

RELATIONSHIP BETWEEN SOCIAL MEDIA, SOCIAL ISOLATION, SLEEP QUALITY AND FAMILY DYSFUNCTION AMONG YOUNG ADULTS



By

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BSP191038

A Research Thesis submitted to the
DEPARTMENT OF PSYCHOLOGY
in partial fulfillment of the requirements for the degree of
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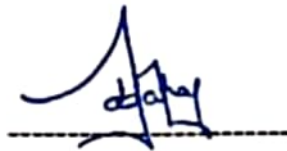
Islamabad

January 2023

CERTIFICATE APPROVAL

It is certified that the Research Thesis titled "Relationship between Social media, Sleep quality, Social isolation and Family dysfunction among Young adults" carried out by Sobia Ameer, Reg. No. BSP191038, under the supervision of Dr. Sabahat Haqqani, Capital University of Science & Technology, Islamabad, is fully adequate, in scope and in quality, as a Research Thesis for the degree of BS Psychology.

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**Relationship Between Social media, Social isolation, Sleep quality and Family dysfunction
among University Students**

By

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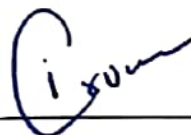
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DECLARATION

It is declared that this is an original piece of my own work, except where otherwise acknowledged in text and references. This work has not been submitted in any form for another degree or diploma at any university or other institution for tertiary education and shall not be submitted by me in future for obtaining any degree from this or any other University or Institution.

Sobia Ameer

BSP191038

A handwritten signature in blue ink that reads "Sobia". The signature is stylized with a large 'S' and a cursive 'obia'.

January,2023

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List of Abbreviation

PSQI	Pittsburgh Sleep Quality Index
MFFS	McMaster Family Functioning Scale
SNS	Lubben Social Networking Scale
SPSS	Statistical Package for Social Sciences
APA	American Psychological Association
K-S	Kolmogorov Smirnov
M	Mean
SD	Standard Deviation
α	Cronbach's alpha
p	Levels of significance

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Abstract

In the present study the association of social media, social isolation sleep quality and family dysfunction was explored among young adults. Further this study was also aimed to explore gender related difference on time spent on social media. Participants (N=500, age 18 to 25 years) were selected from the Universities of Islamabad and Rawalpindi through convenient sampling. Pittsburgh Sleep Quality Index, McMaster Family Functioning Scale and Lubben Social Network Scale were used for data collection along with demographic questionnaire. There were 250 males and 250 females in the sample. Female scored insignificantly higher than males on time spent on social media. Results indicated that there were (N=500) has positive significant correlation of social media with sleep quality ($r=.431, p=.000$) and hypothesis was rejected, family dysfunction ($r= .103, p= .010$) has positive relation with social media use, which means increase social media use leads to increase family dysfunctioning. Similarly, there was positive significant relation with social isolation ($r=. 704, p= .049$).

Chapter 1: Introduction

Social Media:

Social media is a platform which is used for passing information from person to person using. Social media was first introduced by Andrew Weininrich; he first invented a site with name as six degrees in 1977. This site was about to upload profile, making friends & school affiliation in one platform. Social media has become vital for today's generation. (Leong, 2019; Kemp, 2020). There are multiple uses of social media including communication, information, trading and moreover searching, specially adults and teenagers are becoming addicted to social media sites, video-games and chatting (Twenge & Campbell,

2019). In fact, in every corner of the globe, social media has altered the norms of connection and communication. (Dhir, 2018; Tateno, 2019).

There are number of negative impacts relevant to the over addiction of social media use (Swar) & Hammed, 2017 Kircaburun, 2020). Social media users prefer social isolation which lead to many psychological and health issues (Chotpitayasunondh & Douglas, 2016; Jiao, 2017; Choi & Noh, 2019; Chatterjee, 2020). On the other hand social media also provide a platform to overcome social isolation and depression (Twenge & Campbell, 2019).

Social Isolation:

Social isolation is the lack of social interaction, this is a feeling of lack of confidence to communicate with others, due to ageing, hearing, vision, memory loss, disability, difficulty getting around and less interactions with family and friends, seniors are at increased risk for social isolation brought on by changes in health. (Nicholson R.A et al., 2012). Social isolation is also associated with high blood pressure, heart diseases, weak immune system, anxiety, depression etc (Cella D , Riley W, stone A et al., 2010. Social isolation is interconnected with poor cognitive function. And this can be cause of decline of cognitive functioning in daily life tasks (Nicholas R. Nicholson et al., 2012). Social isolation is basically a disconnection of social interactions, like friends, family, society etc (Brian A. Primack, MD, PhD, Sabrina A. Karim, BA et al 2019). Social isolation is deficit of personal relationships or being excluded from social media, it is a state in which an individual does not have sense of belonging, lack the engagement in social activities, have less number of social contacts with the people around and have less fulfilling quality social relationship (Choi & Noh, 2019). Social media usage has been linked with anxiety, loneliness and mental stress (Dhir, 2018; Reeret, 2019). Some recent studies have argued that social media use decrease

social isolation (Primack, 2017, Meshi, 2021). Chappell and Badger (1989) says that social isolation leads to decrease psychological well-being , while Choi and Noh (2019)concluded that greater social isolation is concerned to increased suicide risk(Schinka ,2012). Social isolation increases heart diseases (Danget al. 2015, Valtrta,Kanaan, Gil body, Ronzi&Hanratty et al. 2016)

Sleep quality:

Sleep quality is about how much time you have a sleep. Health and quality of life are affected by sleep. Sleep quality is necessary for the body's repair and for energy maintenance. (Shapiro andFlanigan, 1993 et al; Spensely, 1993et al). Recent studies revealed that excessive social media use may distress sleep quality and mental health may influence the academic performance of students (Brunborg et .al 2011).An increase in social media usage, directly cause shortage of good sleep quality, like checking social media apps, sending emails, or looking at the news before bed can keep us awake, as nighttime use of electronics canaffectsleep through the stimulating-effects of light from digital screens and its effects on sleep (Eroğlu&Yildirm, 2017). Sleep, as a critical human organic process, has consequences on human behavior, psychology and fitness (Megdal&Schernhammer, 2007). Research shows that inadequate sleep, negative first-class sleep or uncommon sleep conduct have a terrible have an effect on people` bodily and intellectual fitness, overall act and action (Preišegolavičiūtė et al., 2010, Valdez et al., 2008). Though sleep troubles have such terrible consequences, inadequate sleep or negative first class sleep is not unusual place amongst college students (Carney et al., 2006, Suen et al., 2008). Poor sleep quality has a great effect on students achievements and their day to day routine (Gunes, 2018).

Family dysfunction:

Family dysfunction is characterized by conflict, behavior and abuse .Family dysfunction (e.g. lack of problem solving solutions and lack of poor communication among members of family means that the structure of the family is not appropriate. Furthermore, it is a hypothesis digital media abuse (Thuen et al.2021). Parents and family member's behavior can be a risk factor for a child to go through the psychological dilemmas. Yet, adolescent with such poor family system seek interest from the social media. Lack of communication between child and parents can cause serious pathological social media use issues. Some resources are there who witnessed that better and effective communication leads to decrease of pathological social media use issues in adolescent. (Yi, k, Zhan 2021) .

Literature Review

This chapter focuses on the previous studies of social media, sleep quality, family dysfunction and social isolation.

Social media includes both positive and negative impacts. Among the many advantages of social media is the opportunity to connect with like-minded people and develop meaningful relationships. It is a great way to showcase your expertise and establish yourself as authority in your field. During the pandemic COVID-19, social media was beneficial, and played a vital role in our lives. Without this we cannot communicate with others. In previous studies, 54% young people spend their time on social media (Thompson &Lougheed, 2012).

Social isolation is very harmful for individual's psychological and physical health, and when it comes to social media use, individual at high risk at that stage, to justify that concept there were a study conducted to explore the association between social media use and perceived social isolation among young adults at age of 19-32, sample size was 1787 recruited in U.S

population. Results were concluded that young adults with high social media use seem to feel more socially isolated (Brian A. Primack, MD, PhD, Ariel Shensa, MA & Jamie E. Sidani, PhD, MPH, et .al 2017).

Another study was conducted to identify the association between social isolation, social support and their relationship with smart phone addiction among young adults at age of 17- 26 years old, 1431 sample size was recruited to collect the data. Social isolation scale, social support scale, smart phone addiction scale and health symptoms scale was used to collect the data. ANOVAs, regression coefficient, Pearson's correlations were the major tools of that study. Results showed that smart phone addiction was highly associated with social isolation, social support and other psychological symptoms (YagoubYousif Al-Kandari&MahaMeshari Al-Sejari, et .al 2020)

Research was conducted in 2019 to explore the association between positive and negative experiences on social media and perceived social isolation among young adults at age of 18 to 30 with 1178 sample size. Cross sectional study design was used to collect the data through online survey at university of mid Atlantic university. Data was analyzed using multivariable logistic regression. Results was concluded that positive use of social media have less social isolation and those who are highly social media users have high social isolation(Brian. Primack , MD ,PhD, Sabrina A.Karim ,BA & Jamie E. Sidrian, PhD, et.al 2019).

A study conducted in Chongqing, China in which undergraduate students from different departments of the university, study was aimed to identify the affects of social media use on sleep quality. Results showed that more than half of undergraduate students who used social

websites and who spent 0.5 to 2 hours before bedtime on social media were more likely to have poor sleep quality (Xiang-Long Xu, Run-Zhi, Manjo Sharma and Yong Zhao et al, 2015). Sleep quality is an important factor of our life, there were in the university of California, Los Angeles, research conducted towards the social media and sleep quality, sample was 1788 and age range was 19-32 years young adults. Pew Internet Research questionnaire and sleep quality scale was used to assess the association between social media and sleep disturbance through logistic regression tests. Result was concluded that strong association between social media uses and sleep disturbance (Jessica C. Levenson, Ariel Shensa, Jaime E. Sidani, Jason B. Colditz, Brian A. Primack et al, 2016).

A good sleep quality is important for every individual, and for good sleep individual needs 6 to 8 hours sleep, research was conducted in Pakistan, cross sectional study design was used, data were collected through online form, 138 physiotherapy students of various government as well as private institutes of Lahore, PSQI was used to collect the data for sleep quality and social media, it was self-reported questionnaire. A result was indicated that a significantly strong positive relation between sleep quality and social media use in Physiotherapy students (Wajeeha Azhar, Arooj Shahzadi, Nida Fatima, et al 2011).

Another research was conducted in to identify the association between social media and sleep quality at age of 17-24 years old among 600 university students of Karachi, Gulshan town, multistage sampling technique was used to access the data, result was concluded that social media use is negatively impacts on sleep quality (Nizamuddin Muhammad, Mehwish Husain, et al. 2021).

Research was conducted in 2022, to identify mediating effects of sleep quality on the relationship between electronic screen media use and academic performance among college

students, cross sectional study design was used to collect the data, sample size was 1387. Results was concluded that electronic screen media is highly associated with poor sleep before bed time (Yajun Mao, BiyaoXie, Baixen Chen, Yilin Cai, Jian sheng Zhang ,Ruifan Shao & Yun Li, et al 2022).

Research was conducted in 2021 to explore the impact of social media use and family dysfunction and performance among college athletes' cross sectional study design was used to collect the data. Sample size was 87 (40 males & 47 females) was recruited. Results were concluded that high social media use appears to have a negative impact on the connectedness with peers and also hinders the performance of athlete (Rhonda A. Watkins, MD, MPH, Dai Sugimoto, PhD, ATC, Danielle L.Hunt, MS, ATC, JessieR. Oldham, PhD & Andrea Stracciolini, MD, FACSM, FAAP, ET.AL 2021) .

Research was conducted on impact on family functioning of social media use in 2015, among depressed adolescents. It was quantitative analysis research, results was indicated that those who were use social media excessively, were leads depression and family cohesion (Andrew J.Lewis, Tess Knight, Lucinda Poole et a.,2015)

This study was aimed to investigate the effects of social media use on psychological Wellbeing and family dysfunction in 2021 results showed that social media effects negatively on psychological Wellbeing and family functioning (DraganaOstic , Sikandar Ali Qaltai et al., 2021)

Theoretical Framework

Social relationship theory supported this research study, which was proposed by (Fiske 1991), this theory states that all human interactions can be described in terms of four relational models that are communal sharing, authority ranking, equality marking and market pricing etc. This theory explains how we make up the social relationships. Moreover, it also elaborates that those who have problematic social relations they also have to suffer from fear of missing out as well as social interaction anxiety that leads towards the problematic social media use. As it is hard for them to interact and participate. Little empirical research has examined that less engagement with society leads to social isolation or delinquency (Hindelang et al., 1978). Another research leads to how broken homes or families influence an individual's emotionally and psychologically and socially (Mastueda, et al., 1987). In the present study, this theory is interconnected with this research study because when individuals are excessively prone to social media that leads to poor sleep quality when sleep is disturbed it leads to social isolation and family dysfunction. Further, it depends on the type of content or material an individual is going through on social media which leads to distortion. According to the literature, social media use disturbs poor sleep quality which leads to a lack of social interactions and family problems (Campbell et al., 2019).

Rationale:

Social media plays a vital role in our society. In previous studies, 54% of young adults spend their time on social media (Thompson & Lougheed, 2012). Social media is particularly relevant to sleep quality for two reasons. Firstly, incoming alerts during the potential sleep time, disturb sleep, as 86% of adolescents sleep with their phone in the bedroom often under

their pillow or in their hand (Lenhart, Ling, Campbell, & Purcell, 2010). Secondly incoming alerts and highly use of social media disturbs their daily routine patterns, their family functions ((Thomee, Dellve, Harenstam, & Hag berg, 2010). Social isolation is associated with negative outcomes with health (Holt-Lunstad, Smith, Baker 2015).

In Pakistani context, massive use of social media is related to poor sleep quality and disturbs mental health (Abolfazi Mohammad beigi et al, 2016). It was figured out during COVID-19, that internet addiction and poor sleep quality was related to each other, those who diagnosed COVID-19, had nothing to do in isolation phase, they automatically consume their time on social media, and excessive social media leads poor sleep (Tahir et al, 2021). Research reported males are excessive social media users as compare to females (Hugus Sampasa et al, 2019).

Objectives

1. To explore the relationship between social media and social isolation young adults.
2. To explore the relationship between social media and sleep quality.
3. To explore the relationship between social media and family dysfunction.
4. To explore the gender difference among social media users.

Hypotheses

H1: Increased social media use is positively significant associated with social isolation.

H2: There would be a significant relationship between increased social media use and decreased sleep quality.

H3: There would be a positive significant relationship between social media and family dysfunction.

H4: There would be a gender related differences among male and female on social media use,

Chapter 3: Method

This chapter present the method used in this research which includes research design, sample locale, procedure and instruments.

Research design:

Cross-sectional study design was used to explore the relationship between social media, social isolation, sleep quality and family dysfunction.

Ethical Considerations:

Approval was taken from those universities where this research was conducted. Informed consent & demographic sheet was prepared by following guidelines of American Psychological Association (APA). Data was collected after taking informed consent from respondents. Before taking consent from participants the required information about conducting research was provided in both verbal and written form.

Population and sample:

Data was collected from both male and female at age of 18-25 years. Convenient sampling technique was used to collect the data. 500 young adults were selected from the universities of Islamabad and Rawalpindi.

Inclusion criteria:

Following is the inclusion criteria of the study:

1. Young adults who were available in university at the time of survey were included.
2. Young adults at age of 18-25 years were included.

Exclusion criteria:

1. Individuals who have any kind of mental and physical disability which hinders their participation.

Instruments

Demographic sheet and standardized psychological instruments were used for data collection. The selection of scales was based upon their psychometric properties (Reliability).

Following is the brief description of instruments used for this study:

Demographic Questionnaire:

Demographic questionnaire was prepared for the respondents to attain information regarding their age, gender, number of siblings, before conducting research, demographic sheet was provided to collect participant's information like age, gender, family type, time spent on social media.

Social Media Instrument:

Social media use time was measured through questions in demographics

Lubben Social Network Scale:

In 1988 Lubben J developed this scale. It consists of 18 items. The Internal reliability for the 12 item scale is .70, Internal reliability for the 6 item scale is .83 Reliability of the family questions is .84 - .89 Reliability of the non-kin questions is .80 - .82. Validity of the scale is correlates with mortality in all cases like health behaviors, psychotic behaviors and physical health too. The total score is calculated by finding the sum of the all items. For the LSNS-R, the score ranges between 0 and 60, with a higher score indicating more social engagement. For the LSNS-6, the score ranges between 0 and 30, with a higher score indicating more social engagement.

Pittsburg Sleep Quality Index:

Pittsburgh Sleep Quality Index was developed in 1989 by Daniel J. Buysse and colleagues to measure quality of sleep and to help discriminate between individuals who experience poor sleep versus individuals who sleep well. This scale consists of 19 items. Internal consistency of this scale is .73-0.87. Reliability of the scale is 0.83. The 19 items are grouped into 7 components, including sleep duration, sleep disturbance, and sleep latency, daytime dysfunction due to sleepiness, sleep efficiency, overall sleep quality, and sleep medication use.

McMaster Family Functioning Scale:

In 1983, Epstein, N.B, Baldwin, L.M and Bishop developed this scale. It consists of 12 items to verify family functioning. Reliability of this scale is .90 and validity is .60. All odd items are reverse scored. To reverse score an item subtracts the score for that item from 5. For example, if the answer to question 1 is given as 2 the reverse score would be 3 (5 - 2). Once the odd items have been reversing scored the participant's family functioning score is simply the sum of the 12 items.

Procedure:

Respondents were briefed about rationale of the study and to make them aware that why they were being surveyed. For data collection first permission letter were given in universities after getting permission the collection of data was started. It was ensure that the participants have a choice to withdraw this research at any stage. Before presenting questionnaires, respondents were assured that their participation will remain confidential and anonymous. Data was collected by directly approaching students. Sample (N=500) was taken using convenient sampling. Consent form were given to them to read and sign then questionnaire were given, guiding them to fill the given time 15-30 minutes and difficulties were clarified faced during

filling questionnaire further they were told that the result would only be used for research purpose. Through Statistical Package for Social Science (SPSS) data was analyzed.

Analyses

After data collection from 500 participants SPSS-20 was used for entering, cleaning, processing and analyzing the data. To measure the variance and distribution of data frequencies and percentages were calculated for categorical variables whereas mean, median, mode, standard deviation, skewness and kurtosis were computed.

The distribution of data was assessed through three criteria; histogram, skewness, kurtosis and Kolmogorov-Smirnov (K-S) normality test. Inferential statistics were calculated to check the reliabilities of scales by computing Cronbach's alpha (α).

Mann-Whitney test was used to analyze gender difference for social media use. Spearman correlation analysis was computed to measure the relationship between social media, sleep quality, social isolation and family dysfunction.

Chapter 4: Results

Present study was aimed to identify the hypothesized relationship between social media, social isolation, sleep quality and family dysfunction. The study also intended to identify gender differences across dependent variable. These hypotheses were tested using quantitative analyses in SPSS-20 and results are presented below. As the distribution was non-normal, non-parametric test, spearman correlation and Mann- Whitney test were used in results section. Non-parametric tests were used when the data was non- normal distributed.

Sample Characteristics:

A sample of 500 young adults (male=250; females=250) was selected to participate in this study. Sample was recruited from the universities of Islamabad and Rawalpindi. Students with age 18 to 25 years were selected to participate.

Demographic Characteristics

Demographic characteristics are presented in the following table.

Table 1

Frequencies (f) and frequencies (%) for demographics (N=500)

Variables	Categories	F	%
Age	18-20	142	28
	21-25	358	71
Gender	Male	250	50
	Female	250	50
Family type	Joint	259	51.8
	Nuclear	241	48.2
Bonding	Yes	374	74.8
	No	126	25.2
Closest one	Father	170	42.0
	Mother	147	29.4

Siblings	66	13.2
Other 1-	177	23.4
10	463	92.6
11-20	37	7.4
Time spent on social media		

Note: F= Frequency, % = Percentage

The demographic information obtained was based upon the self-report of participants .Table 1 illustrates that 50 % of participants were male and 50 % were female. For both male and female the estimated age range was 18-25 years old. The mode age of participants was recorded as 22 and the mean age for both male and female was 21.70(SD = .804).Table also exhibits that there was 51% living in a joint family and 48% were living in a nuclear system. However, there were 74% individuals who has strong bonding with their families and 25% were those who has low connections with the family.72% were those who has strongly closest with father ,29% with mother, 13% with siblings and 23% with the others (Friends, Cousins) etc. Table also exhibits 92% individuals who were excessive social media users and 7% were less social media users.

Reliabilities of scales used in this study

Below is the table presenting the reliabilities of scales used in this study.

Table 2

Cronbach's (α) for the scales Pittsburgh sleep quality index, McMaster family functioning scale and Lubben social networking scale (N=500)

Scales	N	M	SD	α	Range		Skewness
					Actual	Potential	
Social Networking Scale	10	2.43	7.85	.7	10-42	0-50	.033
Pittsburgh Sleep quality Scale	10	60.06	13.29	.80	10-42	0-30	.032
McMaster Family Functioning Scale	12	33.72	5.53	.69	6-24	12-48	-.718

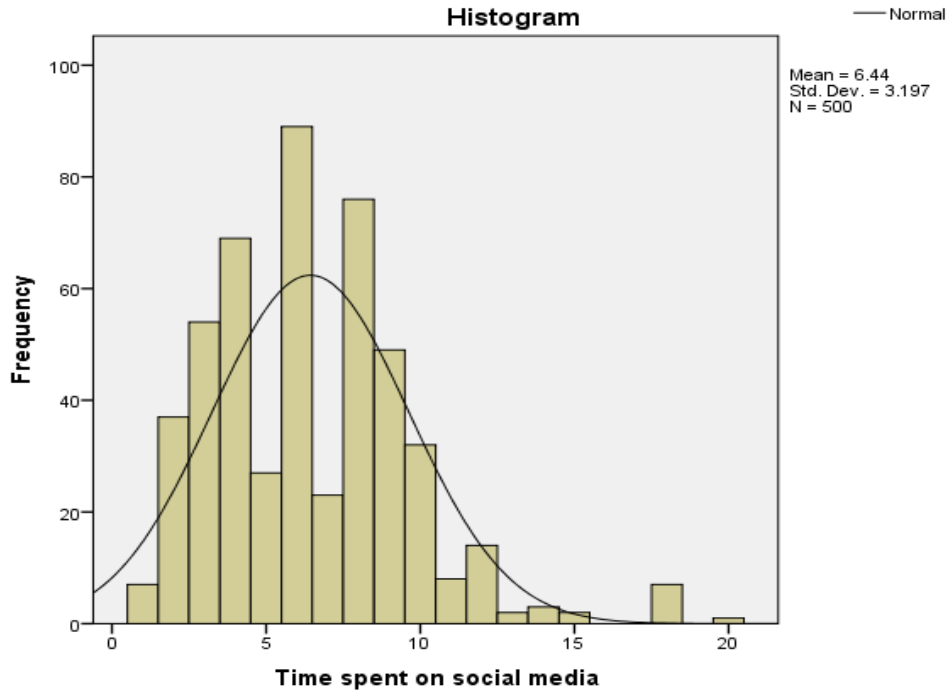
Note: Number of items in each scale (N) , Mean (M) ,Standard deviation (SD) and Cronbach's alpha (α).

Table 2 indicates the Cronbach's alpha (α) reliabilities of the scales PSQI, SNS & MFFS. These results show moderate to high reliability ranging .69 to .80. This table showed that these measures were reliable to use. Mean= 60.06, SD= 13.29 and the reliability of Pittsburgh Sleep Quality Scale was .80, which shows good reliability. This scale is mostly used to identify sleep distortions. Secondly for social networking scale, mean= 2.43, SD=

7.85 and the reliability was .79 which means fairly good reliability of the scale used for social isolation. And the third one is McMaster Functioning Scale, mean= 33.72, SD= 5.53 and the reliability of the scale was .69.

Figure 1

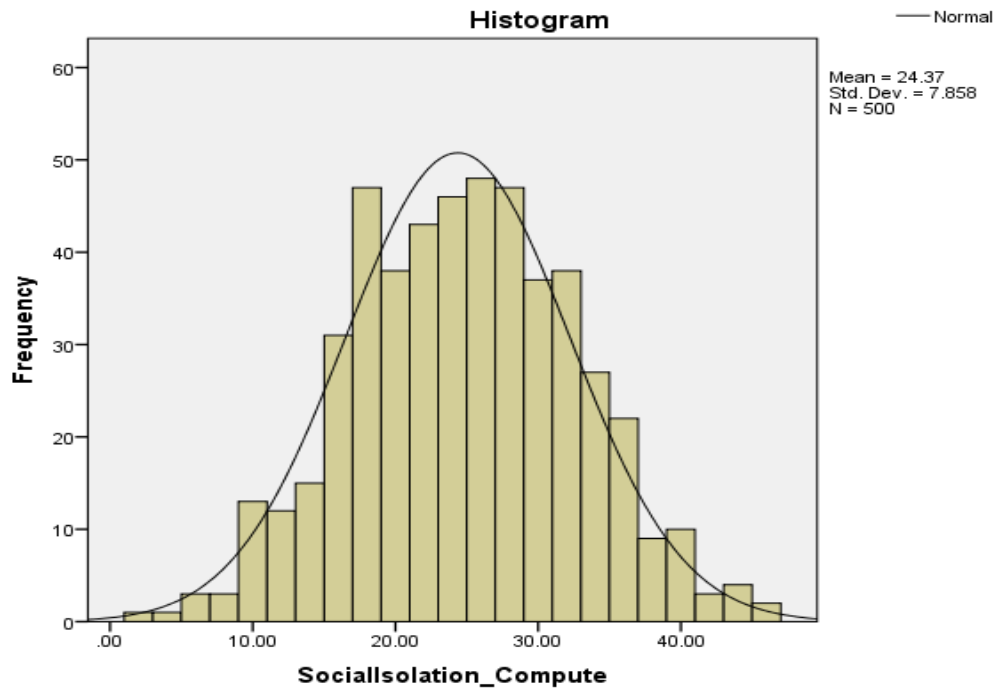
Time spent on social media



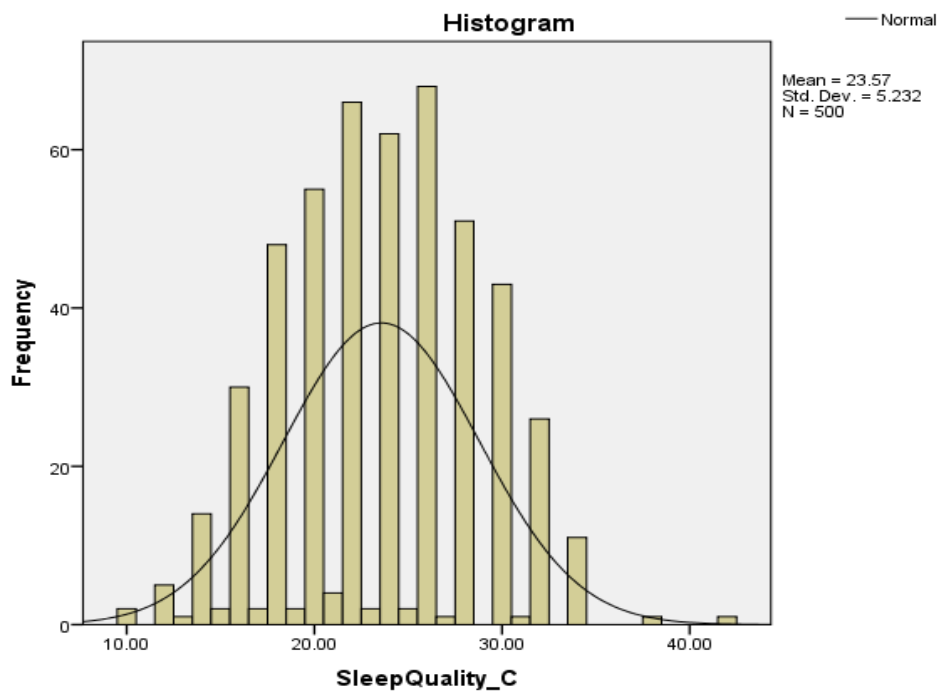
This figure demonstrated the distribution of time spent on social media and the value of mean was 6.44, median was 9, standard deviation was obtained 3.197. The value of skewness was .839 and kurtosis was .387. K-S normality test value was .000 ($p < .05$) and was significantly non-normal.

Figure 2

Distribution of Social Isolation



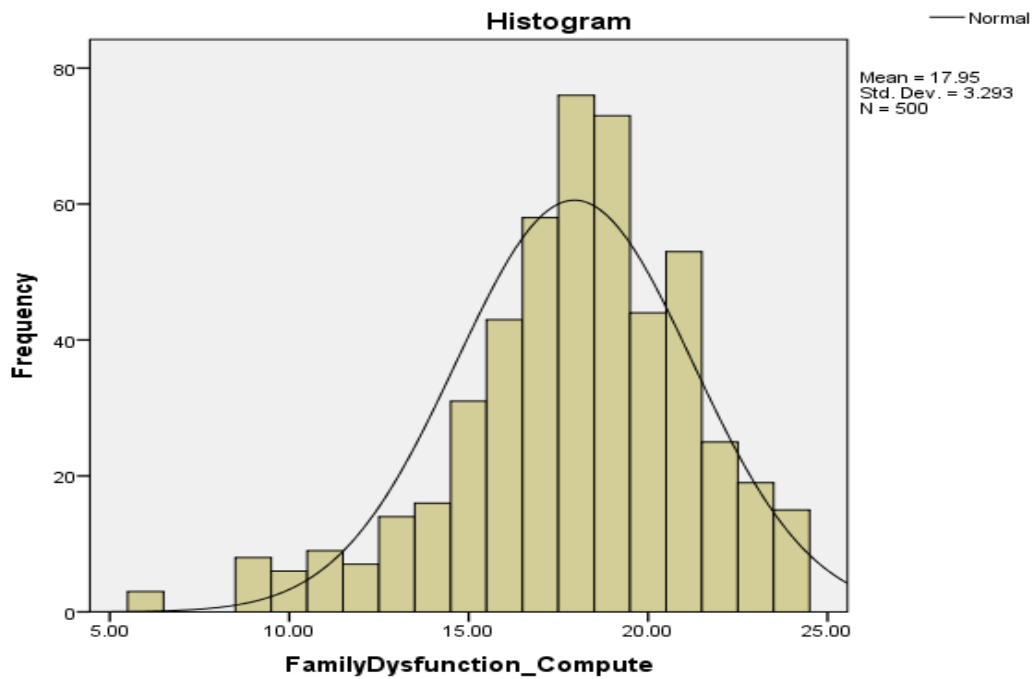
This figure demonstrated the distribution of Social Isolation, the value of mean was 24.36, median was 24, mode was 17 and standard deviation was obtained as 7.857 with range 2-46. The value of skewness was (.033) and kurtosis was (-.253). K-S normality test value was .008 ($p < .05$) and non-normal.

Figure 3**Distribution of Sleep Quality**

This figure demonstrated the distribution of sleep quality, the value of mean was 23.57, median was 24, mode was 26 and standard deviation was obtained as 5.232 with range 10-42. The value of skewness was (.032) and kurtosis was (-.377). K-S normality test value was .000 ($p < .05$) and was significantly non-normal.

Figure 4

Distribution of Family Dysfunction



The mean score on Family dysfunction was 17.9, median was 18, mode was 18 and standard deviation was obtained as 3.29 with range 6-24. The value of skewness was (-.718) and kurtosis was 9.879). K-S normality test value was .000($p < .05$) and significantly non-normal.

Comparison of Time spent on social media across gender

Due to the non-normal distribution of data, the Mann-Whitney U test was performed to determine the difference among this group.

Mann-Whitney U-Test

Table 3

Mann-Whitney U test showing Mean differences across gender on time spent on social media (N=500).

Scale	Gender		U	Z (P)
	(Mean)			
	Females (n=250)	Males(n=250)		
Time spent on social media	253.5	247.65	30536.500	.088

Note: U= Mann-whitney, p = significant value

Mann-Whitney test indicates that the mean rank of time spent on social media was slightly higher for females (253.5) than for males (247.65); females are excessive users of social media as compared to males (U= 30536.500, P = .656), but difference is non-significant.

Correlation Analysis:

Table 4

Correlation between Social media, Social isolation, Sleep quality and Family Dysfunction (N=500).

Scales	Time spent on social media	Social Isolation	Sleep Quality	Family Dysfunction
Time spent on social media	--	.074*	.431**	.103*
Social Isolation	--	--	.037	-.243**
Sleep Quality	--	--	--	.044
Family Dysfunction	--	--	--	--

Note: ** Means that $p=0.01$, *Means that $p=0.05$

Spearman correlation analysis was used to analyze the relationship between social media, sleep quality, family dysfunction and social isolation. Table 4 indicates that social media has positive significant correlation with Social isolation ($r=.704$, $p=.049$), furthermore,

it indicates high positive significant correlation between social media and Sleep quality. ($r = .431, p = .000$) and with Family dysfunction indicates significant positive correlation ($r = .044, p = .164$). It was concluded that social media affects family function and leads to social isolation and sleep quality.

Chapter 5: Discussion

Present study was conducted to identify the relationship between social media, sleep quality social isolation and family dysfunction. It was also aimed to explore the association between sleep quality, social isolation and family dysfunction with gender. Data was collected from the universities of Islamabad and Rawalpindi. It was cross-sectional study and to meet the above mentioned objectives standardized quantitative scales were used. Data was collected through convenient sampling technique. This chapter presents the overall discussion of results deduced from the analysis used in this research. It mainly focuses on the reliabilities of the scales, the association of the demographics with the scales.

Reliabilities of Scales:

In present study the Cronbach's alpha (α) for Pittsburgh sleep quality index (PSQI) was .80. These results are almost similar with another study conducted by (Cheng. C. et al., 2021). Another study was conducted by (Jutta Backhaus et al. 2002). The results of the study were conducted by Hiu Yan Wang (2020) reported slightly higher reliabilities for Pittsburgh sleep quality index as .83.

In present study the alpha (α) reliabilities for Lubben Social Networking Scale (SNS) were obtained .79. Study conducted by Aida Kolak (2020) reported high Cronbach's alpha (α) as .86. Another study conducted by Seongryu Be (2020) reported similar reliabilities.

Association of social media with social isolation

This study was hypothesized that social media has positive significant relationship with social isolation. Numerous studies have been reported the great degree of association

between social media and social isolation, according to (Brian. APrimack et al., 2017) young adults with high social media use leads highly social isolated. A study found that problematic social media is negatively associated with real-life social support while being positively associated with social support on social media. These findings replicate previous research demonstrating that more problematic social media is associated with reduced real-life social support (Lin et al., 2021), and also replicate previous research demonstrating that problematic social media use is associated with greater online social support (Tang et al., 2016).The analysis of current study revealed a significant positive relationship between social media and social isolation which means that increase in social media use results in increasing the social isolation.

Association between social media and sleep quality

It was also hypothesized that social media has negative significant relationship with sleep quality. Research showed that those who spent time on social media before just go to bed faced poor sleep quality (Sharma et, al 2015). Electronic screen media is highly associated with poor sleep before bed time (Yajun Mao, BiyaoXie, Baixin Chen, Yilin Cai, Jian sheng Zhang, Ruifan Shao & Yun Li, et al 2022).Results of present study indicates high positive significant relationship with sleep, which means that increase in social media use results increase in sleep quality, this is because of context based research or may be because of sample size because previous researches was based on large sample size and collected data from different cultural contexts. This may be the reason of this correlation reported. Increasing in sleep quality there may be because these instruments are self-reported may be because of social desirability these can be the reasons of that results.

Association between social media and family dysfunction

It was hypothesized that social media has positive relationship with family dysfunction. Few studies revealed that the relative effects of family and other social support on both depressive symptoms and health behaviors that family is the more powerful influence on individual's life and mental health (O'Reilly.P et al, 1989). This study indicates positive significant relation with family dysfunction which means increasing in social media use results increasing in family dysfunction. As in previous studies highly social media use increases family dys functioning (Fortuna et al, 2019).

Comparison of Time spent on social media across gender

It was hypothesized that females are excessive social media users than males. According to the results females have higher mean rank as compared to males. There can be multiple reasons for these results that females are more concerned with displaying about their attractiveness, relations and emotions that is why they invest their time in reciprocating social links (Chandra Reka et al. 2019). Similarly, another study supported that both male and female are excessive social media users (Maria karatsoli et al.2020). The results of this study also reported that females score high on social media use than males (Ali, Sana et al.2021).

Conclusion

This present study has unique results as compared to previous researches. Moreover based upon the analysis of current study it is concluded that there were (N=500) has positive correlation of social media with sleep quality ($r=.431, p=.000$) and family dysfunction ($r=.103, p=.010$) but both variables are rejected according to hypothesized by this study and positive significant relation with social isolation ($r=.704, p=.049$). Moreover, it is concluded that social media affects family functioning and leads to social isolation and increases sleep patterns because of excessive social media use which is actually not healthy for human being. For further research large sample size recommended and should be conducted in other cultural contexts.

Limitations

Following are the limitations of this study:

1. There were a lot of practical issues regarding the availability of time and lack of the resources therefore, to accomplish this task within the specified time the universities located in Rawalpindi and Islamabad were selected and cross sectional study design was used to recruit the data collection which reduces the generalizability of the study.
2. There is also exist individual differences so the results of the study cannot be generalized without further exploration.
3. To enhance the generalizability study should be conducted in other settings like organizational and clinical settings with large sample size instead of only in educational settings.

Implications

Following are the implications of the study:

This study has practical and theoretical applications.

Theoretical Contributions

This study finding contribute to current literature, both by providing empirical evidence fr the relationships suggested by extant literature and by demonstrating the relevance of adopting more complex approach that considers, in particular the indirect effect of social media on psychological well being. As such, this study constitutes a basis for future research (Van Den Eijnden et al., 2016: Whaite et al., 2018) aiming to understand the impacts of social media use and to find ways to reduce its possible negative impacts.

Practical Contribution:

These findings were significant for practioners, particularly those interested in dealing with possible negative impacts of social media use on psychological well being, particularly

social media use, social isolation, poor sleep quality and family dysfunction, these negative impacts can be lessened if the connections with both strong and weak ties are facilitated and featured by social media. However social media is a platform with several features from facilitating communication with family, friends etc (Li and Chen et al., 2014).

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Appendix A: Information Sheet



Study: Social Media and Wellbeing

Researcher: Sobia Ameer

What is the purpose of the study?

I am Sobia Ameer, student of Bs psychology at Capital University of Science and Technology; I would like to invite you to take part in this research study. Before you decide you need to understand why this research is being conducted and what it would involve. The purpose of this research is to identify the psychological impacts of social media and how sleep quality disturbs due to excessive use of social media and how it impacts with your social interactions and family relations. Please take time to read the following information carefully. Ask questions if anything you read is not clear or if you would like more information.

Why you are invited to participate in the study?

All young adults aged between 18 to 25 years, enrolled in a university are invited to participate in the study.

What does you have to do to take part in the study?

The study will be explained to the young adults and any questions they raise will be addressed. After filling in the consent form the young adults will be asked to complete a series of questionnaires about their feelings and experiences in their day to day life and how they deal with these.

Do you have to participate in the study?

Any participation is voluntary. You have a right to discontinue at any point. You will not be contacted further. The incomplete questionnaire returned to the administrator may or may not be used in the analyses based on your consent about it.

What is the cost of participation?

There is no cost of participation in the study beyond the time and effort to fill in the questionnaire.

Who approved the study?

The study is reviewed by the Capital University of Science & Technology, Islamabad.

What about confidentiality and anonymity?

Your responses will be kept confidential and will be anonymized. Any publication of the research will not include any identification of the respondents both at individual and institutional levels. In case of identification child protection issue the researcher will only be responsible to inform the concerned authorities. The researcher is not responsible for any further action required.

What are the advantages or disadvantages of taking part in the study?

There are no personal or academic benefits or drawbacks of participating in the study. This study may cover areas that are sensitive or distressing. If you will feel any discomfort during the study you may choose to discontinue at any time. A list of professional organizations with whom you can talk will be given to all participants. **Further information:**

If you have any queries, please contact Dr. Sabahat Haqqani at Sabahat.haqqani@cust.edu.pk or bsp191038@cust.edu.pk and can contact on 051 111 555 666 at Capital University of Science & Technology, Islamabad.

Appendix B Informed Consent

I am BS Psychology student from Capital University of Science & Technology, I am actually doing research on Relationship between social media use, sleep quality, family dysfunction among undergraduate students, which is requirement of my Degree. I invite you to take part in my study. If you volunteer to participate in this research. Please fill this questionnaire. Your identity will be kept confidential. Your participation in this research is voluntary. You have a right to say yes and no but I would be great contribution and help to this research if you participate and give your honest responses. It would be highly appreciated.

I have carefully read all the conditions given above and agreed to give my consent on these conditions.

Please contact if you have questions regarding the study.

Dr. Sabahat Haqqani

Assistant Professor

Department of Psychology

Faculty of Management& Social Sciences

Capital university of Science and Technology, Islamabad

Sabahat Haqqani @ cust.edu.pk

Signatures: -----

Thank You

APPENDIX - C Demographic Information Sheet

Age: _____

Gender:

Male

Female

Family System:

Joint

Nuclear

Siblings: _____

How many average hours you spent in 24hours _____?

How many friends you have? _____

Do you have a strong bonding with any of your family?

Yes

No

Who is closest to you in your family?

Father

Mother

Siblings

Other _____

APPENDIX -D

A:

Instructions:

The following questions relate to your usual sleep habits during the past month only.

Your answers should indicate the most accurate reply for the majority of days and nights in the past month. Please answer all questions.

1. During the past month, what time have you usually gone to bed at night?

2. During the past month, how long (in minutes) has it usually takes you to fall asleep each night? _____

3. During the past month, what time have you usually gotten up in the morning?

4. During the past month, how many hours of actual sleep did you get at night? (This may be different than the number of hours you spent in bed.) _____

Sr.no	Statement	Not during the past month	Less than the past month	Once or twice a week	Three or more times a week
5.	During the past month, how often have you had trouble sleeping because you...				

a.	Cannot get to sleep within 30 minutes				
b.	Wake up in the middle of the night or early morning				

c.	Have to get up to use the bathroom				
d.	Cannot breathe comfortably				
e.	Cough or snore loudly				
f.	Feel too cold				
g.	Feel too hot				
h.	Have bad dreams				
i.	Have pain				
j.	Other reasons, please describe; _____				
6.	During the past month, how often have you taken medicine to help you sleep (prescribed or “over the counter”)?				

7.	During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?				
8.	During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done?	No problem at all	Only a very slight problem	Somewhat of a problem	A very big problem

9.	During the past month, how would you rate your sleep quality overall?	Very good	Fairly good	Fairly bad	Very bad
10.	Do you have a bed partner or roommate?	Not bed partner or roommate	In other room	Partner in same room but not same bed	Partner in same bed
	If you have a roommate or bed partner, ask him/her how often in the past month you have had:	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
	<ul style="list-style-type: none"> • Loud snoring 				
	<ul style="list-style-type: none"> • Long pauses between /breathes while asleep 				
	<ul style="list-style-type: none"> • Legs twitching or jerking while you sleep 				
	<ul style="list-style-type: none"> • Episodes of disorientation or confusion during sleep 				
	<ul style="list-style-type: none"> • Other restlessness please describe: 				

APPENDIX –E

B:

Sr no.	Statements	None	One	Two	Three	Four	Five or more
1.	How many relatives do you see or hear from at least once a month?						
2.	How often do you see or hear from the relative with whom you have the most contact?	Less than monthly	Monthly	Few times a month	Weekly	Few times a week	Daily
3.	How many relatives do you feel at ease with that you can talk about private matters?	None	One	Two	Three or Four	Five thru eight	Nine or more

4.	How many relatives do you feel close to such that you could call on them for help?	None	One	Two	Three or Four	Five thru Eight	Nine or more
5.	When one of your relatives has an important decision to make, how often do they talk to o about it?	Never	Seldo m	Some times	Often	Very often	Always

6.	How often is one of your relatives available for you to talk to when you have an important decision to make?	Never	Seldom	Some times	Often	Very often	Always

FRIENDSHIPS: Considering all of your friends including those who live in your neighborhood...

7.	How many of your friends do you see or hear from at least once a month	None	One	Two	Three or Four	Five thru eight	Nine or more
8.	How often do you see or hear from the friend with whom you have the most contact?	Less than monthly	Monthly	Few times a month	Weekly	Few times a week	Daily
9.	How many friends do you feel at ease with that you can talk about private matters?	None	One	Two	Three or Four	Five thru Eight	Nine or more
10.	How many friends do you feel close to such that you could call on them for help?	None	One	Two	Three or Four	Five thru eight	Nine or more

APPENDIX-F

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree
<p>Planning family activities is difficult because we misunderstand each other.</p>	1	2	3	4
<p>In times of crisis we can turn to each other for support.</p>	1	2	3	4
<p>We cannot talk to each other about the sadness we feel.</p>	1	2	3	4
<p>Individuals are accepted for what they are</p>	1	2	3	4

	1	2	3	4
We avoid discussing our fears and concerns.				
	1	2	3	4
We can express feelings to each other.				

	1	2	3	4
There are lots of bad feelings in the family.				
	1	2	3	4
We feel accepted for what we are.				
	1	2	3	4
Making decisions is a problem in our family.				
	1	2	3	4
We are able to make decisions about how to solve problems.				

We do not get along well with each other.	1	2	3	4
We confide in each other	1	2	3	4

Appendix G-Turnitin Plagiarism Report

