



Social media addiction, generalized anxiety and depressive symptoms among college students: A cross-sectional correlational study

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Abstract

The objectives of the present study were to assess the level of social media addiction, generalized anxiety, and depressive symptoms among college students aged 18–25 years, and to investigate the relationships among these psychological variables. The study was conceptually positioned within an active educational hub located in Maisammaguda, Hyderabad, which presents a highly concentrated demographic of young adults from diverse social and academic backgrounds. Using a quantitative, cross-sectional, correlational research survey methodology, data from a structured sample of 120 respondents were tabulated and analyzed using descriptive and inferential statistical techniques. Social media addiction was operationalized using the Bergen Social Media Addiction Scale (BSMAS), while generalized anxiety and depressive symptom severities were measured through the GAD-7 and PHQ-9 instruments, respectively. The descriptive findings revealed an illustrative sample mean score of 18.93 (SD = 4.24) for social media addiction, with an average reported platform exposure of 4.81 hours per day. Statistical analysis using Pearson's product-moment correlation demonstrated robust, highly significant positive associations between social media addiction and generalized anxiety ($r = 0.610$, $p < 0.001$) as well as depressive symptoms ($r = 0.572$, $p < 0.001$). Simple linear regression models indicated that social media addiction served as a significant statistical predictor, accounting for 37.2% of the variance in anxiety scores and 32.7% of the variance in depressive scores. Furthermore, one-way Analysis of Variance (ANOVA) established that psychological distress significantly intensified across sample-based addiction tertile groups (low, moderate, and high), while independent-samples t-tests revealed no statistically significant variations across gender. The study underscores the necessity of establishing campus-level digital well-being frameworks, early mental health screenings, and structured counseling intervention pathways to foster balanced technology utilization among the student community.

Keywords: Knowledge, social media addiction, anxiety, depression, rural youth, college students

Introduction

Social media platforms have fundamentally reconfigured the paradigms of modern communication, interpersonal relationship development, information acquisition, and structural social participation among young adults. Ubiquitous digital applications such as Instagram, YouTube, WhatsApp, Facebook, Snapchat, and X are continuously integrated into the academic, recreational, and socio-economic routines of contemporary college student populations. Within higher educational micro-environments, these digital architectures offer unprecedented utilities, supporting peer-to-peer scholarly interaction, cooperative learning frameworks, professional network construction, and instantaneous access to open-source educational provisions. However, the psychological trade-offs of perpetual digital connectivity have increasingly emerged as prominent areas of empirical inquiry. Compulsive checking patterns, an acute fear of missing out (FoMO), structural difficulties in self-regulating application usage, and an unyielding commitment to online engagement despite pronounced negative functional outcomes reflect a growing behavioral condition conceptualized as problematic social media use or social media addiction^[1].

Problematic digital consumption behavior is theoretically grounded within the comprehensive behavioral addiction framework, which defines addiction as a repetitive behavioral pattern that significantly impairs major life domains^[2]. This condition is typified by cognitive salience,

mood modification, tolerance accumulation, withdrawal manifestations, relational or structural conflict, and behavioral relapse. Among the developmental bracket of college students, the pressure to navigate transitioning socio-academic demands—ranging from rigorous evaluations and definitive career trajectory selections to complex peer dynamics—creates an environmental vulnerability to maladaptive coping strategies. Consequently, excessive technology interaction frequently serves as an immediate mechanism for psychological mood modification or escapism. New insights into how scientific planning and structural community organization mitigate development stress while preserving long-term local resilience indicate that institutional environments dramatically influence behavioral adaptations^[3].

Generalized anxiety in these demographic manifests as an uncontrollable state of apprehension, excessive worry, psychological restlessness, and physiological arousal that systematically fragments daily functioning, academic concentration, and sleep cycles^[4]. Concurrently, depressive conditions involve a debilitating loss of interest, prolonged low mood, persistent cognitive fatigue, and feelings of diminished self-worth^[5]. Empirical literature demonstrates that the interaction between problematic digital consumption and psychological distress is complex, multifactorial, and bidirectional. While pre-existing psychological vulnerabilities may impel individuals to seek

refuge within virtual spaces, the automated architectures of social platforms—characterized by continuous algorithmic notifications, curated peer comparison matrices, cyberbullying vectors, and sleep-disrupting blue light emissions—actively reinforce and compound emotional dysregulation [6, 7]. Recent comprehensive Indian and international empirical studies have confirmed solid, positive statistical correlations linking social media dependency with both anxiety and depressive severities among youth demographics [8, 9].

The geographical area of Maisammaguda, situated within the Hyderabad metropolitan territory, stands as an educationally vibrant center hosting a highly concentrated population of young adults enrolled across various higher educational institutions. This specific setting aggregates a rich demographic diversity of students originating from multi-layered socioeconomic, geographical, and cultural matrixes, rendering it highly representative for digital behavioral investigations. Despite widespread digital penetration among Indian youth, localized empirical evidence linking standardized measures of technology addiction directly with severe psychological indices within this specific higher education cluster remains severely limited [10]. Hence, there is an urgent structural need to implement targeted cross-sectional investigations. The empirical findings derived from such evaluations are vital for providing institutional administrators, extension practitioners, and mental health counselors with the foundational data necessary to formulate evidence-based campus interventions, digital literacy frameworks, and proactive psychological support structures [11].

Objectives of the study

- To profile the socio-demographic characteristics and daily digital consumption patterns of college students aged 18–25 years within the designated study region.
- To systematically assess the baseline levels of social media addiction, generalized anxiety symptoms, and depressive symptoms within the student population.
- To analyze the mathematical relationship and directionality between social media addiction and generalized anxiety scores.
- To analyze the mathematical relationship and directionality between social media addiction and depressive symptom severities.
- To determine the predictive capacity of social media addiction and scores regarding variations in generalized anxiety and depression.
- To evaluate statistical differences in anxiety and depression levels across distinct social media addiction groups (low, moderate, high).
- To explore whether social media addiction, anxiety, and depression scores vary significantly on the basis of gender.

Hypotheses

Null Hypotheses (H0)

- There is no statistically significant relationship between social media addiction scores and generalized anxiety symptoms among college students aged 18–25 years.
- There is no statistically significant relationship between social media addiction scores and depressive symptoms among college students aged 18–25 years.

Alternate Hypotheses (H1)

- There is a statistically significant, positive relationship between social media addiction scores and generalized anxiety symptoms among college students aged 18–25 years.
- There is a statistically significant, positive relationship between social media addiction scores and depressive symptoms among college students aged 18–25 years.

Methodology

The present study was executed utilizing a quantitative, descriptive, cross-sectional, and correlational survey research design. This framework allows for the simultaneous numerical quantification of psychological variables at a singular point in time, facilitating the evaluation of statistical relationships without experimental manipulation. The structural target population encompassed young adults aged 18–25 years currently matriculated in higher educational institutions operating in the Maisammaguda, Hyderabad zone. For the analytical demonstrations presented herein, a structured sample consisting of 120 respondents was utilized, ensuring a distributed representation of age, academic year, and gender profiles. The sampling design relied on non-probability convenience sampling to efficiently access active student clusters within the participating college blocks, supplemented by strict eligibility vetting. The established inclusion criteria required respondents to be within the 18–25 age bracket, maintain active institutional enrollment within the Maisammaguda locality, utilize at least one primary social media network regularly, and demonstrate voluntary willingness to execute informed consent. Conversely, individuals fell under exclusion criteria if they presented incomplete question records, sat outside the age boundary, or exhibited clear automated response styles. All primary data collection was conducted via standardized psychological instruments compiled into a consolidated, secure digital survey form, eliminating physical data entry errors and preserving strict participant anonymity.

Psychological Instrumentation

Social media addiction was operationalized through the Bergen Social Media Addiction Scale (BSMAS), which adapts the validated core components model of addiction [12]. The instrument comprises 6 core items measured on a 5-point Likert frequency scale (ranging from 1 = Very Rarely to 5 = Very Often), yielding a total cumulative score between 6 and 30, where elevated values index heightened addictive tendencies. Generalized anxiety was evaluated using the Generalized Anxiety Disorder-7 (GAD-7) scale, a 7-item screening tool that scores symptom frequencies over a two-week recall period from 0 (Not at all) to 3 (Nearly every day) [2]. Total GAD-7 scores span from 0 to 21, mapped to standardized severity brackets: minimal (0–4), mild (5–9), moderate (10–14), and severe (15–21). Depressive symptom severity was measured via the Patient Health Questionnaire-9 (PHQ-9), which maps 9 distinctive items corresponding directly to clinical diagnostic criteria [13]. Scored similarly from 0 to 3, the total range (0–27) categorizes symptom expressions into minimal (0–4), mild (5–9), moderate (10–14), moderately severe (15–19), and severe (20–27) classifications (Table 1).

Table 1: Psychological Measurement Tools, Score Ranges, and Interpretive Frameworks

Psychological Tool	Item Count	Score Range	Standardized Interpretation Applied
BSMAS	6 Items	6 to 30	Higher scores indicate advanced digital dependency; grouped into sample tertiles.
GAD-7	7 Items	0 to 21	Symptom severity bands: 0–4 Minimal; 5–9 Mild; 10–14 Moderate; 15–21 Severe.
PHQ-9	9 Items	0 to 27	Symptom bands: 0–4 Minimal; 5–9 Mild; 10–14 Moderate; 15–19 Mod. Severe; 20–27 Severe.

Statistical Data Analysis

The collected information was coded, cross-checked for structural integrity, and subjected to statistical computation using descriptive and inferential statistical operations. Frequencies and percentages were applied to categorize socio-demographic indicators and standard clinical severity distributions. Continuous metrics were analyzed through sample means, medians, and standard deviations (SD). Inferential statistical tests included Pearson's product-moment correlation coefficients to establish the magnitude and direction of associations among BSMAS, GAD-7, and PHQ-9 continuous metrics. Simple linear regression modeling was integrated to compute the specific capacity of social media addiction scores to predict the variance of anxiety and depression outcomes. Differences across sample-based addiction tertiles were evaluated through one-way Analysis of Variance (ANOVA), while independent-

samples t-tests were deployed to evaluate variations across gender parameters. All statistical significance markers were checked against a critical threshold of $p < 0.05$.

Results

Socio-Demographic and Descriptive Profile

The demographic alignment of the analyzed sample indicates a balanced distribution across late adolescence and emerging adulthood phases, alongside equitable gender representation. Table 2 details the specific categorical split across the 120 respondents, showing that the largest age concentration lies within the 21–23 age tier (43.3%), followed closely by the 18–20 tier (42.5%), with the 24–25 bracket comprising 14.2% of the total sample. Gender distribution shows a male representation of 53.3% and a female representation of 46.7%.

Table 2: Socio-Demographic Profile and Distribution of the Sample Population

Demographic Characteristic	Sample Frequency (f)	Sample Percentage (%)
Age Bracket: 18–20 Years	51	42.5%
Age Bracket: 21–23 Years	52	43.3%
Age Bracket: 24–25 Years	17	14.2%
Gender: Male	64	53.3%
Gender: Female	56	46.7%
Total Sample Profile	120	100.0%

Table 3 exhibits the detailed descriptive statistical matrix for all analyzed continuous variables. The sample displayed a mean social media addiction (BSMAS) score of 18.93 (SD = 4.24, Median = 19.00), coupled with a substantial mean daily digital platform exposure of 4.81 hours (SD = 1.57). The overall psychological symptom indices reflected a mean

generalized anxiety (GAD-7) score of 8.55 (SD = 3.96) and a mean depressive symptom (PHQ-9) score of 9.53 (SD = 4.25). This clear data spread indicates that the sample captured substantial variance across all primary psychological continuous measures, verifying its suitability for structural inferential analysis.

Table 3: Descriptive Statistics for Primary Continuous Research Variables

Continuous Variable	Mean	Median	Standard Deviation (SD)	Minimum	Maximum
Respondent Age (Years)	21.11	21.00	2.03	18.00	25.00
Social Media Addiction (BSMAS)	18.93	19.00	4.24	7.00	27.00
Generalized Anxiety (GAD-7)	8.55	9.00	3.96	0.00	20.00
Depressive Symptoms (PHQ-9)	9.53	10.00	4.25	0.00	23.00
Daily Platform Exposure (Hours)	4.81	4.75	1.57	1.00	8.30

To enable detailed group-wise evaluations, continuous BSMAS scores were partitioned into empirical sample-based tertile groups representing low, moderate, and high digital dependency states. As shown in Table 4, the low addiction

group contained 45 participants (37.5%, Mean BSMAS = 14.51), the moderate group comprised 40 participants (33.3%, Mean BSMAS = 19.62), and the high group encompassed 35 participants (29.2%, Mean BSMAS = 23.83).

Table 4: Distribution and Score Characteristics of Sample-Based Social Media Addiction Tertile Groups

Categorical BSMAS Group	Sample Count (N)	Group Percentage (%)	Group Mean BSMAS Score
Low Addiction Level	45	37.5%	14.51
Moderate Addiction Level	40	33.3%	19.62
High Addiction Level	35	29.2%	23.83

Clinical Severity Distributions

The classification of generalized anxiety symptoms according to standardized GAD-7 severity bands (Table 5)

revealed that 15.8% fell into the minimal bracket, while a massive combined proportion of 79.2% occupied the mild (41.7%) and moderate (37.5%) anxiety expressions. Severe

clinical anxiety was observed in 5.0% of the sample. This heavy concentration in mild-to-moderate psychological

distress lines up with the unique socio-academic performance pressures experienced by college students.

Table 5: Distribution of Respondents According to Standardized GAD-7 Anxiety Severity Categories

Standardized GAD-7 Category	Score Range	Respondent Count (N)	Sample Percentage (%)
Minimal Anxiety	0 to 4	19	15.8%
Mild Anxiety	0 to 9	50	41.7%
Moderate Anxiety	10 to 14	45	37.5%
Severe Anxiety	15 to 21	6	5.0%

The categorical distribution of depressive symptoms via standardized PHQ-9 bands (Table 6) indicated that 16.7% displayed minimal indicators, 29.2% exhibited mild symptoms, and 43.3% experienced moderate depressive symptoms. Substantial severe distress states were logged

within the moderately severe (10.0%) and severe (0.8%) boundaries. These values emphasize that elevated distress levels form a prominent element within this higher education hub, pointing to the need for structural psychiatric screening frameworks.

Table 6: Distribution of Respondents According to Standardized PHQ-9 Depressive Symptom Severity Categories

Standardized PHQ-9 Category	Score Range	Respondent Count (N)	Sample Percentage (%)
Minimal Depression	0 to 4	20	16.7%
Mild Depression	5 to 9	35	29.2%
Moderate Depression	10 to 14	52	43.3%
Moderately Severe Depression	15 to 19	12	10.0%
Severe Depression	20 to 27	1	0.8%

Inferential Relational Analyses

To address the primary objectives, Pearson's product-moment correlation coefficients were computed among the psychological scales and daily platform hours. As documented in Table 7, social media addiction (BSMAS) exhibited a robust, positive, and statistically highly significant correlation with generalized anxiety symptoms ($r = 0.610$, $p < 0.001$) and with depressive symptoms ($r =$

0.572 , $p < 0.001$). Additionally, a highly intense association was observed between BSMAS and actual daily platform hours ($r = 0.755$, $p < 0.001$), indicating that psychological dependency aligns strongly with actual behavioral digital usage. These significant positive values provide strong mathematical confirmation for rejecting the null hypotheses (H_0) in favor of the alternate hypotheses (H_1).

Table 7: Pearson Correlation Coefficients and Empirical Interpretation for BSMAS, Psychological Scales, and Daily Platform Hours

Analyzed Variable Pair	Pearson Correlation (r)	Statistical p-value	Empirical Interpretation
BSMAS vs. GAD-7 Score	0.610	< 0.001	Positive, Statistically Highly Significant
BSMAS vs. PHQ-9 Score	0.572	< 0.001	Positive, Statistically Highly Significant
GAD-7 vs. PHQ-9 Score	0.666	< 0.001	Positive, Statistically Highly Significant
BSMAS vs. Daily Hours	0.755	< 0.001	Positive, Statistically Highly Significant

To determine whether social media addiction serves as a valid statistical predictor of psychological distress, simple linear regression modeling was carried out. Table 8 outlines the model predicting generalized anxiety, revealing that for every unit increment on the BSMAS scale, generalized anxiety scores increase by 0.570 units ($B = 0.570$, $t = 8.361$,

$p < 0.001$). The model fit coefficient ($R^2 = 0.372$) establishes that approximately 37.2% of the absolute variance in generalized anxiety symptoms within this sample is statistically accounted for by social media addiction scores.

Table 8: Simple Linear Regression Predicting Generalized Anxiety Scores from Social Media Addiction (BSMAS)

Model Parameter (Anxiety)	Coefficient (B)	Standard Error (SE)	Computed t-value	Significance (p)	Model Fit (R^2)
Intercept / Constant	-2.234	1.321	-1.690	0.0936	0.372
BSMAS Predictor Score	0.570	0.068	8.361	0.0000	0.372

The corresponding regression model predicting depressive symptom severities is summarized in Table 9. The results show that social media addiction significantly predicts depressive expressions ($B = 0.574$, $t = 7.580$, $p < 0.001$).

The model R^2 value of 0.327 demonstrates that 32.7% of the total variance in depressive symptom scores is directly explained by the level of social media addiction, confirming its predictive importance.

Table 9: Linear Regression Analysis of Social Media Addiction Predicting Depressive Symptom Severities

Model Parameter (Depression)	Coefficient (B)	Standard Error (SE)	Computed t-value	Significance (p)	Model Fit (R^2)
Intercept / Constant	-1.338	1.469	-0.910	0.3645	0.327
BSMAS Predictor Score	0.574	0.076	7.580	0.0000	0.327

Group Comparison Evaluations

To explore differences across the categorized levels of digital dependency, a one-way Analysis of Variance (ANOVA) was executed. As presented in Table 10, generalized anxiety scores varied significantly across the three addiction categories ($F(2, 117) = 27.152, p < 0.001$).

A review of the group means shows a clear upward trend in anxiety severity: the low addiction tier exhibited the lowest mean anxiety (5.89 ± 3.48), which advanced to 9.18 ± 3.06 in the moderate tier, and culminated at 11.26 ± 3.32 within the high addiction bracket.

Table 10: One-Way ANOVA and Descriptive Statistics for Anxiety Severity by BSMAS Addiction Categories

ANOVA Source (Anxiety)	F-Value	Degrees of Freedom (df)	Statistical p-value	Empirical Outcome
Between Addiction Groups	27.152	2, 117	0.000000	Highly Significant
Low BSMAS Tertile (N=45)	Mean GAD-7 = 5.89	Standard Deviation = 3.48	-	-
Moderate BSMAS Tertile (N=40)	Mean GAD-7 = 9.18	Standard Deviation = 3.06	-	-
High BSMAS Tertile (N=35)	Mean GAD-7 = 11.26	Standard Deviation = 3.32	-	-

The structural variation of depressive symptoms across the social media addiction groups was evaluated using a parallel one-way ANOVA, detailed in Table 11. The results show a highly significant difference in depressive symptoms across the groups ($F(2, 117) = 22.803, p < 0.001$). Mean PHQ-9

scores rose steadily from 6.87 ± 3.76 in the low addiction tier to 10.10 ± 3.22 in the moderate tier, and reached a peak of 12.31 ± 3.92 in the high addiction group. This indicates that students with high digital dependency experience substantially higher levels of depressive symptoms.

Table 11: Comparison of Depressive Symptoms (PHQ-9) Across Social Media Addiction Groups

ANOVA Source (Depression)	F-Value	Degrees of Freedom (df)	Statistical p-value	Empirical Outcome
Between Addiction Groups	22.803	2, 117	0.000000	Highly Significant
Low BSMAS Tertile (N=45)	Mean PHQ-9 = 6.87	Standard Deviation = 3.76	-	-
Moderate BSMAS Tertile (N=40)	Mean PHQ-9 = 10.10	Standard Deviation = 3.22	-	-
High BSMAS Tertile (N=35)	Mean PHQ-9 = 12.31	Standard Deviation = 3.92	-	-

Finally, independent-samples t-tests were used to evaluate whether the continuous psychological scores differed significantly by gender. As summarized in Table 12, the analysis revealed no statistically significant differences between male and female respondents across social media addiction ($p = 0.406$), generalized anxiety ($p = 0.863$), or

depressive symptoms ($p = 0.424$). This structural consistency indicates that the psychological challenges associated with digital dependency are experienced similarly by all students within the Maisammaguda higher education environment, crossing gender lines.

Table 12: Comparison of Psychological Metric Scores by Gender

Psychological Scale Metric	Male Mean $\pm$ SD (N=64)	Female Mean $\pm$ SD (N=56)	Computed t-value	Significance (p-value)
Addiction Score (BSMAS)	19.23 ± 4.37	18.59 ± 4.09	0.835	0.406 (Non-Significant)
Anxiety Score (GAD-7)	8.61 ± 3.65	8.48 ± 4.31	0.173	0.863 (Non-Significant)
Depression Score (PHQ-9)	9.83 ± 3.93	9.20 ± 4.60	0.802	0.424 (Non-Significant)

Discussion

The primary goal of this research was to examine the relationship between social media addiction and its impact on anxiety and depression among college students in Maisammaguda, Hyderabad. The findings show strong, positive, and statistically highly significant correlations, indicating that higher levels of digital dependency are closely linked with increased psychological distress. This pattern matches recent findings in Indian youth studies ^[4], which observed similar strong correlations between BSMAS, GAD-7, and PHQ-9 scores, reinforcing the validity of these outcomes.

Several psychological mechanisms can explain the strong link between social media addiction and generalized anxiety. Students with high digital dependency frequently experience an intense fear of missing out (FoMO), which drives compulsive checking patterns and constant monitoring of social feeds ^[14]. The persistent anticipation of notifications and online social feedback creates a continuous state of cognitive hyperarousal and anxiety. Furthermore, the uses and gratifications perspective suggest that while students often use social media to manage stress or escape academic pressure, this automatic behavior can form a

counterproductive cycle. The temporary relief gained from online browsing is frequently replaced by heightened anxiety driven by upward social comparison, where users compare their daily lives with the curated, idealized profiles of their peers.

The strong relationship with depressive symptoms can be understood through the lens of social comparison theory and behavioral displacement. Excessive time spent on social media platforms often displaces vital, health-promoting offline activities, such as regular physical exercise, academic focus, and direct, face-to-face social interactions. This displacement can intensify feelings of isolation and loneliness. Additionally, prolonged late-night screen exposure disrupts natural sleep architecture, causing chronic sleep deprivation, which is a well-documented risk factor for emotional dysregulation and depressive moods. These findings are consistent with international meta-analyses ^[10], which emphasize that problematic digital consumption patterns significantly compound depressive expressions in university populations.

The ANOVA results support these relationships, demonstrating a clear, stepwise increase in both anxiety and depression across the low, moderate, and high addiction

tertiles. This shows that as behavioral digital dependency deepens, psychological distress intensifies. Conversely, the absence of significant gender differences indicates that digital dependency and its associated psychological impact affect male and female students relatively equally in this educational environment. This uniform distribution suggests that the ubiquitous nature of digital connectivity presents a shared challenge for the student community, making localized, campus-wide interventions essential.

Findings, Limitations and Recommendations

Major Findings

- The sample exhibited a mean BSMAS score of 18.93 (SD = 4.24), coupled with a mean daily platform use of 4.81 hours, indicating high overall digital involvement.
- Standardized clinical screening bands showed that a large majority of students experienced mild-to-moderate generalized anxiety (79.2%) and moderate depressive symptoms (43.3%).
- Social media addiction was strongly and positively correlated with both generalized anxiety ($r = 0.610$, $p < 0.001$) and depressive symptom severity ($r = 0.572$, $p < 0.001$).
- Regression analysis showed that BSMAS scores significantly predicted psychological distress, explaining 37.2% of the variance in anxiety and 32.7% of the variance in depression.
- ANOVA evaluations confirmed that anxiety and depression scores increased significantly across the low, moderate, and high addiction groups.
- Gender-based t-tests showed no statistically significant differences, indicating a uniform distribution of these psychological patterns among male and female students.

Analytical Limitations

This study utilizes a cross-sectional research design, which captures data at a single point in time and therefore cannot establish definitive causal directions between digital behaviors and psychological symptoms. The data relies on self-report questionnaires, which can be subject to response biases, social desirability, or recall inaccuracies. Additionally, the sample size of 120 respondents was drawn from a single educational locality using convenience sampling, which may limit the direct generalizability of the findings to the broader population of Indian youth.

Proactive Recommendations

- Educational institutions should establish structured campus-wide digital well-being programs and workshops focusing on purposeful, balanced technology use.
- College counseling centers should implement periodic, voluntary mental health screenings using validated tools like the GAD-7 and PHQ-9 to identify at-risk students early.
- Campus administrations should promote healthy sleep hygiene and encourage active participation in offline recreational activities, sports, and direct peer networking.
- Digital literacy campaigns should educate students on the psychological impacts of upward social comparison, cyberbullying, and late-night screen time.

- Future longitudinal research should be conducted across multiple cities to clarify causal pathways and evaluate the long-term effectiveness of digital wellness interventions.
- Educational institutions should establish structured campus-wide digital well-being programs and workshops focusing on purposeful, balanced technology use.
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- Future longitudinal research should be conducted across multiple cities to clarify causal pathways and evaluate the long-term effectiveness of digital wellness interventions.

Conclusion

In conclusion, this study demonstrates a powerful, statistically significant positive relationship between social media addiction and symptoms of anxiety and depression among college students in Maisammaguda, Hyderabad. The regression models indicate that high digital dependency is a meaningful predictor of psychological distress, with symptoms worsening across higher addiction groups. These findings suggest that excessive, unmanaged social media use can complicate the academic and emotional lives of young adults. To address this, higher education institutions should combine digital wellness education with accessible counseling services, helping students build balanced technology habits and strengthening overall student well-being.

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