern and Western cultures differ in collectivism and individualism (Markus & Kitayama, 1991) which influence well-being differently.

The use of social networking can be a threat to mental health and well-being (O'Reilly et al., 2018), the extreme usage of social media negatively affects the user's psychological, emotional, and physical well-being (Lee, Lee & Kwon, 2011) leading to a decline of well-being (Moody, 2001). Studies show that women have more

depression (Eaton et al., 2012; Seedat et al., 2009), psychological distress (Matud et al., 2015), psychological well-being dimensions (Karasawa et al., 2011; Seedat et al., 2009); and also cultural differences in well-being (Oishi, 2001a).

Helping and depression relation - Earlier research findings mentioned that negative dispositions increase helping or reduce helping behaviour depending upon the context and individual psychological condition (Carlson & Miller, 1987) but clinically depressed individuals hardly laboriously seek help (Morris & Kanfer, 1983).

Helping and anxiety relation - People with higher social anxiety do volunteer work significantly less and will continue to do so less than people with lower social anxiety. A recent study carried out by Sahitya Maiya and colleagues (Maiya et al., 2023) on anxiety self-regulation and prosocial behaviours demonstrated that anxiety symptoms were noticeably related to sensitive, adaptive, unsigned, and public forms, but negatively related to altruistic forms of helping behaviour.

Helping and well-being relations: A person's well-being may be improved by helpful actions which influence the identity, and provide a feeling of meaning and purpose in life (Thoits, 1992). Jeffrey and colleagues (Jeffrey et al., 2010) found that prosocial behaviour was connected with higher life satisfaction. Similarly, Kurtek (2018) discovered an optimistic association between the indirect prosocial style and life satisfaction among the samples.

Depression and anxiety relations - Anxiety or depression is a strong predictor of an increased risk of suicide (Pine et al., 1998). Wetherell and colleagues (2001) conducted another study among Swedish middle-aged and older twins which exposed a strong correlation between anxiety and depression (Woodward & Fergusson, 2001).

Depression and well-being relations - Some studies verified that the absence of positive well-being can lead to the threat factor of depression (Barnett & Gotlib, 1988; Duckworth et al., 2005). Research has shown that people with higher depressive symptoms reported lower closeness, enjoyment, and perceived influence in everyday social relations (Nezlek, Hampton, & Shean, 2000; Nezlek, Imbrie, &

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Shean, 1994) and reported less day-to-day stability of well- being (Gable & Nezlek, 1998).

Anxiety and Well-being Relationship: - Nagaraj (2017) examines Anxiety's relation to Psychological Well-Being. and finds that low levels of anxiety are accompanied by low psychological well-being. It was found that a negative correlation between stress and psychological well-being among Spanish families with blind children (Sola-Carmona & et al., 2013).

STATEMENT OF THE PROBLEM

Globally, it was observed that approximately 5.16 billion active social media users comprise around 59.3% of the global population. Facebook is the largest social media platform with around 3.15 billion active users. YouTube has over 2.5 billion active users, Instagram has over 2 billion active users, and TikTok has over 1 billion active users are the fastest-growing social media platforms. It was assumed that the average time spent on social media was 2 hours and 23 minutes per day on social media platforms, and mobile devices account for 98% of social media usage time. The most common social media are watching videos (82%), reading news (76%), and interacting with friends and family (72%). Among the social media users, 48.4% male and 51.6% female users globally (ttps://prioridata.com/data/social-media-usage)

Researchers have investigated the psychological effects of using social media, especially among students. Social media platforms have been considered the most important source of changing individuals' moods (Chukwuere & Chukwuere (2017), Individuals using social media platforms passively with no special purpose may feel a change in their life as a function of the nature of content overviewed. Therefore, positive and negative moods are easily transferred between social media users through media networks (Chukwuere & Chukwuere, 2017). This area become increasingly important as social media is an integral part of life for almost everyone social media platforms are more than before. Students are affected by social media posts due to an increasing reliance on social media use in life (Iwamoto & Chun, 2020) leading to the develope of unrealistic expectations of self or others which can have several affective consequences.

Cultural groups under study- Assamese and Sikkimese

Assamese: The natives of the state of Assam are known as "Asomiya" (Assamese), which is also the state language of Assam. Assam is a state in northeastern India, in the Himalayas range along the Brahmaputra and Barak River valleys. Assam covers an area of 78,438 km2 Assamese and Boro are the official languages of Assam. Apart from, Assamese, there are some other languages that the people use to communicate among their tribe, such as Bodo, Mishing, Karbi, Rabha, Dimasa, Bengali etc. It has 35 districts with 5 divisions. Dispur is the capital of Assam state, Guwahati is the largest city and it is known for tea, silk and one horned Rhino. (www.bing.com/search?q=Assamese+culture&qs).

Assam and adjoining regions have evidence of human settlement from the beginning of the Stone Age. Assamese kingdoms are at their greatest territorial heights. Kachari kingdom (1230) in red dotted lines, Koch dynasty (1560) in blue lines, Ahom kingdom (1700) in red lines. Assam has a long history with a succession of many kingdoms. A map of the British Indian Empire in 1909 during the partition of Bengal (1905–1911). The literacy rate in Assam state was 73.18%, the male was 78.81% and the female was 67.27%. The earliest settlers were Austroasiatic, and Dravidian followed by Tibeto-Burman, Indo-Aryan, and Tai–Kadai people (Mohammad, 1993). Forty-five languages are spoken by different communities, including three major language families: Austroasiatic (Purkayastha, 2024), Sino-Tibetan and Indo-European. There is a high degree of bilingualism.

According to the 2011 census, 61.47% were Hindus, and 34.22% were Muslims. Christian minorities (3.7%) are found among the Scheduled Tribe and Castes population. The Scheduled Tribe population in Assam is around 13%, of which Bodos account for 40% (Deka, 2014). Other religions followed include Jainism (0.1%), Buddhism (0.2%), Sikhism (0.1%) and Animism (amongst Khamti, Phake, Aiton etc. communities).

Sikkimese: Sikkimese are people who inhabit the Indian state of Sikkim. Sikkim is a state in northeastern India, having a boundary with Tibet Autonomous Region of China in the north and northeast, Bhutan in the east, Koshi Province of Nepal in the

west, and West Bengal in the south. Sikkim's capital and largest city is Gangtok. The kingdom of Sikkim was started in the 17th century, ruled by Buddhist priest-kings known as the Chogyal. Then, it became a princely state of the British Indian Empire in 1890 till Indian independence, given a protectorate status by the Union of India in 1950. The monarchy was ended and Sikkim was admitted as the 22nd state to the Indian Union in 1975.

Sikkim is a multiethnic and multilingual Indian state. The official languages are English, Nepali, Bhutia and Lepcha. Other common languages are Gurung, Limbu, Magar, Mukhia, Newari, Rai, Sherpa and Tamang. English is taught in schools and used in government documents. The predominant religion is Hinduism, with a significant Vajrayana Buddhism minority. Sikkim's economy is largely dependent on agriculture and tourism. In 2015 Sikkim claimed India's first fully organic state. As of 2019, the state had the fifth-smallest GDP among Indian states although it is also among the fastest-growing (https://en.wikipedia.org/wiki/Sikkim)

Sikkim's population was 610,577 inhabitants (Census, 2011) census with a sex ratio of 889 females per 1,000 males, with a total of 321,661 males and 286,027 females recorded in according to the 2011 census, 57.8% follow Hinduism, making it the state's majority religion. Buddhism is followed by 27.4% of the population, while Christianity is followed by 9.9%.

Internet cafés are well established in the district capitals, but broadband connectivity is not widely available. Satellite television channels through dish antennae are available in most homes in the state. Channels served are largely the same as those available in the rest of India, although Nepali-language channels are also available. The main service providers include Airtel digital TV, Tata Sky, Dish TV, DD Free Dish and Nayuma. In 2011, Sikkim's adult literacy rate was 82.2 per cent: 87.29 per cent for males and 76.43 per cent for females (https://en.wikipedia.org/wiki/Sikkim).

Considering, the increasing influence of social media on education and daily life with its consequences on mental and physical health among the users. It was felt that a huge dependence on social networking, and its complex influence on the user's

physical and mental health was much available in the literature, and the study was taken as a challenge to fill up the gaps to be able to answer regarding the influence of social networking on selected psychological variables in the two culture along with its deferential impact on gender among the samples.

Mental health is a state of well-being, understanding own abilities, ability to solve everyday life problems, working well, and making a significant contribution to own life and community (WHO, 2004). A constant debate going on about the positive and negative impacts of social media on mental health (Martinsen & Nord, 2008; Berryman et al.., 2018). Social networking is a crucial element in protects their mental health. The Displaced Behaviour Theory explains that people who spend more time on social media use have less time to spend for face-to-face social interaction which protects against mental disorders (Coyne et al., 2020; Escobar-Viera et al., 2018). Social theories mention that how people view, maintain, and interact with their social network predicts the influence of social media use on their behaviour (Rahman et al., 2013). Studies evinced the impacts of the prolonged use of social media platforms related to negative signs and symptoms of depression and anxiety (Berryman et al., 2018; Iannotti et al., 2009) and also created stereotypes that want to look as popular as others.

Systematic studies related to mental health studies have been conducted worldwide by a limited number being new phenomena, and the available literature is mostly in medical science as the potential influence of social media use has not been widely investigated. The study attempts to fill the gap that social media relation to the risk of health problems (Muris & Steerneman, 2001; Martinsen & Nord, 2008; Escobar-Viera et al., 2018). The importance of the study is to provide information on the extent of social media use effect on selected psychological functions, which can assist the researchers in delivering a prospect to understand the future attention related to social media use and requisite strategies that require scholarly attention.

The available literature has provided that gender, as well as culture, has played a vital role in the use of social networking which has a link to individual well-being, helping behaviour, depression and anxiety of adults. So, taking the lead from the literature, the present study was framed to examine the cultural and gender

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differences in social networking usage association to well-being, helping behaviour, anxiety and depression. It was expected that the findings will not only contribute to the academic purpose but also will contribute practical utility for the samples and provide the basis for further research.

Objectives of the study

The following objectives have been framed to conduct the study:

1) To examine any significant difference between High social media users and Low social media users on helping behaviour, depression, anxiety, and well-being among the samples.

2) To identify any significant difference between the two cultures -Assamese and Sikkimese samples on helping behaviour, depression, anxiety, and well-being among the samples.

3) To study any significant relationship between helping behaviour, depression, anxiety, and well-being.

4) To examine any significant independent effect and 'interaction effect of 'level of Social Media Use' and 'Culture' on helping behaviour, depression, anxiety, and well-being among the samples.

Hypothesis

To meet the objectives set forth for the study, the following hypotheses are framed:

1) High Social Media users will score higher than Low Social Media users on Depression and Anxiety but lower on helping behaviour and well-being among the samples

2) Assamese students are expected to score higher than Sikkimese samples on Depression and Anxiety but lower on helping behaviour and well-being among the samples

3) There will be a significant positive relationship between helping behaviour and well-being, and the same positive relationship between anxiety and depression but helping behaviour and wellbeing will have negative relationship with anxiety and depression among the samples

4) There will be an 'independent effect', and 'interaction effect' of the 'level of social media use' and 'Culture' on helping behaviour, depression, anxiety and well-being variables

METHODS AND PROCEDURES

Sample: The sample selection was done focusing on the objectives of the study and followed a multi-stage sampling procedure:

Firstly, 624 samples were identified as representatives of the two cultural groups. 324 Assamese social media users and 300 Sikkimese social media users with equal distribution of male and female samples were identified from different parts of Assam and Sikkim states respectively, using a multistage sampling procedure. Requisite permission was taken from authorities and written informed consent was taken from the participants.

Secondly, from the 624 identified social media user samples, again 320 social media users representing 160 representatives of Assamese (comprising 80 high social media users and 80 low social media users) and 160 representatives of Sikkimese (comprising 80 high social media users and 80 low social media users) were screened out using the Lubben Social Network Scale: (Lubben, 1988)., and classified as high and low social media users was done based on their scores (M±1.5), also an equal representation of the two genders (males and females) for comparision.

Thirdly, For the final inclusion, 200 samples out of 320 identified were again screened on their social-demographic background using the Sociodemographic profiles constructed by the researcher which included name, age, address, family size, family monthly income, address, family type, common use of social media, time spend for social media, etc which can have influenced other than the level of social media use (high and low social media use) and two genders (male and female) to control the extraneous or confounding variables which can influence the results in trying to give answers to the objectives of the study.

The final sample size was 200 samples comprising 100 Assamese Social Media users (50 high users and 50 low users) and 100 Sikkimese social media users (50 high

users and 50 low users) with equal representation of two genders, age range between 15- 18 years included.

Tool Used: The following psychological tools were employed for the collection of Data:

1) *Lubben Social Network Scale: (LSNS; Lubben, 1988)* constructed by Lubben (1988), a self-report measure of social engagement including family and friends, consisting of 20 items. The score ranges between 0 and 60, with a higher score indicating more social engagement. The original scale has high reliability and the validity (α=.70) correlates with mortality, in all cases of health behaviour, depressive symptoms, and overall physical health (Galanakis et al., 2017).

2) *The Satisfaction with Life Scale (Diener, Emmnos, Larsen, & Griffin, 1985)* was developed as a measure of the judgmental component of subjective well-being (SWB). The SWLS is shown to be a valid and reliable measure of life satisfaction, suited for use with a wide range of age groups and applications, which makes possible the savings of interview time and resources compared to many measures of life satisfaction which demonstrated good internal consistency in our sample (α = .86)

3) *The DASS-21 (Lovibond & Lovibond, 1995),* is a self-report questionnaire consisting of 21 items, 7 items per subscale: depression, anxiety and stress. Each of the three DASS-21 scales contains 7 items each. The assumption on which the DASS-21 differentiate depression, anxiety and stress experienced by normal subjects and clinical populations are essentially differences in degree. The DASS-21 validity was confirmed with moderate correlation coefficients (0.66) between its factor scores and the ADHP-V mental health-related domains (La et al., 2017). The present study employed only two subscales -depression and anxiety.

4) *Helping Behavior / Helping Attitudes Scale (HAS; Nickell, G, 1998): A 20-item measu*re of respondents' beliefs, feelings, and behaviours associated with helping. Each item is answered on a 5-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). This scale is a self-report measure of social engagement including family and friends. The reliability coefficient of the original scale was

0.85 which was calculated by the test re-test method (Mohammed et al., 2021).

5) *Socio-Demographic Profile (Diganta, 2019):* it is constructed for the present study for the identification of the true representative as per the design of the study which includes – name, age, address, family size, family monthly income, address, family type, common use of social media, time spend for social media, etc.

6) *Informed Consent Form (Diganta, 2019).* An informed consent form will be developed by the researcher, in which instruction about the consent information including the purpose of the study, expected contribution/participation from the participant, assurance of keeping personal information confidential, purely voluntary participation and can leave anytime if he/she is willing without any penalty, nothing will be harmful to the participant, the inclusion of participant in the research will be purely base on his/her willingness/ consent. After informing all, the participant will be asked for consent that he/she is willing to perform in the study and to give in writing on the Inform Consent Form.

***Design of the study*:** The 2x2 factorial designs {2 levels of social media use (100 high and 100 low social media use) and 2 Cultures (Assamese and Sikkimese)} high school students, comprised of four comparison groups such as Assamese high social media users (AHSMU), Assamese Low social media users (ALSMU), Sikkimese high social media users (SHSMU), and Sikkimese low social media users (SLSMU) with an equal match of sociodemographic variables were included for psychological evaluation on helping behaviour, depression, anxiety and well-being to elucidate the impact of social media among the samples.
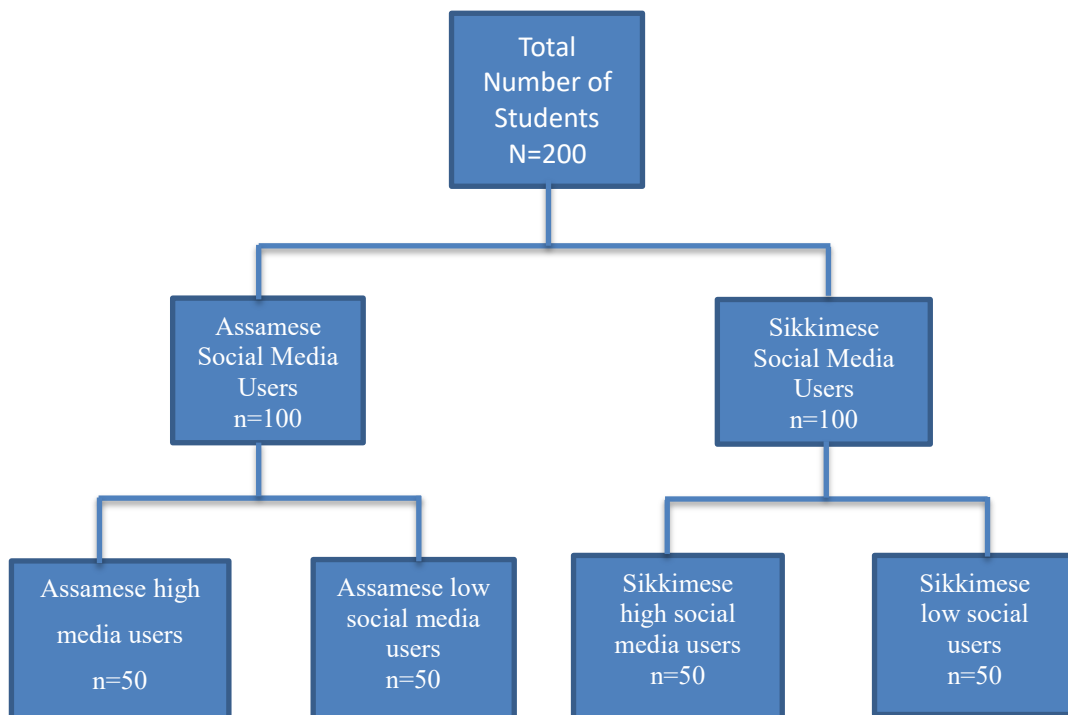
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                    ┌─────────────────┐
                    │     Total       │
                    │  Number of      │
                    │   Students      │
                    │    N=200        │
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     ┌────────────────┐            ┌────────────────┐
     │   Assamese     │            │   Sikkimese    │
     │  Social Media  │            │  Social Media  │
     │    Users       │            │     Users      │
     │    n=100       │            │     n=100      │
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  │ Assamese  │ │ Assamese  │  │ Sikkimese │ │ Sikkimese │
  │ high      │ │ low       │  │ high      │ │ low       │
  │ media     │ │ social    │  │ social    │ │ social    │
  │ users     │ │ media     │  │ media     │ │ users     │
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Figure showing the design of the study.

Procedure: The conduction was done with due care of the research methodology to see the impact of social networking on helping behaviour, depression, anxiety and well-being among Sikkimese and Assamese Students.

Firstly, the selected standardised psychological scales were collected, all participants understood English, and no need for translation into their native language. Still, the applicability of the test scales was checked through a pilot study and found high reliability (helping behaviour = .76; Depression =.81; Anxiety=.83; well-being=.82; Networking scale=.76) and proceeded to sample selection.

Secondly, 200 samples out of 624 social media users were screened out based on level of social media use, culture and social-demographic profiles. The samples were made known about the purpose of the study, expected involvement in the study (regarding giving responses on statements, length of time to be taken, voluntary participation without any force, free to leave at any time without any penalty, confidentiality/private information to be kept with strict confidentiality), assurance of

any harm will be caused by participation in the study. Then, written consent was requested from each of the participants, only those who had given in writing were included in the samples.

Thirdly, psychological scales were administered to the participants individually in an ideal environment where no distractions were presented, all doubts were clarified, and APA ethics (2002) and instructions in the manual were followed.

RESULTS AND DISCUSSION

The Impact of Social Networking was considered to have positive and negative impacts on the user's behaviour differently across the culture and gender. To depict the differential impact of social networking, the representatives of two cultures (Assamese and Sikkimese) and two levels of social media use (high and low social media users) with equal representation of genders (male and female) having equal social demographic backgrounds were selected to examine their psychological constructs using standardised psychological tests. The detailed analysis of the results was expedited sequentially as per the objectives.

Demographic Variables. The samples of the study were carefully selected by controlling extraneous and confounding variables using a socio-demographic profile and also used as inclusion and exclusion criteria in sample selection, to focus on the differential impact of social media use of culture and gender on selected dependent variables. As demographic variables were kept under control, to be able to focus on the chosen objectives.

The raw data collected were coded, and entered in an Excel sheet, checking any missing data and outliers was done, but none was found and proceeded to further data checking. Then, the data analysis was done sequentially as follows:

Checking of missing and outliers in the Raw Data: The raw data was checked for missing and outlier data which may influence the results as no missing nor outlier data was found and proceeded for further analysis.

Psychometric Adequacy Check of the Standardized Psychological Test Used: The raw data collected using selected psychological scales were checked for their

appropriateness to the targeted population and for selecting appropriate statistics for further analysis. The descriptive statistics highlighted the normality of the variance (Mean, SD, kurtosis and skewness), and the results were found satisfactory as skewness values less than 1.0 (+/-) and kurtosis also less than 3 (Campbell et al., 2007). The reliability of the scales was checked with Cronbach's alpha coefficient measure of the internal consistency to determine whether a collection of items consistently measures the same characteristic, and quantifies the level between .71 to .85 (such as Helping α=.71, network α=.85, depression α=.77, anxiety α=.76, well-being α=.83) as values for each participant across a set of questions are consistent which dignifies the applicability of the scales and parametric statistics assumptions (Cronbach, 1951). Homogeneity is a convenient assumption that the statistical properties of any one part of an overall dataset are the same as any other part. The most commonly used tests -the Levene test (Levene 1960), and the Brown-Forsythe test (Brown and Forsythe 1974) were calculated. The Levene test on variables on helping (.41), network (.42), depression (.47), anxiety (.10), and well-being (.11) demonstrated the applicability and appropriateness of the use of parametric statistics for the study. The results of the Brown-Forsythe test showed non-significance on all scales which cross-checked the Levene test results which explained the data had homogeneity and fulfilled the Parametric statistic's assumption. The reliability of the scales was done using Cronbach's Alpha which showed the acceptable level of reliabilities for helping behaviour (α =.71), depression (α =.77), Anxiety (α =.76), and well-being (α =.83). The psychometric properties checking confirmed that the test scales can be used in the targeted population under study (as presented in *Table-1*) and permitted the use of parametric statistics for further analysis.

Objectives-1: To examine any significant difference between High Social Media Users and Low Social Media Users on helping behaviour, depression, anxiety, and well-being among the samples.

To examine any presence of a significant difference between the two groups, namely, the High social media users (SMHUs)and Low social media users (SMLUs) an

independent t-test was used (Ziliak, 2008), and the results demonstrated in *Table-1* and *Figure-2* that:

1) ***On Helping behaviour:*** High social media users scored lower on helping behaviour (M=66.78) than the Low social media users (M=70.84) and significant at.01 levels (t = 6.63; p<0.01 level).

2) ***On Depression***: High social media users scored higher on Depression behaviour (M=11.00) than the Low social media users (M=8.15) and significant at.01 levels (t = 6.25; p<0.01 level).

(3) ***On Anxiety***: High social media users scored higher on Anxiety (M=10.82) than Low social media users (M=8.33) and significant at.01 levels (t = 5.34; p<0.01 level).

(4) ***On well-being***: High social media users scored lower on helping behaviour (M=13.78) than the Low social media users (M=15.47) and significant at.01 levels (t = 4.28; p<0.01 level).

The outcome of the examination of the significant Mean difference between Social media high and low users on dependent variables suggested accepting ***hypothesis no 1***.

The findings can be explained with available research findings:

Helping behaviour: The study was supported by earlier research findings which found that Social Networking use decreases prosocial behaviour (Chiou et al., 2014), motivating prosocial behaviour among social media users, and also has no positive impact on prosocial behaviour in males and females of Malaysian samples (Malik & Ahmad, 2019).

Depression: Earlier researchers demonstrated that excessive phone use does lead to peculiar behaviour patterns but social networking has detrimental impacts on users' mental health and young adults are most susceptible (Kolhar et al., 2021) which has a link to mental health issues such as anxiety and depression (Hu et al., 2001), and called as "Facebook depression" in preteens and teenagers due to spending

significant time on social media platforms (Iovu et al., 2020) with higher addiction scores increasing depression.

On Anxiety: High social media users scored higher in Anxiety than Low social media users. The high anxiety among high social media users was in line with that increased screen usage elevated levels of anxiety and despair (Boers et al., 2020). The use of network sites had a significant relationship with anxiety, depression, and reliance among medical students (Barman et. al., 2018). People with higher social networking site users had more severe anxiety and depression (Yu & Du 2022), and lower levels of well-being (Sharma et al., 2020) due to increase of anxiety and loneliness (Wu et al., 2016).

On well-being: High social media users scored lower on well-being than low social media users (and significant at.01 level was in line with available findings that adolescents with a higher degree of social media use with high dependency have lower levels of well-being (Gaspar et al., 2023) whereas lower social media use linked to better psychological effects (Hunt et al., 2018); a person daily social media use more than 30 minutes impact on wellbeing as Facebook addiction related to life happiness and sense of life satisfaction (Błachnio et al., 2017) that excessive screen time and negative or nonadoptive thinking styles reduced life satisfaction (Lissak, 2018).

Objective-2: To identify any significant difference between the two cultures - Assamese and Sikkimese samples on helping behaviour, depression, anxiety, and well-being among the samples.

To identify any significant difference between the two cultures -Assamese students and Sikkimese students on dependent variables, the independent t-test was calculated to determine any statistically significant difference between the means in the two unrelated groups as portrayed in ***Table-2***:

On Helping behaviour: Sikkimese students scored higher on helping behaviour (M=72.43) than Assamese students (M=65.19) and significant at.01 levels (t = 16.48; p<0.01 level).

On Depression: Sikkimese students scored higher on Depression behaviour (M=6.69) than the Assamese students (M=12.46) and significant at.01 levels (t = 20.37; p<0.01 level).

On Anxiety: Sikkimese students scored higher on Anxiety (M=6.15) than Assamese students (M=11.50) and significant at.01 levels (t = 21.28; p<0.01 level).

On well-being: Sikkimese students scored lower on helping behaviour (M=16.18) than the Assamese students (M=13.07) and significant at.01 levels (t = 8.93; p<0.01 level).

Impact of social networking in the four groups on dependent variables (Scheffe post hoc multiple mean comparision**)**

The Post hoc multiple mean comparision (Scheffe test) was calculated to elucidate the mean differences between groups and any level of significance between the four groups on dependent variables, and the results demonstrated (***Tables -3 & 4 and figures -3 to 6***) that:

On Helping behaviour: Assamese high social media user students scored significantly lower (M=63.10) on helping behaviour than Assamese low social media users (M=67.28) at .01 levels (F= -3.94; p = <0.01 level), also significantly lower than Sikkimese high social media users (M=63.10; 70.46; F=7.12; p = <0.01) and also lower than Sikkimese low social media user students (M=63.10; 74.40; F=4.11; p = <0.01). Assamese low social media users are significantly lower on helping behaviour than Sikkimese high social media users (M=67.28; 70.46; F=3.18; p = <0.01), and also lower than Sikkimese low social media user students (M=67.28; 74.40; F=7.36; p = <0.01). Sikkimese high social media users (M=70.46; 74.40; F=4.18; p = <0.01) scored significantly lower than Sikkimese low social media user students.

On Depression: Assamese high social media user students scored significantly higher (M=14,04) on depression than Assamese low social media users (M=10.88) at .01 levels (F= 2.50;p = <0.01 level), also significantly higher than Sikkimese high social media users (M=14,04; 7.96; F=5.46; p = <0.01) and also higher than Sikkimese low social media user students (M=14.04; 5.42; F=8.62; p = <0.01).

Assamese low social media users (M=10.88) scored significantly higher than Sikkimese high social media users (M=10.88; 7.96; F=7.92; p = < 0.01) and also higher than Sikkimese low social media user students (M=10.88; 5.42; F=6.08; p = < 0.01). Sikkimese high social media users scored higher than Sikkimese low social media user students (M=7.96; 5.42; F=3.16; p = < 0.01).

On Anxiety: Assamese social media high-user students scored significantly higher (M=13.54) on anxiety than Assamese low social media users (M=11.88) at .01 levels (F= 2.90;p = <0.01 level), also significantly higher than Sikkimese high social media users (M=13.54; 8.10; F=6.26; p = <0.01), and also significantly higher than Sikkimese low social media user students (M=13.54; 5.20; F=8.34; p = <0.01).Assamese low social media users (M=11.88) at .01 levels (F= 2.90; p = <0.01 level) significantly higher than Sikkimese high social media users (M=11.88; 8.10; F=3.36; p = <0.01), and also significantly higher than Sikkimese low social media user students (M=11.88; 5.20; F=5.44; p = <0.01).Sikkimese high social media users significantly scored higher than Sikkimese Low social media user students (M=8.10; 5.20; F=3.16; p = <0.01).

On Well-being: Assamese social media high-user students scored significantly lower (M=11.58) on well-being than Assamese low social media users (M=14.56) but not significant (F= -.40; p = <NS level), and also significantly lower than Sikkimese high social media users (M=11.58; 15.98; F=1.80; p = <0.01) and Sikkimese low social media user students (M=11.58; 16.38; F=4.81; p = <0.01). Assamese low social media users (M=14.56) scored significantly lower than Sikkimese high social media users (M=14.56; 15.98; F=1.42; p = <0.01) and Sikkimese low social media user students (M=14.56; 16.38; F=4.40; p = <0.01). Sikkimese high social media users scored lower than Sikkimese low social media user students (M=14.56; 16.38; F=2.98; p = <0.01).

The post hoc multiple mean comparision (Scheffé's) was used to compare the four groups on the dependent variables as Scheffé's test is a good technique for testing the statistical significance of multiple comparisons involving more than two means, and portrayed in ***Table-4***.

The social media using couples with gender differences had an impact on helping behaviour, anxiety, depression and well-being among the samples which can be explained in the light of research findings available.

On Helping behaviour: The findings of the two cultural differences in helping behaviour can be well explained using the Kin selection theory that natural selection screens out species on the ability to adapt to the challenging environment, traits and superior genes for the survival of future generations (Hamilton, 1964). Reciprocal altruism theory explains that the incentive for an individual to help behaviour and expectation for future advantages makes to pay a cost for helping behaviour (Trivers, 1971). Social exchange theory explains that helping behaviour is done to gain goods from the one being helped in estimating the rewards and costs of helping others (Foa & Foa, 1975). A meta-analytic review of sex differences in helping behaviour found that men helped more than women while women received more help than men (Eagly & Crowley, 1986). Rural people seem more helpful to strangers than urban dwellers (Korte & Kerr, 1975) as rural are more traditional and collectivistic contexts (Korte & Ayvalioglu, 1981) which suggested that cultural differences predicting helping behaviour (Miller, Bersoff, & Harwood, 1990).

On Depression: The finding was supported by earlier researchers which demonstrated the prevalence differences in major depressive disorder higher. Excessive social media use has a substantial negative predictor of high depression (Kalita, 2023) as internet addicts showed a higher level of depression than non-addicts in Assamese (Saikia et al., 2019). The gender difference predicted approximately twice time much depression in females than males among adults in clinical and community samples (Weissman & Klerman, 1977) as women have higher major depression compared to men (Andrade et al., 2003; Bromet et al., 2011).

On Anxiety: The cultural difference in anxiety was also supported by earlier researchers already mentioned that anxiety disorders are strongly influenced by ethnic, racial, and cultural factors as culturally dependent variations in beliefs and underlying physiology of the illness syndromes (Hinton, 2012) in the social context and norms contributed to it (Hofmann et al., 2010). Studies conducted in Assam

found that social media use is associated with social isolation, unrealistic expectations, poor focus, incompletion of necessary work, elevated anxiety and sleep deprivation (Das & Barman, 2020) as a person with internet addiction had higher anxiety, depression and stress than non-addiction (Saikia et al., 2019). The gender differences differentiate the prevalence, course, and symptom expression of panic anxiety disorder (McLean, Asnaani, Litz, & Hofmann, 2011) as women are twice higher than men (Grant et al., 2006; Kessler et al., 2006) which may be contributed by etiological factors of gender difference (McLean & Anderson, 2009) as higher prevalence of academic anxiety among rural girls than urban girls (Vig & Chawla, 2013) and cultural factor of anxiety (Hofmann et al., 2006)

On Well-being: The cultural differences in well-being are similar to earlier research findings mentioned that cross-cultural differences are one factor of psychological differences such as well-being multi-level differences in denotation and connotation, experiences and moderators (Bieda et al., 2017; Joshanloo, 2014; Kitayama & Markus, 2000; Taylor et al., 2004). Eastern and Western cultures differ in collectivism and individualism (Markus & Kitayama, 1991) which may influence the well-being of that culture. The use of social networking is accepted as a threat to mental health and well-being (O'Reilly et al., 2018), the extreme usage of social media affects the user's psychological, emotional, and physical well-being (Lee, Lee & Kwon, 2011) declining the psychological well-being (Moody, 2001) as a reaction to cultural differences in well-being (Oishi, 2001a). Gender is an important factor in health (Manandhar et al., 2018) affecting greater life expectancy in females (WHO, 2018) and portrayed differences between females and males (Eaton et al., 2012; Seedat et al., 2009) as women have higher depression (Eaton et al., 2012; Seedat et al., 2009), psychological distress (Matud et al., 2015), and on some psychological well-being dimensions (Karasawa et al., 2011; Seedat et al., 2009) like a higher score of women in positive relations with others (Karasawa et al., 2011), lower self-acceptance (WHO, 2018) and autonomy (Karasawa et al., 2011) than male.

The overall results presented in ***Tables -2 to 4 and Figures -2 to 6*** well demonstrated the significant differences between Assamese and Sikkimese

samples on helping behaviour, depression, anxiety, and well-being among the samples which proposed admitting **hypothesis 2**.

Objective 3: To study any significant relationships between helping behaviour, depression, anxiety, and well-being.

The Pearson's Correlation Coefficient (r) is the most common way of measuring a linear correlation. The Correlation Coefficient may fall between –1 and + 1 showing the strength and direction of the relationship between two variables (Pearson, 1895). The results of the Pearsons' correlation between the chosen dependent variables of the study are presented (**Table- 5**) below:

(1) **Helping behaviour** shows a significant negative relationship with depression (r= -.81; $p< .01$), and anxiety (r=-.83; $p< .01$) but a positive significant relationship with well-being (r=.52; $p< .01$).

(2) **Depression** had a significant positive relationship with anxiety (r=.84; $p< .01$) but a negative significant relationship with well-being (r= -.52; $p< .01$).

(3) **Anxiety** shows a significant negative relationship with well-being (r=-.55; $p< .01$).

The findings regarding the relationship between helping, depression, anxiety, and well-being are discussed in light of related and supporting earlier research findings that:

Helping and depression relation - The finding has supporting evidence from the earlier research findings that negative dispositions increase helping in some situations and reduce helping actions (Carlson & Miller, 1987), often clinically depressed individuals do not laboriously seek help (Morris & Kanfer, 1983).

Helping and anxiety relation - People with higher social anxiety do significantly less voluntary helping work than people with lower social anxiety (Handy & Cnaan, 2007) as anxiety self-regulation and prosocial behaviours were noticeable which were positively related to sensitive, adaptive, unsigned, and public forms but negatively related to altruistic forms of helping behaviour (Sahitya Maiya et al., 2023).

Helping and well-being relations: Helping behaviour improves well-being, and promotes role identity with meaning and purpose in life (Thoits, 1992). Prosocial behaviour is connected with satisfaction and higher life satisfaction (Jeffrey et al., 2010), and is also associated with optimistic indirect prosocial style and life satisfaction (Kurtek, 2018).

Depression and anxiety relations - Anxiety or depression in adolescence strongly predicts an increased risk of depression in adulthood (Pine et al.,1998) because there is a positive significant connection between adolescent anxiety and the later emergence of anxiety disorders, major depressive disorder among birth cohort in New Zealand children (Woodward & Fergusson,2001). Again, anxiety and depression were strongly correlated, and anxiety symptoms contributed significantly to the development of depression over time as found among Swedish adult samples (Wetherell et al., 2001).

Depression and well-being relations - Some related studies verified that the absence of positive well-being leads to depression (Barnett & Gotlib, 1988; Duckworth et al., 2005), persons with lower positive well-being are more likely to witness depression, high depressive symptoms related to lower closeness, perceived influence in everyday social relations (Nezlek, Hampton, & Shean, 2000; Nezlek, Imbrie, & Shean, 1994) and less day- to- day stability of well- being (Gable & Nezlek, 1998).

Anxiety and Well-being Relationship: - Anxiety is related to psychological well-being, high levels of anxiety are accompanied by low psychological well-being while low anxiety levels are related to high psychological well-being (Nagaraj, 2017). There is a link between anxiety and psychological well-being in Spanish-blind children (Sola-Carmona et al., 2013) as an increase in anxiety is associated with lower levels of well-being (Golińska et al., 2021).

The overall findings of the relationship between Helping Behaviour, Depression, anxiety and Well-being (presented in *Table-5*) in this study suggested accepting *hypothesis no 3*.

Objective-4: To examine any significant independent effect and 'interaction effect of 'the level of Social Media Use' and 'Culture' on helping behaviour, depression, anxiety, and well-being among the samples.

(1) Independent effect of 'level of Social Media Use' and 'Culture' on dependent variables.

The results of one-way ANOVA showed the contribution of the level of social media use to dependent variables (*Table-6*) as follows:

Social media use independent effect on helping behaviour was 18% (F=44.00; *p< .01; η2=.18),* depression was 17% (F=39.17; *p< .01;η2=.17),* anxiety was14% (F= 29.57; *p< .05;η2=.14),* and wellbeing was 9% (F= 18.36; *p< .05;η2=.09).*

Cultural difference independent effect on helping behaviour was 58% (F=271.42; *p< .01;η2=.58),* depression was 68% (F=414.99; *p< .01;η2=.68),* anxiety was70% (F=453.10; *p< .01;η2=.70),* and wellbeing was 29% (F=79.84; *p< .00;η2=.29).*

(2) Interaction effect of 'level of Social Media Use' and 'Culture' on dependent variables.

The results of two-way ANOVA showed the contribution of 'social media use and culture' to dependent variables were shown as follows:

The contribution of both two independent variables (social media use and cultural effects) on helping behaviour was 76% (F=207.11.00; *p< .01; η2=.76),* depression was 84% (F=353.78; *p< .01; η2=.84),* anxiety was81% (F=308.84; *p< .00; η2=.81),* and wellbeing was 42% (F=47.64; *p< .00; η2=.42).* The overall results presented in ***Table -6*** demonstrated the significant independence and interaction effect of the level of social media use' and 'culture' on helping behaviour, depression, anxiety, and well-being suggesting to accept ***hypothesis no 4***.

The prediction of social media use on the dependent variable in the results can be explained with the help of earlier research findings that individuals who use social media excessively for long periods are prone to mental health issues (Segal et al., 2018) which hinders their psychological wellness (Oberst et al., 2017) and causing low emotional well-being. Social media use leads to hostile and unsafe

conduct which reduces emotional well-being (Pater & Mynatt, 2017) and increases depression and its consequences side effects (Shensa et al., 2017). Some researchers portrayed social media use as an extraordinarily hazard to psychological wellness and reduced self-confidence (Golińska et al., 2021). Online networking creates uneasiness, sorrow, dietary issues (Patel, et al., 2016), depression, and disappointment in life with reduced psychological well-being and higher depression (Lin et al; 2016).

The more time people spend on social media, the higher depression and anxiety manifest (Primack et al. 2017) as prolonged social media use can lead to dropped satisfaction with life, sleeping problems, loneliness, social impairment, depressive and anxiety symptoms, physical symptoms (El-Khoury et al., 2021; Hou et al., 2019; Andreassen et al., 2017) depicting the time spent on Facebook and depression are associated. The results of this study have been explained in the light of earlier research findings which illustrated the negative effect of high social media users among the samples.

SUMMARY AND CONCLUSION: The study was designed to examine the impact of social networking on wellbeing, helping behaviour, anxiety and depression: a comparative study of Sikkim and Assam students. The reviewed literature provided the foundation for the objectives, hypothesis, and methodology including the sample, tool used, design, procedures of the study.

Research evinced differential levels of altruism in different cultures (Curtis,1971) that a collectivistic society appears to be higher on altruistic behaviour than an individualistic society (Paul et al., 2007), lifetime occurrence of depression is higher in urban than in rural (Okasha, 1999), significantly higher anxiety, wellbeing in some cultures than other culture as provided by their cultural practices (Berry, 1989; Triandis, 1996; Okazaki, 2000; Suh, 1999; Sharma et al., 1983), differences between male and female students. Numerous studies demonstrated a positive relationship between social media use and anxiety with obsessive behaviour (Rosen et al., 2013) suggesting a potential link between social media use and anxiety, as well as a cultural shift towards a more compulsive and constant use of these platforms. High social media use is a threat to mental health and well-being (O'Reilly et al.,

2018), a decline in psychological well-being (Moody, 2001) but it may also increase the well-being depending upon individual psychological function and cultural context (Ahn, 2011).

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To conclude, the study elucidated the impact of social networking on well-being, helping behaviour, anxiety and depression by comparing the cultures and two level of social media user; and portrayed that

(i) *Two levels of social media users* – showed that high social media users had significantly higher depression, and anxiety but lower helping behaviour and wellbeing. This may explain why people with high use of social media may have received overloaded arousal which may be beyond their level of tolerance or coping abilities. That heightens anxiety harmful to helping behaviour as they are also under

stress and disturbed situations, not in a position to think about other's welfare through helping. Prolonging suffering, and unresolved anxiety would naturally lead to depression with decreasing well-being. The nature of social media use, network site, duration of media use, and personal mental health would have differential prevention capacities to those possible effects of social media use.

(ii) **Cultural difference on psychological variables:** Sikkim and Assam Students revealed significant differences in well-being, helping behaviour, anxiety and depression. Cultural differences in psychological embodiment due to cultural practices, values, expectations, norms, economic affordance and acculturation stress. Accordingly, the two cultures under study were also different in helping behaviour which could have been influenced by economic status including the availability of materials resulting in no need for help from others or not in need of return through helping them. Awakening fighting for economic competence may have an impact on behaviour inviting anxiety and depression which decrease helping behaviour and well-being.

(iii) **A comparison of the four groups have shown significant differences in helping behaviour, anxiety, depression and well-being**: The four groups - Assamese high social media users, Assamese low social media users, Sikkimese high social media users and Sikkimese low social media users were compared on the dependent variables. Results demonstrated that high social media users have lower attitudes toward helping others in both cultures which implies that social media use decreases helping behaviour and wellbeing with higher anxiety and depression. Assamese social media users had higher anxiety and depression with lower well-being and helping behaviour than Sikkimese social media users, and the same trend was found between low social media users between the two cultures which portrayed cultural differences influenced on psychological variables.

(iv) **The dependent variables have a significant relationship**; Results elucidated the relationship between helping behaviour, anxiety, depression, and well-being. High anxiety was accompanied by high depression as they have a positive relationship while helping behaviour and well-being also showed the same relationship if one decreases other also will decrease. Anxiety and depression have a

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negative relationship with helping behaviour and well-being which thereby explains that with high anxiety and depression cannot get a feeling of helping others and a well-being mindset.

(v) **The culture and level of social media use had a significant effect on the selected dependent variables**. The findings provided appropriate answers to all objectives and suggested acceptance of the hypotheses. Social media Use is harmful to mental health, it invites anxiety and depression coupled with low well-being and lower helping behaviour. Social media Use promotes anxiety and depression and decreases well-being and helping behaviour but that can be moderated by cultural influence. The same level of using of social media use had a differential influence on helping behaviour, anxiety, depression, and well-being as evidenced by the present study. On this count, the contradictory views, suggesting both negative (Chotpitayasunondh & Douglas, 2016; Van Den Eijnden et al., 2016; Jiao et al., 2017; Whaite et al., 2018; Choi & Noh, 2019; Chatterjee, 2020) and positive impacts (Carlson et al., 2016; Chen & Li, 2017; Twenge & Campbell, 2019) of social media on psychological well-being have adequately been explored. Apart from cultural influence, many possible factors which may accompany social media use have harmful effects on mental health and need to be explored individually and also for different cultures to design appropriate strategies for prevention and intervention.

Limitation:

The study has several limitations which are: (i) some participants could not spare or were unavailable for the whole tenure of psychological evaluation, did not complete the tests, and were excluded from the sample which takes a longer time for data collection; (ii) To control the extraneous variables from the focus independent and dependent variables, many sociodemographic variables were not included which could have added much interesting information; (iii) Sample included only students which limiting the findings for the other age groups difference. (iii) the qualitative study not applied which can elucidate the diversity of social networking impacts on behaviour. (iv) the antecedent of social networking was kept reserved and not included in the study. (v) data collection limited by the COVID-19 pandemic.

Suggestions for future research:

Based on the experience received from the study, it was suggested that (i) it was suggested that inclusion of more independent and dependent variables with a bigger sample size would contribute more knowledge about the impact of social networking on behaviour. (ii) Inclusion of more age groups to enrich the negative or positive impact of social networking for the different age groups. (iii) Inclusion of more cultural groups would be more beneficial to confirm any cultural influence on social networking impact on behaviour. (iv) Replication of the study coupled with qualitative methods would help get the diversity of the findings.

Significance of the study:

With all of the limitations, the present study highlighted the impact of social networking on helping behaviour, depression, anxiety and well-being with cultural

differences and the level of social media use which never have been done before in the targeted population. The findings can serve as bases for future academic research to provide knowledge about the need for more research in this area to have a more in-depth understanding of the positive or negative impact of social networking. The scale employed would find replicability in the selected population for further studies. The study highlights the urgent need for psychological intervention for high social media users. In other words, knowledge of the potential effects of the growing use of social media on students' emotional well-being can bridge the gap between the alleged promises of social media and what it has to offer to students in terms of self-concept, self-respect, social role, and coping strategies for possible problems in their life long.

Implications:

Based on the findings, some suggestions were made that behavioural components of the social media users should be assessed to portray a complete picture of the high users and negative impacts. Parents or authorities should prioritise early identification of social media addiction which would demonstrate the urgent need to pay attention to social networking's negative impact on all ages, especially on children for early intervention. These findings are significant for practitioners,

particularly those interested in dealing with the possible negative impacts of social media use on psychological well-being, and the negative impacts can be lessened, if the factors are identified and take corrective measures, early detection of internet addiction detected and give appropriate integrated treatment as early as possible. Furthermore, the mental health problem appeared more pronounced in those who use social media more compared with those who use it less. Further investigations are suggested to elucidate the underlying factors why social media has a negative impact in some individuals but not in others whereas it has no or positive effect on others' mental health, and the outcome would serve not only to medical professionals but also social science research by providing a basis to explore more relationships with another construct. This could potentially enhance to reduce anxiety and depression rates which may prevent suicide rates from occurring, and also foster helping behaviour to accelerate the well-being to both the doer and recipient of helping.

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