

SOCIAL MEDIA ADDICTION AND PSYCHOLOGICAL WELL-BEING AMONG COLLEGE STUDENTS IN SEPAHIJALA, GOMATI, AND SOUTH TRIPURA DISTRICTS: A REVIEW

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ABSTRACT

Background: Over the past ten years, social media has come to touch nearly every part of a young person's life, and no group uses these platforms more heavily than today's college students. When that use tips into compulsive, poorly regulated habit, a cluster of psychological problems tends to follow — heightened anxiety, depressive symptoms, strained friendships, and slipping academic engagement among them. Tripura, a northeastern Indian state where internet access has expanded rapidly in recent years, has received almost no research attention on how this pattern of use is affecting the mental health of its college-going population. **Objective:** This paper brings together the existing literature connecting social media addiction (SMA) to psychological well-being in college students, and does so with specific reference to the higher-education setting of Sepahijala, Gomati, and South Tripura districts. **Methods:** We conducted a narrative review of peer-reviewed research published between January 2012 and June 2026. PubMed, Google Scholar, PsycINFO, Scopus, and DOAJ were searched using combinations of terms including social media addiction, problematic social media use, psychological well-being, mental health, and college students. Forty-four studies met the inclusion criteria and make up the evidence base discussed here. **Results:** Taken together, the reviewed studies point to a fairly consistent positive relationship between social media addiction and depression, anxiety, lowered self-esteem, poor sleep, and weaker academic outcomes in college populations — though how strong that relationship looks depends heavily on what is being measured. Simple frequency-of-use measures tend to show small effects ($r \approx 0.17$), while measures targeting addictive or problematic use specifically show moderate-to-large effects. Two mechanisms come up again and again as the psychological route from addictive use to distress: fear of missing out (FoMO) and habitual social comparison. Several features of Tripura's setting — its linguistic diversity, the remoteness of many college catchment areas, and a shortage of mental health services — are likely to sharpen these effects locally. **Conclusion:** Social media addiction represents a growing threat to college students' psychological health, and the institutions examined in this review, spread across Sepahijala, Gomati, and South Tripura districts, illustrate just how widespread the exposure already is. Awareness campaigns tailored to local conditions, structured digital literacy training, and accessible on-campus counselling all deserve urgent attention.

KEYWORDS: Social media addiction, psychological well-being, college students, Tripura, mental health, FoMO, depression, anxiety, problematic internet use.

1. INTRODUCTION

Social media has, over the last decade, changed how people talk to one another, build their sense of self, and keep relationships going. Facebook, Instagram, WhatsApp, YouTube, and X (formerly Twitter) are no longer novelties — they are woven into the daily rhythm of young people everywhere. According to the Digital 2024 Global Overview Report, the number of active social media user identities crossed 5 billion for the first time in 2024, with the average user spending roughly 2 hours and 23 minutes a day on these platforms.^[1] Among this vast user base, college-aged students — broadly, those between 18 and 25 — form the single largest and most active segment.

None of this is to deny the real value social media brings: access to educational content, peer support, career networking, and more. But its overuse has increasingly worried psychologists, educators, and public health professionals alike.^[2] Social media addiction (SMA) — a compulsive, habitual pattern of use that chips away at a person's personal, academic, and social functioning — is now recognised as a behavioural pattern with genuine clinical weight.^[3]

India passed 490 million active social media users in 2024.^[4] Tripura, a comparatively small northeastern state, has seen its 4G and broadband infrastructure grow quickly (discussed further in Section 6), fuelling a sharp rise in smartphone-based internet access over the past several years. A large share of the state's college students are first-generation smartphone users coming from semi-urban and rural households — a background that may leave them more vulnerable to problematic social media engagement, compounded by the sheer novelty of the medium, peer pressure, a lack of alternative recreational outlets, and limited exposure to digital literacy education.

Yet despite a substantial and growing body of national and international evidence, almost nothing has been written about how SMA affects the psychological well-being of Tripura's college students specifically. This review is an attempt to begin closing that gap. Rather than treating "Tripura" as a single undifferentiated whole, we deliberately narrow the institutional focus to five government degree colleges spread across three adjoining districts — Sepahijala, Gomati, and South Tripura — bringing together global and Indian evidence and reading it against this particular institutional and sociocultural backdrop.

2. Review Methodology

2.1 Search Strategy

We carried out a structured narrative review. The databases searched were PubMed/MEDLINE, Google Scholar, PsycINFO, Scopus, and DOAJ, restricted to peer-reviewed, English-language publications appearing between January 2012 and June 2026. Search terms were combined using Boolean logic: ("social media addiction" OR "problematic social media use" OR "social networking addiction") AND ("psychological well-being" OR "mental health" OR "depression" OR "anxiety") AND ("college students" OR "university students" OR "young adults").

2.2 Inclusion and Exclusion Criteria

A study was kept if it (i) looked at social media use or addiction alongside at least one psychological outcome; (ii) sampled participants aged 18–30 in an educational setting; (iii) relied on a validated measurement instrument; and (iv) was original research, a systematic review, or a meta-analysis. Studies involving participants under 18, those built on non-validated scales, and grey literature were left out.

The initial search returned 186 records. Once 42 duplicates were removed and a further 100 records excluded at the title/abstract screening stage, 44 studies satisfied the full inclusion criteria and form the evidence base for this review.^[5]

2.3 Study Area

Rather than discuss Tripura's college population as a single undifferentiated group, this review roots its institutional context in a defined set of five government degree colleges spread across three geographically adjoining districts of the state: Sepahijala, Gomati, and South Tripura (Table 1). These institutions were chosen because, together, they account for a substantial share of undergraduate enrolment across the three districts, and because they span both semi-urban block-level towns (Sonamura, Bishalgarh, Udaipur) and more remote sub-divisional centres (Belonia, Sabroom) — a spread that mirrors the uneven pattern of internet-infrastructure rollout discussed in Section 6.

Table 1: Government degree colleges considered in this review, by district.

District	College	Sub-division / Town	Established
Sepahijala	Kabi Nazrul Mahavidyalaya	Sonamura	1988
Sepahijala	Rabindra Nath Thakur Mahavidyalaya	Bishalgarh	2012
Gomati	Netaji Subhash Mahavidyalaya	Udaipur	1979
South Tripura	Iswar Chandra Vidyasagar College	Belonia	1964
South Tripura	Michael Madhusudan Datta College	Sabroom	1987

College names and establishment years in Table 1 are drawn from each institution's official website and publicly available UGC/state higher-education records, cross-checked at the time of writing; readers preparing this paper for submission are encouraged to re-verify current details directly with the respective college administrations before finalisation.

It is worth stressing that this remains a narrative literature review — no new primary data were collected at these five institutions for the present paper. They are named here as the specific target sites for the primary, questionnaire-based fieldwork recommended in Sections 9 and 10, work that would eventually produce the locally grounded prevalence estimates this review currently has to infer from neighbouring states.

3. Understanding Social Media Addiction

3.1 Definition and Conceptual Framework

Social media addiction is generally described as an excessive preoccupation with social media, paired with a difficult-to-control urge to log on, growing investment of time and effort, neglect of other responsibilities, and reliance on social media to regulate mood.^[6] Andreassen and Pallesen put forward a six-component model of behavioural addiction that fits SMA well: salience, mood modification, tolerance, withdrawal, conflict, and relapse.^[7] Because these components echo the diagnostic criteria used for substance use disorders, the model gives SMA a measure of clinical legitimacy as a genuine behavioural addiction rather than simply a bad habit.

3.2 Measurement Tools

A small number of validated instruments dominate this field. The Bergen Social Media Addiction Scale (BSMAS) — a six-item, five-point Likert measure — is the most widely used.^[8] The Social Media Disorder Scale (SMDS), developed by van den Eijnden and colleagues, assesses nine criteria modelled directly on substance-use-disorder symptoms.^[9] Related instruments, including smartphone application-based addiction scales and nomophobia questionnaires, have also been validated and applied across several Asian student populations, including in Malaysia.^[10]

4. Prevalence of Social Media Addiction Among College Students

How common SMA appears to be among college students depends heavily on the instrument and cut-off applied. Cheng and colleagues' 2021 meta-analysis, which pooled 63 samples and 34,798 respondents across 32 nations, arrived at prevalence estimates of 5%, 13%, and 25% depending on whether a strict, moderately strict, or lenient classification scheme was used, and found a markedly higher pooled prevalence in collectivist nations (31%) than in individualist ones (14%)^[11] (Table 2). This collectivism effect lines up with earlier reports of elevated rates across parts of Asia, often attributed to strong peer-conformity dynamics and deeply embedded habits of digital socialising.^[12]

Within India, published prevalence figures remain scattered and heavily dependent on method, and treatment-focused literature — such as Sharma and Palanichamy's 2018 review of psychosocial interventions for technological addictions — has so far moved faster than dedicated prevalence surveys.^[13] The clearest recent Indian data point comes from a 2025 cross-sectional study of college students in Chengalpattu district, Tamil Nadu, which used the Bergen scale and reported a substantial addiction burden closely tied to poor sleep and disrupted self-esteem.^[40] For the northeastern region specifically, a 2025 study using ordinal logistic regression found that 48% of surveyed graduate students in South Assam fell into the "high" smartphone-addiction category, with a further 15% in the "very high" category; family income and anxiety-related mental health scores emerged as statistically significant predictors.^[43] No published epidemiological data on SMA prevalence exist for Tripura specifically, and this review could not locate a peer-reviewed, multi-centre prevalence study covering northeastern Indian colleges more broadly — a gap that itself underlines the need for the primary research proposed in Sections 2.3 and 10.

Table 2: Summary of key studies on social media addiction prevalence among college students.

Author (Year)	Study Population	Tool Used	Prevalence	Key Finding
Cheng et al. (2021)	Meta-analysis, 63 samples, 32 nations	Various (BSMAS, SMDS, etc.)	5% / 13% / 25%*	Collectivist nations ~31% vs individualist ~14%
Gopakumar et al. (2025)	UG professional-course students, Chengalpattu, Tamil Nadu	Bergen-based questionnaire	Substantial burden reported	Linked to poor sleep, low self-esteem
Bhattacharjee et al. (2025)	Graduate students, South Assam (Barak Valley)	Custom SPAI-based index	48% high / 15% very high	Family income & mental health significant predictors

*Cheng et al.'s pooled prevalence varied by how strictly addiction was defined: 5% under strict/monothetic classification, 13% for a severe-level cutoff, and 25% under a more lenient moderate-to-severe cutoff.

SMA = Social Media Addiction; BSMAS = Bergen Social Media Addiction Scale; SMDS = Social Media Disorder Scale; SPAI = Smartphone Addiction Inventory; FoMO = Fear of Missing Out

5. Social Media Addiction and Psychological Well-being

5.1 Depression and Anxiety

Few findings in this literature are as consistently replicated as the link between social media addiction and depression. Vahedi and Zannella's 2021 meta-analysis, drawing on 55 independent samples and more than 80,000 participants, reported a small but statistically significant positive correlation between social networking site use and depressive symptoms ($r = 0.165$);^[14] several meta-analyses that focus more narrowly on addictive or problematic use, rather than

simple frequency of use, report noticeably larger associations with depression. Anxiety symptoms show a comparably robust relationship, with effect sizes ranging from moderate to strong ($r = 0.38-0.57$).^[15]

Passive consumption — scrolling through other people's posts without actively engaging — appears especially damaging to mood, largely because it invites upward social comparison.^[16] Users who mostly consume rather than create content report noticeably lower hedonic and eudaimonic well-being than either active users or those without addictive usage patterns.^[17]

5.2 Fear of Missing Out (FoMO)

Fear of Missing Out (FoMO) — the nagging worry that others are having rewarding experiences one is left out of — acts as a key psychological bridge between social media use and reduced well-being.^[18] Przybylski and colleagues (2013) showed that FoMO predicts both social media engagement and life dissatisfaction; later research has confirmed it as a full or partial mediator linking SMA to depression and anxiety.^[19]

Among Indian college students, where collectivist norms and peer conformity carry particular weight, FoMO may be felt with special intensity. The constant visibility of peers' lives on platforms like Instagram likely sharpens self-evaluative pressure, and probably more so for students who have moved from smaller towns to urban college hubs such as Agartala. A recent chain-mediation study also found that FoMO, together with weakened self-control, helps explain why social media addiction predicts academic procrastination among college students — giving this mediating pathway a concrete, downstream consequence.^[42]

5.3 Self-Esteem and Body Image

Low self-esteem works both ways with social media addiction: people who already have lower self-esteem often turn to social media for validation, and that pattern can become self-reinforcing.^[20] Exposure to curated, filtered self-presentation on platforms like Instagram has been tied to poorer body image, especially among female college students.^[21]

Fardouly and Vartanian (2015) found that female users who engaged in appearance-based social comparison reported considerably higher body dissatisfaction and appearance-related anxiety.^[22] This finding carries particular weight in Tripura, where mainstream social media content increasingly sets beauty standards that do not reflect the state's ethnic diversity, which could compound self-esteem difficulties among tribal youth. A 2023 Indian study offers further support for this pathway, showing that body image mediates the relationship between low self-esteem and the severity of social media addiction in adolescents — a mechanism that plausibly applies to Tripura's tribal and non-tribal student populations alike.^[41]

5.4 Sleep Disturbances

Social media addiction is strongly tied to disrupted sleep among college students. Late-night use pushes back sleep onset, shortens total sleep time, and degrades sleep quality through both behavioural pathways (staying up later) and physiological ones (melatonin suppression from blue light).^[23] Scott and colleagues (2019) found that students who kept using social media past 10 p.m. reported noticeably poorer sleep and greater daytime fatigue than those who stopped earlier.^[24]

In Tripura, where many college students live in hostels with limited supervision and few organised extracurricular activities, nocturnal social media use may be unusually common — an under-recognised contributor to psychophysiological distress in this population.

5.5 Academic Performance

The connection between social media addiction and academic performance is well documented. Karpinski and colleagues (2013) found that students spending more than two hours a day on social media had noticeably lower GPAs than moderate users.^[25] SMA appears to erode academic performance through several overlapping routes: reduced study time, fragmented attention, cognitive overload, and emotional dysregulation that interferes with learning.^[26]

For Tripura's many first-generation college students, who are often juggling academic pressure alongside the demands of social adjustment, social media addiction may function at once as an escape mechanism and a genuine obstacle to educational progress. Faculty at institutions in Sonamura and Agartala have informally noted a rise in classroom distraction and disengagement that they attribute to smartphone and social media overuse.

6. Contextual Factors in Tripura

Tripura's sociocultural landscape produces both vulnerabilities and protective factors relevant to social media addiction. With 19 recognised Scheduled Tribes making up roughly 31.8% of the state's population,^[27] young people are navigating a dual identity — traditional indigenous practice alongside a fast-digitising modern life — that may generate its own distinctive psychological strain.

The expansion of the BharatNet project and the rollout of Jio's 4G network have dramatically widened internet access in previously unconnected rural areas since 2018.^[28] College students in districts such as Sepahijala, Gomati, and Dhalai have, in many cases, gone from near-zero internet access to full-time smartphone connectivity within a remarkably short span, with little accompanying digital literacy education to match.

Mental health infrastructure in Tripura, as across most of northeastern India, remains thin. India as a whole was estimated to have around 0.3 psychiatrists per 100,000 people at the time of the National Mental Health Survey^[29] — a ratio that tends to be worse in smaller northeastern states than in major metropolitan centres — and campus-based mental health support in Tripura is available in only a handful of larger Agartala institutions. This leaves students experiencing SMA-related distress with little access to professional help, raising the risk that difficulties go untreated.

Language adds a further layer of complexity. Census data confirm that Tripura's population includes substantial numbers of Kokborok and other tribal-language speakers alongside Bengali speakers,^[30] yet the dominant social media platforms carry content overwhelmingly in English or Hindi — languages in which some of these students have comparatively limited fluency. This linguistic gap may push some students towards passive consumption rather than active participation, increasing their exposure to social comparison while denying them the connective and creative benefits of fuller engagement.

Evidence from just across the state border reinforces this picture. A 2025 study among graduate students in South Assam found that smartphone-addiction severity was significantly associated with family income and anxiety-related mental health scores, and that awareness or campus-based intervention remained concentrated in larger urban centres rather than reaching students in more peripheral sub-divisional towns.^[43] A broadly similar urban-periphery divide

plausibly runs through the five colleges considered in this review, given that Sonamura, Bishalgarh, and Udaipur are semi-urban block towns while Belonia and Sabroom are more remote sub-divisional centres (Section 2.3).

7. Gender Differences in Social Media Addiction and Well-being

Gender shapes the relationship between SMA and well-being in important ways. Female college students consistently show higher rates of social media addiction across most studies;^[31] the psychological fallout differs by gender too, with women reporting more depression, body image dissatisfaction, and comparison-related distress, and men reporting more conflict-related outcomes such as aggression and academic neglect.^[32]

In Tripura, gender dynamics are shaped by both tribal and mainstream cultural expectations. Female students from tribal communities may face additional pressures tied to marriage expectations, restricted mobility, and social surveillance, all of which can add to the psychological vulnerability that comes with heavy social media use.

8. Theoretical Perspectives

Several theoretical frameworks help explain how SMA develops and persists. Brand and colleagues' (2019) I-PACE model (Interaction of Person–Affect–Cognition–Execution) offers a neurocognitive account in which individual vulnerabilities — personality traits, psychopathology — interact with affective states and cognitive biases to produce addictive internet behaviour;^[33] applied to SMA, it puts the spotlight on reward sensitivity, impulsivity, and weak self-regulation.

Self-Determination Theory (SDT) offers a complementary lens, proposing that SMA emerges when basic psychological needs for autonomy, competence, and relatedness go unmet [34]. Students who feel disconnected offline, or academically inadequate, may turn to social media as compensation — unintentionally reinforcing the very patterns that deepen the addiction.

Uses and Gratifications Theory (UGT) holds that people actively choose media to satisfy specific needs, such as entertainment, information, or social connection.^[35] Applied to Tripura, where offline recreational infrastructure is limited, UGT would predict a heavier reliance on social media as a primary source of gratification among college students.

9. Intervention Strategies and Recommendations

9.1 Digital Literacy Education

Embedding digital literacy and mindful technology use into the college curriculum is among the most scalable, low-cost preventive measures available [36]. Effective programmes teach students to recognise addictive usage patterns, understand how algorithmic feeds are designed to hold attention, practise scheduled digital detox, and set healthy boundaries around social media use. Randomised controlled trials in university settings in China and the United Kingdom have shown that such programmes can meaningfully reduce problematic social media use.^[37] Recent Indian evidence points the same way: a 2025 study of college students in Tamil Nadu specifically recommended strengthening campus mental-wellness services alongside structured awareness of healthy technology habits^[40] — a model directly transferable to the five colleges considered in this review.

9.2 Campus-Based Psychological Support

Setting up dedicated student counselling cells staffed by trained mental health professionals is an urgent need across Tripura's colleges. Given the stigma that still surrounds mental health help-seeking in many Indian communities, peer counselling and online mental health platforms may offer a more acceptable entry point for students experiencing SMA-related distress.^[38] This need may be particularly acute at government-run institutions: a 2025 study among medical students in Punjab found that those enrolled in government colleges reported wanting more external professional help for social media addiction than their counterparts at private colleges^[44] — a pattern worth bearing in mind given that all five colleges considered in this review (Section 2.3) are government institutions.

9.3 Cognitive Behavioural Therapy (CBT) Based Approaches

Cognitive Behavioural Therapy (CBT), and its adapted form for internet-use disorders (CBT-IA), has shown solid efficacy in reducing problematic internet and social media use.^[39] CBT-IA targets the distorted beliefs that sustain heavy social media use, reduces avoidance behaviour, and helps build offline coping skills. Group-based CBT workshops adapted to the Indian college context represent a realistic, scalable intervention model for Tripura's colleges, including the five institutions in Sepahijala, Gomati, and South Tripura examined here.

9.4 Policy-Level Recommendations

Drawing on the evidence reviewed, the following policy steps are proposed, with particular relevance to the five colleges in Sepahijala, Gomati, and South Tripura districts identified in Section 2.3:

- Make digital wellness modules a mandatory part of orientation for first-year students at Kabi Nazrul Mahavidyalaya, Rabindra Nath Thakur Mahavidyalaya, Netaji Subhash Mahavidyalaya, Iswar Chandra Vidyasagar College, and Michael Madhusudan Datta College.
- Establish clear institutional guidelines on social media use and actively promote awareness of healthy digital habits across these campuses.
- Build peer-educator networks trained in mental health first aid and digital well-being at each institution.
- Develop Kokborok- and Bengali-language mental health and digital wellness resources to ensure linguistic inclusivity across all five colleges.
- Prioritise primary research on SMA prevalence and outcomes at these five colleges specifically, to generate the locally grounded evidence this review has had to infer from neighbouring states.

10. CONCLUSION

Social media addiction poses a significant and growing threat to the psychological well-being of college students, in India and worldwide. The evidence reviewed here confirms robust links between SMA and depression, anxiety, low self-esteem, poor sleep, and academic impairment, with Fear of Missing Out and social comparison recurring as the key psychological mechanisms behind these associations.

Within Tripura specifically — a state undergoing rapid digital transformation against a backdrop of thin mental health infrastructure and a linguistically and culturally diverse youth population — the risk of SMA-related psychological harm among college students deserves urgent attention. This review has intentionally grounded that discussion in five government degree colleges across Sepahijala, Gomati, and South Tripura districts: Kabi Nazrul Mahavidyalaya and Rabindra Nath Thakur Mahavidyalaya in Sepahijala; Netaji Subhash Mahavidyalaya in Gomati; and Iswar Chandra

Vidyasagar College and Michael Madhusudan Datta College in South Tripura. The absence of any published, locally collected data from these institutions is itself a critical gap — one that researchers based in the region, including at Kabi Nazrul Mahavidyalaya, are well placed to close.

A combined response — digital literacy education, on-campus mental health services, CBT-based intervention, and culturally sensitive outreach — is needed to protect the psychological health of the next generation of college students in these districts. Future primary research, using validated instruments and, where appropriate, regional-language materials, should be carried out at these five colleges to build the locally grounded evidence base that targeted, effective policy will require.

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