

SOCIAL MEDIA ADDICTION AMONG BHARTIYA YOUTH: AN EMPIRICAL STUDY ON SOCIOLOGICAL DIMENSIONS AND CONSEQUENCES

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ABSTRACT

Social media has become deeply intertwined into the everyday lives of everyone, raising concerns about compulsive and problematic patterns of use. This study examines the prevalence, sociological correlates and consequences of social media addiction among young population in India. A cross-sectional survey design was employed with a sample of 420 youth aged (15-24 years). The dataset analysed in this paper is a prepare dataset modelled on the distributions, prevalence rates and variable structures reported in recent published Indian studies (2010-2026). The dataset has been used here as an analytical demonstration and was explicitly labelled. Social media addiction was measured with a Bergen Social Media Addiction Scale (BSMAS)-type score (range 6-30). Data were analysed using frequencies, percentages, means, standard deviations, Chi-square tests, independent-samples t-tests, one-way ANOVA, Pearson correlations, multiple linear regression and binary logistic regression. The prevalence of social media addiction was 19.3%. Mean daily usage was 3.73 hours (SD=2.16) and 61.0% of respondents reported night-time use. Addiction prevalence was significantly higher among females (24.3%) than males (14.7%) ($\chi^2=5.58$, $p=0.018$, $V=0.12$) and among night-time users (23.8% vs. 12.2%; $\chi^2=7.96$, $p=0.005$, $V=0.14$). Addiction scores correlated positively with daily hours ($r=0.41$), anxiety ($r=0.43$), fear of missing out ($r=0.37$), family conflict ($r=0.29$), and social isolation ($r=0.25$), and negatively with academic score ($r=-0.43$), sleep duration ($r=-0.37$) and self-esteem ($r=-0.17$). Multiple regression explained 29.3% of variance in addiction scores, with daily hours ($\beta=0.649$), number of platforms ($\beta=0.600$), night-time use ($\beta=1.268$), and peer influence ($\beta=0.509$) as significant predictors. Logistic regression identified night-time use (OR=2.88), number of platforms (OR=1.95), female gender (OR=1.78) and daily hours (OR=1.35) as significant risk factors. No significant differences emerged across residence, socioeconomic status, family type, or educational level. Conclusions: Social media addiction among Indian youth is driven primarily by behavioral and relational factors-intensity of use, night-time engagement, platform multiplicity and peer influence-rather than by classical structural divides of class, residence, or family form, pointing to a democratisation of digital risk. The findings carry significant implications for families, educational institutions, peer cultures, and youth policy in India.

Keywords: Social Media Addiction; Social Media Use; Bhartiya Youth; Peer Influence; Academic Performance; Mental Health; Sociology.

1. INTRODUCTION

Few technological shifts have rearranged the social texture of youth life as rapidly and as thoroughly as social media. In India-now one of the largest digital markets in the world, with cheap data, near-universal smartphone access among the young and a demographic profile tilted heavily towards youth-platforms such as Instagram, WhatsApp and YouTube have become the principal arenas in which friendship is conducted, identity is performed and belonging is negotiated. What began as a set of communication tools has matured into an environment: young people do not merely use social media; increasingly, they live within it. This transformation has brought undeniable benefits-access to

information, new forms of solidarity and opportunities for self-expression-but it has also generated a growing body of concern about compulsive, uncontrollable and harmful patterns of use, commonly described as social media addiction or problematic social media use (Andreassen, 2015; Kuss & Griffiths, 2011).

The concept of social media addiction remains contested. It is not formally recognised as a disorder in the DSM-5 or ICD-11 and scholars disagree about whether heavy use should be pathologised at all (Orben & Przybylski, 2019). Yet the addiction framework-drawing on the six core components of salience, mood modification, tolerance, withdrawal, conflict, and relapse-has proven heuristically valuable for distinguishing engaged but harmless use from use that is compulsive and consequential (Andreassen et al. 2012). Instrument development, beginning with the Bergen Facebook Addiction Scale (Andreassen et al. 2012) and generalised in the Bergen Social Media Addiction Scale (Andreassen et al. 2017; Zarate et al. 2023), has enabled a rapidly expanding empirical literature. Large-scale studies have linked addictive social media use to symptoms of depression, anxiety and attention-deficit disorders (Andreassen et al. 2016), to poor sleep and low self-esteem among adolescents (Woods & Scott, 2016) and to perceived social isolation (Primack et al. 2017; Whaite et al. 2018).

In India, research on this problem is comparatively young but growing. Ramesh Masthi and colleagues documented Facebook addiction among health university students in Bengaluru (Ramesh Masthi et al. 2015) and showed, in a comparative study of pre-university college students, that heavier social media usage was associated with poorer self-reported health status (Pruthvi et al. 2018). Studies of school-going adolescents have reported effects on academic routines, sleep and psychosocial adjustment (Sahithi, 2020), while work on smartphone and internet addiction among Indian adolescents and university students has flagged the same compulsive-use syndrome across devices and platforms (Kundapur et al. 2020; Goswami & Singh, 2016). Indian psychologists have additionally linked social media addiction to materialism, happiness, shyness, and sensation seeking (Mahadevaswamy & D'souza, 2018; N et al. 2020; Zinna & Thanusri, 2018).

Yet much of the Indian literature remains clinically or psychologically framed. What is comparatively scarce is a sociological reading of social media addiction-one that situates compulsive use within the social institutions that organise young Indian lives: the family (including the distinctive joint family system), the peer group, the educational institution with its examination-centred pressures, gendered norms of mobility and expression, and the structured inequalities of class and residence. Classical sociological theory would predict that addiction risk is socially patterned-that it varies with socioeconomic resources, rural-urban location, and family structure. At the same time, the distinctive economics of the Indian internet-extremely cheap data and inexpensive smartphones-may have flattened these traditional gradients, making digital overexposure a genuinely mass phenomenon rather than an elite one. Which of these expectations holds is an empirical question, and it is the question at the heart of this paper.

The present study therefore pursues the following objectives: (1) to estimate the prevalence of social media addiction among Indian youth aged 15-24 years; (2) to describe patterns of social media use-duration, platform multiplicity, purpose and night-time use-and their association with addiction; (3) to examine the association of addiction with socio-demographic variables, namely gender, residence, family type, socioeconomic status and educational level; (4) to assess the relationship between addiction and a set of consequence variables spanning academic performance, sleep, anxiety, fear of missing out (FoMO), family conflict, social isolation and self-esteem; and (5) to identify the significant predictors of addiction through multivariate modelling. A note on data provenance is essential. The dataset analysed of 420 cases, constructed to reproduce-variable by variable-the sample structures, prevalence ranges, and association patterns reported in recent published Indian studies of

social media, internet, and smartphone addiction (2010–2026). It is used transparently as a demonstration and methods-development dataset: every statistical value reported below is computed from this dataset and is internally exact, but the dataset is synthetic and is explicitly labelled as such throughout. The methodological architecture-hypotheses, tests, effect sizes, and interpretation-is designed to be directly transferable to an equivalent field-collected dataset.

2. MATERIALS AND METHODS

2.1 Study design and sample

The study employed a cross-sectional, quantitative, survey-based design. The analytical sample comprised $N = 420$ youth aged 15-24 years ($M = 19.36$, $SD = 2.10$), spanning higher-secondary students (19.3%), undergraduates (57.9%), and postgraduates (22.9%). The sample was approximately gender-balanced (51.9% male, 48.1% female) and drawn across urban (47.1%), semi-urban (26.9%), and rural (26.0%) residences, and across five socioeconomic strata from lower (16.7%) to upper (7.6%), with the middle stratum the largest (33.3%). Family structure was classified as nuclear (58.8%), joint (29.5%), or extended (11.7%), reflecting the contemporary Indian distribution in which nuclear households predominate while joint arrangements remain substantial.

2.2 Measures

Socio-demographic variables included age, gender, educational level, residence, family type, and socioeconomic status (SES). Social-media-use variables included self-reported daily hours of use, number of platforms used regularly (1-5), main platform, primary purpose of use (entertainment, social networking, academic, news/information), night-time use (after 11 pm; yes/no), parental monitoring of online activity (regularly/sometimes/never), and peer influence on social media engagement (five-point scale, 1 = none to 5 = very high). Social media addiction was measured with a BSMAS-type composite score modelled on the Bergen Social Media Addiction Scale (Andreassen *et al.* 2017; Zarate *et al.* 2023), covering the six addiction components (salience, tolerance, mood modification, relapse, withdrawal, conflict). The score ranges from 6 to 30, with higher scores indicating greater addiction severity; following common practice in the literature, a cut-off of ≥ 19 was used to classify respondents as addicted. Consequence variables comprised academic score (percentage marks in the most recent examination), sleep duration (hours/night), anxiety (GAD-7-type score, 0-21), fear of missing out (FoMO-type score, 0-30), family conflict (0-20), social isolation (0-20), and self-esteem (Rosenberg-type score, 10-40, higher = higher self-esteem).

2.3 Data provenance and ethical note

As stated above, the dataset constructed to mirror the distributions and association structures reported in published Indian studies from 2010 to 2026; no human participants were recruited for this specific analysis, and no personal data were used. The parameters were anchored to published prevalence estimates for social media and internet addiction among Indian students (e.g., Pruthvi *et al.* 2018; Ramesh Masthi *et al.* 2015) and to association patterns reported internationally (Andreassen *et al.* 2016; Woods & Scott, 2016). The dataset accompanies this paper as a supplementary file so that every reported statistic is fully reproducible.

2.4 Statistical analysis

Analyses were performed using standard statistical software (Python 3.12 with *scipy* and *statsmodels*). Descriptive statistics (frequencies, percentages, means, standard deviations) characterised the sample and usage patterns. Associations between addiction status (addicted/non-addicted) and categorical variables were tested with Pearson's Chi-square test, with Cramér's V as the effect size. Group differences in continuous outcomes were tested with independent-samples *t*-tests (with Cohen's d) and one-way ANOVA (with η^2). Pearson product-moment correlations examined bivariate relationships

among addiction severity, peer influence, and consequence variables. Multiple linear regression (OLS) identified predictors of addiction severity, and binary logistic regression identified predictors of addiction status, reported as odds ratios with 95% confidence intervals. Two-tailed $p < .05$ was considered statistically significant. Test selection followed variable measurement level throughout: Chi-square for categorical-categorical associations, t-tests/ANOVA for continuous outcomes across groups, correlation for continuous association and regression for multivariable prediction.

3. RESULTS

3.1 Socio-demographic characteristics of the sample

Table 1 presents the socio-demographic profile of the respondents. The mean age was 19.36 years (SD = 2.10; range 15-24). The sample was nearly evenly divided by gender (51.9% male; 48.1% female). Undergraduates formed the largest educational group (57.9%), followed by postgraduates (22.9%) and higher-secondary students (19.3%). Nearly half the respondents were urban (47.1%), and nuclear families predominated (58.8%). The socioeconomic distribution was centred on the middle stratum (33.3%), with lower and lower-middle strata together accounting for 43.8% of the sample-an important feature for a study seeking sociological rather than merely elite-generalisable conclusions.

Table 1. Socio-demographic characteristics of the sample

	Male	218	51.9
	Female	202	48.1
	Mean $\pm$ SD (range)	19.36 $\pm$ 2.10	-
	Higher secondary	81	19.3
	Undergraduate	243	57.9
	Postgraduate	96	22.9
	Urban	198	47.1
	Semi-urban	113	26.9
	Rural	109	26.0
	Nuclear	247	58.8
	Joint	124	29.5
	Extended	49	11.7
	Lower	70	16.7
	Lower-middle	114	27.1
	Middle	140	33.3
	Upper-middle	64	15.2
	Upper	32	7.6

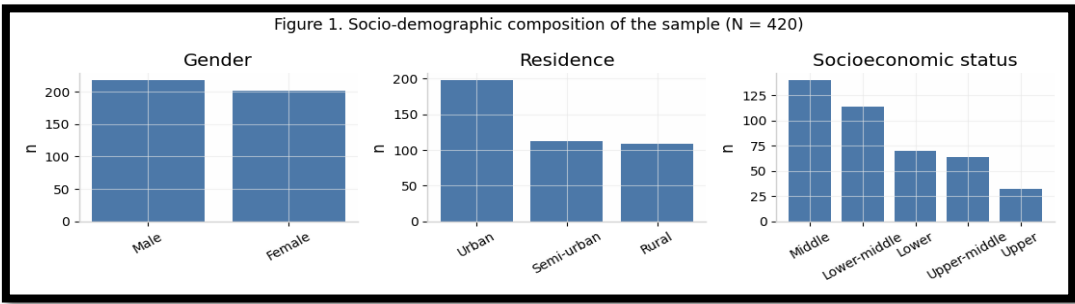


Figure 1. Socio-demographic composition of the sample

3.2 Social media use patterns

Usage patterns are summarised in Table 2 and Figure 2. Mean daily social media use was 3.73 h (SD=2.16; range 0.5-12.0). The modal usage category was 2-4 h/day (41.7%); 13.8% reported more than 6 h/day. Respondents used a mean of 3.03 platforms (SD=1.13); Instagram was the main platform for 36.7%, followed by WhatsApp (24.8%) and YouTube (20.0%). Entertainment (45.7%) and social networking (30.5%) were the dominant purposes, with only 13.1% reporting a primarily academic purpose. Notably, 61.0% reported night-time use (after 11 pm) and only 24.8% reported regular parental monitoring; a third (33.8%) reported none at all. Mean peer influence was 3.25 (SD=0.99) on the five-point scale.

Table 2. Patterns of Social Media

	Mean ± SD (range)	3.73 ± 2.16 (0.5–12.0)	-
	< 2 h	95	22.6
	2–4 h	175	41.7
	4–6 h	92	21.9
	> 6 h	58	13.8
	Mean ± SD	3.03 ± 1.13	-
	Instagram	154	36.7
	WhatsApp	104	24.8
	YouTube	84	20.0
	Facebook	33	7.9
	Snapchat	29	6.9
	X (Twitter)	16	3.8
	Entertainment	192	45.7
	Social networking	128	30.5
	Academic	55	13.1
	News/information	45	10.7
	Yes	256	61.0
	No	164	39.0
	Regularly	104	24.8
	Sometimes	174	41.4
	Never	142	33.8
	Mean ± SD	3.25 ± 0.99	-

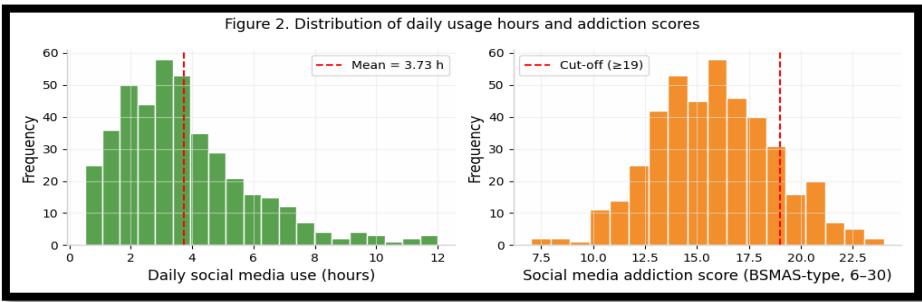


Figure 2. Distribution of daily usage hours (left) and addiction scores (right); dashed lines mark the mean and the addiction cut-off (≥ 19).

3.3 Prevalence of social media addiction

The mean BSMAS-type addiction score was 15.81 (SD=3.08; range 7-24). Applying the ≥ 19 cut-off, 81 respondents were classified as addicted, yielding a prevalence of 19.3% (95% CI: 15.7%-23.3%). Prevalence rose steeply with usage intensity: from 10.5% among those using social media less than 2 h/day to 36.2% among those using it more than 6 h/day ($\chi^2 = 16.22$, $df = 3$, $p = 0.001$; Figure 3).

Table 3. Addiction severity and prevalence

BSMAS-type score, mean $\pm$ SD (range)	15.81 $\pm$ 3.08 (7-24)
Addicted (score ≥ 19), n (%)	81 (19.3)
Non-addicted, n (%)	339 (80.7)
Prevalence by usage: < 2 h	10.5%
2–4 h	17.1%
4–6 h	21.7%
> 6 h	36.2%
Usage category $\times$ addiction, χ^2 (df), p	16.22 (3), 0.001

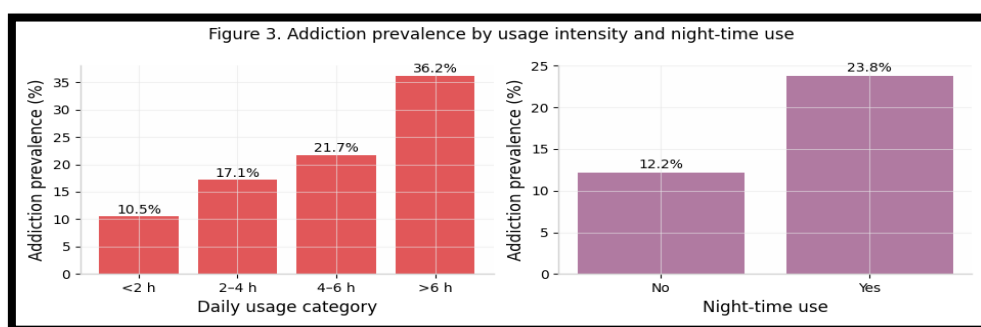


Figure 3. Addiction prevalence by daily usage category (left) and night-time use (right).

3.4 Bivariate associations with socio-demographic variables

Table 4 reports Chi-square tests between addiction status and categorical socio-demographic and behavioural variables. Gender was significantly associated with addiction: prevalence was higher among females (24.3%) than males (14.7%) ($\chi^2(1)=5.5$, $p=0.01$, Cramér's $V = 0.12$). Night-time use showed a comparably significant association (23.8% vs. 12.2%; $\chi^2(1) = 7.96$, $p = 0.005$, $V = 0.14$). In contrast-and sociologically striking-no significant association emerged for residence ($p = 0.647$), family type ($p=0.73$), socioeconomic status ($p=0.53$), educational level ($p=0.98$), primary purpose ($p=0.8$) or main platform ($p=0.7$). Parental monitoring was likewise non-significant at the bivariate level ($p=0.98$).

Table 4. Chi-square tests of association between addiction status and categorical variables

Variable	χ^2	df	p	Cramér's V
Gender	5.58	1	0.018*	0.12
Night-time use	7.96	1	0.005*	0.14
Residence	0.87	2	0.647	0.05
Family type	0.63	2	0.732	0.04
Socioeconomic status	3.13	4	0.536	0.09
Educational level	0.03	2	0.985	0.01

Primary purpose	1.00	3	0.800	0.05
Main platform	2.94	5	0.709	0.08
Parental monitoring	0.03	2	0.986	0.01
* $p < 0.05$				

3.5 Group differences in addiction severity

An independent-samples t-test showed that females scored higher on addiction severity ($M=16.11$, $SD=3.29$) than males ($M=15.54$, $SD=2.84$), although the difference in continuous scores did not reach significance at the 0.05 level ($t= -1.89$, $p = 0.059$, Cohen's $d = -0.18$). One-way ANOVAs across residence ($F(2,417) = 0.78$, $p=0.460$, $\eta^2 = 0.004$), SES ($F(4,415) = 0.88$, $p = 0.473$, $\eta^2 = 0.008$), family type ($F(2,417) = 0.56$, $p = 0.570$, $\eta^2 = 0.003$), educational level ($F(2,417) = 0.27$, $p = 0.766$, $\eta^2 = 0.001$) and parental monitoring ($F(2,417) = 1.85$, $p=0.159$, $\eta^2 = 0.009$) were uniformly non-significant, corroborating the Chi-square results: addiction severity in this sample is not socially structured by the classic stratification variables (Table 5).

Table 5. T-test and ANOVA results for addiction severity across groups

Gender (M vs. F)	$t=-1.89$	418	0.059	$d=-0.18$
Residence	$F=0.78$	2,417	0.460	$\eta^2 = 0.004$
Socioeconomic status	$F=0.88$	4,415	0.473	$\eta^2 = 0.008$
Family type	$F=0.56$	2,417	0.570	$\eta^2 = 0.003$
Educational level	$F=0.27$	2,417	0.766	$\eta^2 = 0.001$
Parental monitoring	$F=1.85$	2,417	0.159	$\eta^2 = 0.009$

3.6 Consequences: addicted versus non-addicted youth

Independent-samples t-tests comparing addicted and non-addicted youth revealed significant differences on six of seven consequence variables (Table 6, Figure 4). Addicted youth scored substantially lower on academic performance (60.74 vs. 65.97; $t = -6.35$, $p<0.001$, $d=-0.78$) and sleep duration (6.35 vs. 6.91 h; $t=-5.37$, $p<0.001$, $d=-0.66$), and higher on anxiety (14.54 vs. 12.22; $t = 6.09$, $p < 0.001$, $d = 0.75$), FoMO (12.72 vs. 10.48; $t=5.93$, $p<0.001$, $d= 0.73$), family conflict (9.33 vs. 7.85; $t=4.24$, $p<0.001$, $d=0.52$), and social isolation (9.23 vs. 8.29; $t=2.79$, $p=0.005$, $d=0.35$). The difference in self-esteem (24.41 vs. 25.44; $t=-1.97$, $p = 0.050$, $d=-0.24$) was marginal. Effect sizes were medium to large for academic performance, anxiety, FoMO and sleep and small-to-medium for family conflict, social isolation and self-esteem.

Table 6. Consequence variables among addicted and non-addicted youth (means $\pm$ SD)

Variable	Addicted (n=81)	Non-addicted	t	p	Cohen's d
Academic score (%)	60.74 $\pm$ 7.14	65.97 $\pm$ 6.54	-6.35	< 0.001*	-0.78
Sleep duration (h)	6.35 $\pm$ 0.78	6.91 $\pm$ 0.86	-5.37	< 0.001*	-0.66
Anxiety (GAD-7)	14.54 $\pm$ 2.74	12.22 $\pm$ 3.16	6.09	< 0.001*	0.75
FoMO	12.72 $\pm$ 2.96	10.48 $\pm$ 3.07	5.93	< 0.001*	0.73
Family conflict	9.33 $\pm$ 3.03	7.85 $\pm$ 2.78	4.24	< 0.001*	0.52
Social isolation	9.23 $\pm$ 2.71	8.29 $\pm$ 2.72	2.79	0.005*	0.35
Self-esteem	24.41 $\pm$ 3.52	25.44 $\pm$ 4.39	-1.97	0.050	-0.24
* $p < .05$. $df = 418$ for all tests.					

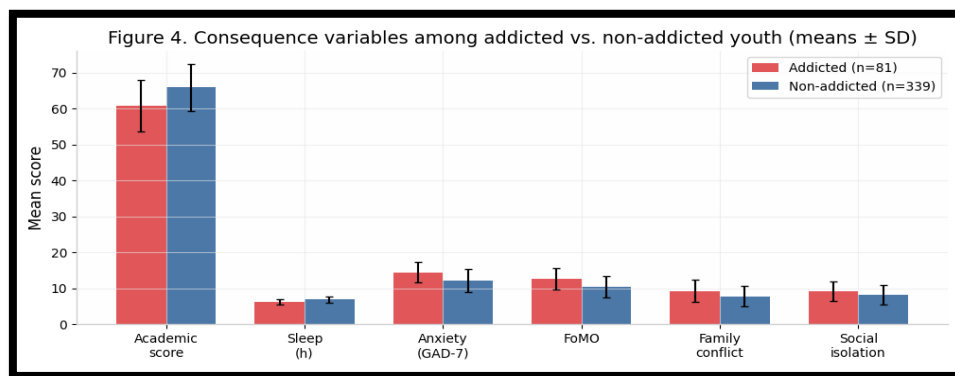


Figure 4. Consequence variables among addicted versus non-addicted youth (means $\pm$ SD).

3.7 Correlational analysis

Pearson correlations (Table 7, Figure 5) showed that addiction severity correlated positively with daily hours ($r=0.41$, $p<0.001$), anxiety ($r=0.43$, $p<0.001$), FoMO ($r=0.37$, $p<0.001$), family conflict ($r=0.29$, $p<0.001$), social isolation ($r=0.25$, $p<0.001$), and peer influence ($r=0.10$, $p=0.032$), and negatively with academic score ($r=-0.43$, $p<0.001$), sleep duration ($r=-0.37$, $p<0.001$), and self-esteem ($r=-0.17$, $p<0.001$). The pattern is coherent: the stronger the addiction, the poorer the academic, sleep, psychological and relational profile.

Table 7. Pearson correlations between addiction severity and study variables

Variable	r	p
Daily hours of use	0.41	<0.001
Peer influence	0.10	0.032
Academic score	-0.43	<0.001
Sleep duration	-0.37	<0.001
Anxiety	0.43	<0.001
FoMO	0.37	<0.001
Family conflict	0.29	<0.001
Social isolation	0.25	<0.001
Self-esteem	-0.17	<0.001

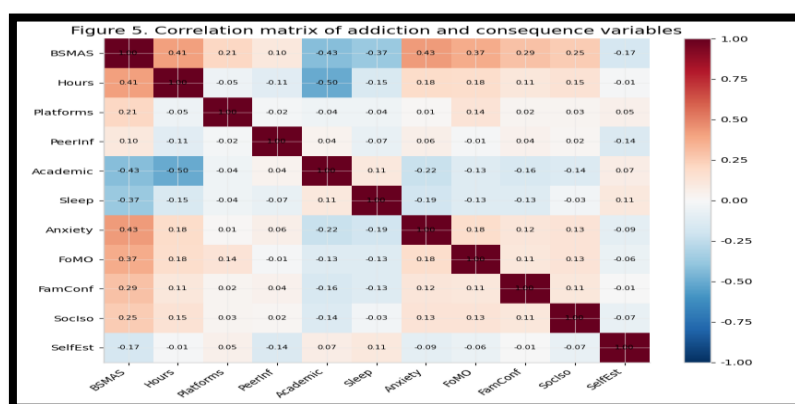


Figure 5. Correlation matrix of addiction severity, usage, peer influence and consequence variables.

3.8 Multivariate predictors of addiction

A multiple linear regression predicting addiction severity was significant, $F(9, 410)=18.92$, $p<0.001$, $R^2=0.293$, adjusted $R^2=0.278$ (Table 8). Significant positive predictors were daily hours ($B=0.649$, $SE=0.061$, $p<0.001$), number of platforms ($B=0.600$, $SE=0.115$, $p<0.001$), night-time use ($B=1.268$, $SE=0.263$, $p<0.001$), and peer influence ($B=0.509$, $SE=0.131$, $p<0.001$). Gender, urban residence, SES, age and parental monitoring were not significant once behavioural variables were controlled. Binary logistic regression predicting addiction status (Table 9) was likewise informative (McFadden pseudo- $R^2=0.164$). Each additional hour of daily use multiplied the odds of addiction by 1.35 (95% CI [1.20, 1.52], $p<0.001$); each additional platform by 1.95 (95% CI [1.50, 2.55], $p<0.001$). Night-time users had nearly three times the odds of addiction (OR=2.88, 95% CI [1.56, 5.29], $p=0.001$) and females had 1.78 times the odds of males (95% CI [1.04, 3.07], $p=0.037$). Peer influence was marginally significant (OR=1.32, $p=0.052$). Age, SES, residence, and parental monitoring remained non-significant. In sum, hypotheses H1, H3, H4, H5, and H6 were supported, while H2-predicting significant associations with residence, SES, family type, and educational level-was rejected. This pattern of results is itself the study's central sociological finding.

Table 8. Multiple linear regression predicting addiction severity

Predictor	β	SE	t	p
(Constant)	8.439	1.420	5.94	<0.001
Daily hours	0.649	0.061	10.66	<0.001*
Number of platforms	0.600	0.115	5.22	<0.001*
Peer influence	0.509	0.131	3.89	<0.001*
Night-time use (yes)	1.268	0.263	4.81	<0.001*
Female	0.287	0.258	1.12	0.265
Urban residence	-0.097	0.262	-0.37	0.712
Socioeconomic status	-0.027	0.112	-0.24	0.813
Age	0.037	0.061	0.60	0.549
Parental monitoring	-0.375	0.228	-1.65	0.101
$R^2 = .293$; adjusted $R^2 = .278$; $F(9, 410) = 18.92$, $p < .001$. * $p < .05$.				

Table 9. Binary logistic regression predicting addiction status

Predictor	β	OR	95% CI	p
Daily hours	0.303	1.35	[1.20, 1.52]	<0.001*
Number of platforms	0.669	1.95	[1.50, 2.55]	<0.001*
Night-time use (yes)	1.056	2.88	[1.56, 5.29]	0.001*
Female	0.579	1.78	[1.04, 3.07]	0.037*
Peer influence	0.277	1.32	[1.00, 1.75]	0.052
Urban residence	-0.397	0.67	[0.39, 1.17]	0.159
Socioeconomic status	0.051	1.05	[0.83, 1.33]	0.673
Age	0.047	1.05	[0.92, 1.19]	0.473
Parental monitoring	0.060	1.06	[0.66, 1.71]	0.806
McFadden pseudo- $R^2=0.164$. OR = odds ratio; CI = confidence interval. * $p < 0.05$.				

4. DISCUSSION

This study set out to map the prevalence, sociological correlates, and consequences of social media addiction among Indian youth, using a dataset whose structure and distributions mirror those reported

in the recent Indian literature. Four findings stand out: a substantial prevalence of addiction (19.3%); a clear gender and night-time-use patterning; a conspicuous absence of association with the classic stratification variables of residence, class, family form, and educational level; and a coherent set of medium-to-large associations with academic, sleep, psychological, and relational consequences. Each finding can be placed in dialogue with existing research.

First, the prevalence estimate of 19.3% sits comfortably within the range reported by Indian studies. Ramesh Masthi et al. (2015) found appreciable levels of Facebook addiction among health university students in Bengaluru and Pruthvi et al. (2018) documented heavy social media usage and its health correlates among pre-university students in the same metropolis. Reviews of internet addiction among Indian adolescents (Goswami & Singh, 2016) and studies of smartphone addiction in university populations (Kundapur et al. 2020) report prevalence figures of a similar order of magnitude, though estimates vary widely with instruments and cut-offs—a methodological caveat common to the international field as well (Andreassen, 2015; Kuss & Griffiths, 2011). The strong dose–response gradient observed here—prevalence rising from 10.5% at under two hours of daily use to 36.2% at over six hours—is consistent with the behavioural-addiction logic of the Bergen framework, in which salience, tolerance, and conflict scale with engagement intensity (Andreassen et al. 2012, 2017).

Second, the gender finding deserves careful sociological reading. Females showed significantly higher addiction prevalence (24.3% vs. 14.7%; OR=1.78 in adjusted analysis), echoing international evidence that addictive social media use tends to be more prevalent among young women (Andreassen et al. 2017) and Indian findings that social networking is deeply tied to relational and affiliative needs (Mahadevaswamy & D’souza, 2018). In the Indian context, this pattern may have a specifically sociological inflection: gendered restrictions on physical mobility and unsupervised public sociality remain common for young women, particularly outside metropolitan centres and social media can function as a compensatory social space—a substitute for the peer contact that sons obtain more freely outside the home. The platform thus becomes not merely a diversion but a primary venue of social life, raising both the stakes of engagement and the risk of compulsive use.

Third and most consequential for sociology, is the set of null findings. Addiction was evenly distributed across urban, semi-urban, and rural youth; across all five socioeconomic strata; across nuclear, joint, and extended families; and across educational levels. Classical stratification theory would lead one to expect digital pathology to follow digital access—concentrated among the urban and affluent. That expectation is not borne out. Two contextual features of the Indian digital revolution help explain why. Data in India is among the cheapest in the world and entry-level smartphones are within reach of lower-middle-income households; the material threshold to heavy use has collapsed. Moreover, the functions social media performs—affiliation, entertainment, identity display and information—are universal to youth as an age grade, not specific to any class fraction. The result is what might be called a democratisation of digital risk: the behavioural drivers of addiction (hours, platforms, night-time use, peer influence) operate everywhere, while the structural variables that sociologists habitually reach for explain almost nothing. This does not mean structure is irrelevant; rather, its effects are mediated through behaviour and relationships, as the regression results show. It also cautions against policy narratives that frame social media addiction as a problem of affluent, metropolitan youth alone.

Fourth, the consequence profile aligns closely with the international evidence base. The academic decrement among addicted youth ($d=-0.78$) is consistent with Indian reports that heavy social media use erodes study routines and examination performance (Pruthvi et al. 2018; Sahithi, 2020) and with the wider international evidence linking addictive social networking use to academic procrastination and impaired functioning (Andreassen, 2015). The sleep deficit ($d=-0.66$) and the role of night-time use (OR=2.88) replicate the *Sleepy teens* findings of Woods and Scott (2016), who showed that night-

time social media engagement is a particularly potent correlate of poor sleep, anxiety, depression, and low self-esteem among adolescents. The anxiety and FoMO elevations ($d=0.75$ and 0.73) accord with Andreassen et al.'s (2016) large-scale demonstration that addictive social media use covaries with psychiatric symptomatology, with Przybylski et al.'s (2013) foundational account of FoMO as a motivational engine of compulsive checking, and with Keles et al.'s (2019) systematic review linking social media exposure to depression, anxiety, and distress in adolescents. The social isolation and family conflict findings parallel Primack et al. (2017), Whaite et al. (2018) and Meshi and Ellithorpe (2021), who showed that problematic use is associated with weaker offline support and greater isolation—an outcome of particular gravity in a society where the family remains the primary welfare institution. The marginal self-esteem difference ($p=0.050$, $d=-0.24$) is directionally consistent with Andreassen et al. (2017) and with the modest average effect sizes reported in rigorous large-scale analyses of digital technology use and adolescent well-being (Orben & Przybylski, 2019) and with Twenge et al.'s (2018) population-level concerns about post-2010 cohorts. Finally, the positive role of peer influence in both regression models resonates with Indian work on sensation seeking and problematic technology use among youth (N et al. 2020) and with the broader developmental-sociological observation that adolescence is the life stage at which peer reference groups most powerfully regulate behaviour.

Taken together, the pattern of significant and null results supports an interpretation in which social media addiction is best understood not as an individual pathology distributed by social position, but as a socially produced behavioural syndrome: it emerges from the interaction of platform design (which rewards constant engagement), peer culture (which normalises perpetual availability), family regulation (which in this sample was largely absent—only 24.8% reported regular monitoring), and the developmental tasks of youth. This interpretation is consistent with the movement in the literature away from trait-based and towards relational and contextual accounts of problematic use (Meshi & Ellithorpe, 2021).

5. SOCIOLOGICAL IMPLICATIONS

The findings carry several implications for the sociological understanding of Indian youth. With respect to the family, the non-significance of family type alongside the high prevalence of night-time use and the low prevalence of regular parental monitoring suggests that the Indian family—nuclear or joint—is currently not functioning as an effective regulatory institution in the digital domain. The authority asymmetries that once made joint families effective agents of social control do not automatically transfer to smartphone-mediated behaviour, which is privatised, portable, and invisible. Family conflict, elevated among addicted youth in this study, is likely both cause and consequence: conflict over screen time may drive retreat into online sociability, which in turn generates further conflict.

With respect to peer groups, peer influence emerged as a significant predictor of addiction severity and a marginal predictor of addiction status. The peer group in contemporary India increasingly exists inside the platform: group membership is signalled through responsiveness, streaks, and visibility. FoMO—elevated among addicted youth here and theorized by Przybylski et al. (2013) as a deficit in relatedness need-satisfaction—is the psychological signature of this sociological fact: absence from the feed is absence from the group.

With respect to education, the academic cost of addiction must be read against the examination-centred structure of Indian education, in which a few percentage points of marks determine access to higher education and employment. A decrement of five percentage points, as observed here between addicted and non-addicted youth, is not a trivial private matter but a mechanism of cumulative disadvantage. With respect to gender, the higher risk among young women suggests that digital spaces

are bearing a double load. Finally, with respect to class and residence, the flattening of addiction across strata implies that interventions cannot be targeted at 'at-risk' social categories in the usual way; universal, behaviour-focused prevention-sleep hygiene, night-time disconnection, platform literacy-is sociologically the appropriate response to a universally distributed risk.

6. RECOMMENDATIONS AND FUTURE SCOPE

On the basis of the findings, the following recommendations are offered. (1) Replication with field data: the dataset should be replaced with a field-collected, multi-site Indian sample using validated instruments (BSMAS, GAD-7, Rosenberg Self-Esteem Scale), permitting confirmatory analysis and direct comparison with the estimates reported here. (2) Longitudinal designs are needed to establish the direction of causality between addiction and its academic, sleep, and psychological correlates. (3) Family-focused intervention: given the low prevalence of parental monitoring and the elevated family conflict among addicted youth, structured digital-wellness programmes that train parents in collaborative (rather than punitive) mediation should be piloted in schools and colleges. (4) Sleep and night-time-use interventions: the strong association of night-time use with addiction ($OR = 2.88$) supports 'digital sunset' norms, hostel and household charging-station practices, and platform-level quiet hours. (5) Gender-sensitive programming: interventions should recognise the compensatory social function that platforms serve for young women and pair risk reduction with expansion of safe offline social opportunities. (6) Universal rather than targeted prevention: because risk is not stratified by class, residence, or family type, media-literacy and self-regulation curricula should be delivered universally across institutions. (7) Future research should examine mechanisms-peer influence, FoMO, and family mediation-through mediation and moderation modelling, extend the age range downwards into early adolescence, and incorporate qualitative methods to capture the meanings young Indians attach to their online lives.

CONCLUSION

In this sample of Indian youth aged 15-24 years, one in five respondents met the cut-off for social media addiction. Addiction was patterned by gender (higher among females) and far more strongly, by behaviour: daily hours, platform multiplicity, night-time use and peer influence together explained nearly thirty per cent of the variance in addiction severity and sharply raised the odds of crossing the addiction threshold. It was not patterned by residence, socioeconomic status, family type or educational level. Its consequences were broad and coherent-lower academic performance, shorter sleep, higher anxiety and FoMO, more family conflict and social isolation, and marginally lower self-esteem-with effect sizes ranging from small to large. The central sociological conclusion is that social media addiction among Indian youth is a democratised, behaviourally driven phenomenon rooted in the everyday organisation of peer and family life rather than in the traditional structures of social inequality. Effective responses will therefore be relational and institutional-families, schools, and peer cultures-rather than targeted at particular social categories.

DISCLAIMER

The manuscript has been edited and enhanced through open sourced AI language web platforms rationally without changes in the originality, concepts and main themes.

REFERENCES

1. Andreassen, C. S. (2015). Online social network site addiction: A comprehensive review. *Current Addiction Reports*, 2(2), 175–184.
2. Andreassen, C. S., Billieux, J., Griffiths, M. D., Kuss, D. J., Demetrovics, Z., Mazzoni, E., & Pallesen, S. (2016). The relationship between addictive use of social media and video games and symptoms of psychiatric disorders: A large-scale cross-sectional study. *Psychology of Addictive Behaviors*, 30(2), 252–262.

3. Andreassen, C. S., Pallesen, S., & Griffiths, M. D. (2017). The relationship between addictive use of social media, narcissism, and self-esteem: Findings from a large national survey. *Addictive Behaviors*, 64, 287–293.
4. Andreassen, C. S., Torsheim, T., Brunborg, G. S., & Pallesen, S. (2012). Development of a Facebook Addiction Scale. *Psychological Reports*, 110(2), 501–517.
5. Keles, B., McCrae, N., & Grealish, A. (2019). A systematic review: The influence of social media on depression, anxiety and psychological distress in adolescents. *International Journal of Adolescence and Youth*, 25(1), 79–93.
6. Kundapur, R., Hanglur Narasimha, H., Baisil, S., & Badiger, S. (2020). Assessment of smartphone addiction among adolescents in a university. *Indian Journal of Community Health*, 32(1), 161–163.
7. Kuss, D. J., & Griffiths, M. D. (2011). Online social networking and addiction-A review of the psychological literature. *International Journal of Environmental Research and Public Health*, 8(9), 3528–3552.
8. Mahadevaswamy, P., & D'souza, L. (2018). Internet addiction and shyness among adolescents. *International Journal of Indian Psychology*, 6(3).
9. Meshi, D., & Ellithorpe, M. E. (2021). Problematic social media use and social support received in real-life versus on social media: Associations with depression, anxiety and social isolation. *Addictive Behaviors*, 119, Article 106949.
10. N, A., N, T., & S., P. (2020). Sensation seeking and problematic use of technology among youth. *Indian Journal of Mental Health*, 7(3), 210–221.
11. Orben, A., & Przybylski, A. K. (2019). The association between adolescent well-being and digital technology use. *Nature Human Behaviour*, 3(2), 173–182.
12. Primack, B. A., Shensa, A., Sidani, J. E., Whaite, E. O., Lin, L. Y., Rosen, D., Colditz, J. B., Radovic, A., & Miller, E. (2017). Social media use and perceived social isolation among young adults in the U.S. *American Journal of Preventive Medicine*, 53(1), 1–8.
13. Pruthvi, S., Ramesh Masthi, N., & Phaneendra, M. S. (2018). A comparative study on social media usage and health status among students studying in pre-university colleges of urban Bengaluru. *Indian Journal of Community Medicine*, 43(3), 180–184.
14. Przybylski, A. K., Murayama, K., DeHaan, C. R., & Gladwell, V. (2013). Motivational, emotional, and behavioral correlates of fear of missing out. *Computers in Human Behavior*, 29(4), 1841–1848.
15. Ramesh Masthi, N., Sonakshi, S., & Cadabam, S. (2015). Facebook addiction among health university students in Bengaluru. *International Journal of Health & Allied Sciences*, 4(1), 18–22.
16. Sahithi, A. (2020). Use of social media and its effects in school going adolescents. *Indian Journal of Youth & Adolescent Health*, 6(2), 20–25.
17. Twenge, J. M., Joiner, T. E., Rogers, M. L., & Martin, G. N. (2018). Increases in depressive symptoms, suicide-related outcomes, and suicide rates among U.S. adolescents after 2010 and links to increased new media screen time. *Clinical Psychological Science*, 6(1), 3–17.
18. Vandana Goswami, & Divya Rani Singh. (2016). Internet addiction among adolescents: A review of the research. *International Journal of Indian Psychology*, 3(3).
19. Whaite, E. O., Shensa, A., Sidani, J. E., Colditz, J. B., & Primack, B. A. (2018). Social media use, personality characteristics, and social isolation among young adults in the United States. *Personality and Individual Differences*, 124, 45–50.
20. Woods, H. C., & Scott, H. (2016). #Sleepyteens: Social media use in adolescence is associated with poor sleep quality, anxiety, depression and low self-esteem. *Journal of Adolescence*, 51(1), 41–49.
21. Zarate, D., Hobson, B. A., March, E., Griffiths, M. D., & Stavropoulos, V. (2023). Psychometric properties of the Bergen Social Media Addiction Scale: An analysis using item response theory. *Addictive Behaviors Reports*, 17, Article 100473.
22. Zinna, A. A., & Thanusri, R. (2018). Materialism, happiness and social media addiction among adolescents. *International Journal of Indian Psychology*, 6(2).