

Mental Health, Internet Addiction and Perceive Social Support of Graduating Students.

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Abstract

Sustainable development aims to balance present and future human needs with environmental preservation. The 2030 Agenda for Sustainable Development, endorsed by the UN in 2015, includes 17 Sustainable Development Goals (SDGs), 'Good health and Well-being' among them. Health encompasses physical, mental, emotional, and spiritual aspects, while well-being encompasses overall happiness and prosperity. In our fast-paced, urbanized world, young individuals face increasing challenges to their mental well-being, making them more susceptible to issues related to social support and internet addiction. This study focuses on three crucial health and well-being concepts: mental health, which pertains to emotional and psychological well-being, perceived social support is involving the assessment of care within one's social network and internet addiction is characterized by excessive online engagement.

The research assessed mental health, internet addiction, and perceived social support in undergraduate students, with a specific emphasis on gender differences. The study was conducted at Sri HDD Government First Grade College, Paduvalappe, and Government Engineering College, Mosale hosahalli in Hassan, Karnataka, India. It involved 40 final-year participants (20 male, 20 female) from diverse academic disciplines in the 2022-2023 academic year. Data collection included the Internet Addiction Scale, Social Provision Scale, and Symptoms Checklist Scale, with scores analyzed using descriptive statistics. The results indicate that 20% of participants exhibited normal internet use, with 25% of males and 15% of females in this category. Mild internet addiction was observed in 52.50% of participants, with a slightly higher prevalence among females (60%) compared to males (45%). Moreover, approximately 27.50% of participants demonstrated major internet addiction, with 30% of males and 25% of females falling into this category. In terms of social support, the majority perceived their support as "Moderate/Normal 65-80" (around 65%), with minimal gender-based disparities. Regarding mental health, most participants displayed "No Symptoms," ranging from 35% to 68% across various dimensions, indicating varying levels of mental health experiences within the study

population. These findings shed light on the complex interplay between internet addiction, social support, and mental health among young adults, with notable gender differences in internet addiction levels.

Keywords- *Mental Health, Internet Addiction, Perceive Social Support, Graduating Students*

Introduction

Sustainable development aims to balance present and future human needs with environmental preservation. In 2015, the United Nations endorsed the 2030 Agenda for Sustainable Development, comprising 17 Sustainable Development Goals (SDGs), including 'Good Health and Well-being.' Health encompasses physical, mental, emotional, and spiritual aspects, while well-being encompasses overall happiness and prosperity.

Mental health is a crucial aspect of our well-being, involving our mental state. Likewise, social well-being is an essential part of our overall wellness. Understanding how individuals perceive social support is vital for assessing their mental and social well-being. Additionally, addictions have a significant impact on mental health. In recent times, various forms of addiction have gained prominence, with internet addiction becoming a notable concern within the realm of mental health. These factors collectively play a pivotal role in helping individuals lead fulfilling lives.

In the context of modernization, industrialization, urbanization, and the widespread influence of modern technology, young people, especially in countries with large youth populations like India, face unique challenges. Many of these individuals are in their final year of education, facing the transition from academics to employment. Some are already shouldering family responsibilities, while others may be pursuing further education. These transitions and challenges require a high degree of maturity and adaptability.

In this setting, young individuals encounter new educational environments and various stressors, such as online education, physical separation from their families, making new friends, and adjusting to unfamiliar social and academic settings. These challenges profoundly affect their ability to learn effectively and can impact their mental well-being and their perception of social support. Consequently, these factors can contribute to a growing dependence on the internet, ultimately leading to addiction. This, in turn, has significant implications for the lifestyles of young people and society at large.

Hence, there is an urgent need for a comprehensive study to comprehend the mental health of graduating students, particularly concerning their perceived social support and their levels of internet addiction. These three interconnected concepts - mental health, social support, and internet addiction - mutually influence and collectively contribute to the overall social and mental well-being of young individuals, with profound effects on society itself.

Reviews

Mental health, as highlighted by the World Health Organization (WHO, 2021), is a fundamental aspect of overall well-being. It empowers individuals to navigate life's challenges, unlock their potential, and contribute positively to their communities. However, the determinants of mental health extend beyond individual characteristics; they encompass a broader spectrum, including social, cultural, economic, political, and environmental factors. These factors, such as national policies, social protection, living standards, working conditions, and community social supports, all play a crucial role in shaping mental health (WHO, 2021).

WHO (2022) emphasizes that mental health is not merely the absence of mental disorders but a basic human right and an integral component of general health and well-being. It is essential for connecting with others, functioning effectively in society, coping with stress, and thriving in life. Mental health is influenced by various determinants at different levels. These include individual factors like genetic traits, social and emotional skills, self-worth, and physical health. Additionally, family and community aspects, such as perinatal nutrition, positive parenting, physical security, social networks, and access to green spaces, play a significant role. Structural determinants, like economic security, access to quality infrastructure, equal access to services, social justice and gender equality, also contribute to mental health (WHO, 2022).

Good mental health enables individuals to connect with others, function effectively in society, cope with stress, and thrive as they can realize their abilities and contribute positively to their well-being and that of others (WHO, 2022). Perceived social support, a concept underscored by Notre Dame College Online (2019), is an essential factor in human lives. It revolves around the belief that friends, family, and others are available to provide support in times of need. This perception of social support offers several benefits, including enhanced stress coping, improved self-esteem, increased lifespan, better health outcomes following illness or injury, and reduced cardiovascular risks (Notre Dame College Online, 2019). Furthermore, it plays a significant role in enhancing psychological well-being, both in the workplace and during significant life events, as highlighted on Wikipedia (2023).

On the other hand, internet addiction, characterized by excessive and compulsive internet use, has emerged as a major public health concern (Shaw & Black, 2008). The internet offers numerous potentially addictive activities, such as online relationships, gaming, and information-seeking. Similar to other behavioural addictions, internet addiction can result in a loss of control, withdrawal symptoms, and negative effects in personal, social, and occupational aspects of life. It can even lead to changes in brain structure and function akin to those observed in substance abuse disorders (Shaw & Black, 2008). This issue is particularly pertinent to young students, as highlighted by Kant (2018), given its potential interference with personal life, family relationships, social behaviour, and academic standing. Young individuals, who are heavy internet users, are particularly vulnerable to the consequences of internet addiction, including despair and anxiety (Young, 1998). Further research is necessary to better comprehend the origins of internet addiction and to develop effective diagnostic criteria and treatment techniques. Notably, perceived social support can play a pivotal role in helping individuals cope with internet addiction and maintain good mental health. Strong social support from friends and family can reduce the risk of depressive symptoms, often more effectively than factors like gender, self-esteem, and sleep quality (Notre Dame College Online, 2019).

The concepts of mental health, perceived social support, and internet addiction are closely interconnected. Mental health is vital for overall well-being, while perceived social support significantly impacts one's quality of life and health. Conversely, internet addiction poses a risk to well-being, particularly among young individuals. Interestingly, research has shown a significant association between internet addiction and social support, particularly tangible support (Seif et al., 2014). Moreover, a strong positive relationship exists between self-esteem and perceived social support, alongside a notable negative correlation between internet addiction and perceived social support. Low self-esteem is associated with a higher risk of internet addiction (Naseri et al., 2015). Additionally, perceived online social support is positively linked to psychological well-being and inversely related to internet addiction (Jehangir, 2022). Furthermore, a strong negative relationship exists between perceived social support and loneliness, with a substantial positive relationship between loneliness and internet addiction (Kinjari K, 2020). Research also indicates a weakly positive association between respondents' daily and monthly

internet usage and their family's monthly income. The amount of time spent online and the quality of sleep were found to have a very weak positive relationship (Davis Rosna C, 2022).

Understanding the intricate interplay between mental health, perceived social support, and internet addiction is crucial for promoting the well-being of students and individuals at large. These concepts are deeply interconnected and have significant implications for individuals' quality of life and overall health.

Methodology

Objectives of the study

To describe the socio-demographic details of respondents

To comprehensively understand the mental health conditions of graduating students.

To evaluate internet addiction levels among graduating students while considering gender disparities.

To gauge the extent of social support available to graduating students, with a focus on gender differences.

Provide recommendations or suggestions based on the study findings.

Study Design

This study employs a descriptive research design to comprehensively describe the characteristics and behavioural symptoms, as well as the opinions of respondents concerning their mental health status, internet addiction, and perceived social support. The study avoids any manipulation of variables and conducts data collection at a specific point in time, adopting a cross-sectional approach.

Data Collection

Data in this study are predominantly collected using quantitative measures. Various qualitative characteristics are assessed using Likert rating scales to quantify responses, allowing for a structured and systematic analysis of the data.

Data Collection Instruments

In this study following instruments were utilized for data collection

Personal Data Sheet - Self-designed: A demographic tool.

Symptom Checklist 90-R - Developed by Leonard R. Derogatis: Assesses Mental health and psychological distress

Internet Addiction Test (IAT) - Developed by Dr. Kimberly S. Young: Measures internet addiction.

Social Provisions Scale - Developed by Cutrona and Russell: Evaluates perceived social support.

Population and Sampling

The study focused on a population of 444 final-year students from various academic disciplines, including B.Sc., B.com, BA, and BE, for the academic year 2022-2023. These students were drawn from Sri H D Devegowda Govt First Grade College in Paduvalahippe, Holenarasipura(T), and Government Engineering College in Mosalehosahalli, Hassan (T), all located in the Hassan region. The researcher employed a disproportionate stratified random sampling method, a form of probability sampling. This method initially categorized the students into four distinct course groups: BA, BSc, BCom, and BE. Within each course group, further stratification was carried out based on gender, creating separate strata for males and

females. The selection of participants within each subgroup was accomplished using randomization or lottery techniques. In each of these strata, 5 samples were selected, resulting in a total of 40 samples taken, with 20 male and 20 female respondents. The procedure for drawing the sample is detailed in the table below.

Table 1
Drawing sampling

Courses	Population	Gender-based Strata	Sample Count per Stratum	Male	Female
BA	26	Male- 16	5	5	5
		Female - 10	5		
B.com	49	Male- 27	5	5	5
		Female - 22	5		
BSc	34	Male- 16	5	5	5
		Female - 18	5		
BE	335	Male- 180	5	5	5
		Female - 155	5		
Total	444		40	20	20

Data Analysis

The study employed various descriptive statistics, such as mean, standard deviation, and percentage, for thorough data analysis. Percentages were utilized to investigate respondents' demographic details. Internet addiction levels were assessed using percentages, with a focus on gender differences. Social support levels and scores were understood through mean and standard deviation. Gender-specific social support scores were highlighted using percentages. Mental health-related symptoms were analyzed using percentages. Microsoft Excel was the tool of choice for data analysis, with formulas and processes ensuring precise and informative results.

Inclusion and exclusion criteria

The study's inclusion criteria are limited to third-year graduating students during the academic year 2023-24, specifically from the arts, commerce, science, and engineering streams. No other courses or academic disciplines were considered for inclusion in this research. Furthermore, the study is exclusively conducted within the confines of two specific institutions, Sri H D Devegowda Govt First Grade College in Paduvalahippe, Holenarasipura(T), and Government Engineering College in Mosalehosahalli, Hassan (T), with no participation from other colleges. Eligible participants were required to have internet access, ensuring their ability to actively participate in the study's research activities.

Ethical responsibilities

The researcher obtained necessary permissions from the college administration and class teachers to conduct the research, while also ensuring that all respondents were informed about the study and encouraged to participate voluntarily. Every respondent was treated with respect, and data collected from them was kept confidential, with participants having the freedom to withdraw from the study at any stage.

Results

Table 2.
Demographic profile

Variables		Frequency	Total	Percentage	Total
Gender	Male	20	40	50	100
	Female	20		50	
Age	20-21	35	40	87.50%	100
	22-23	4		10%	
	23-24	1		2.50%	
Residential Statuses	Urban	5	40	12.50%	100
	Rural	35		87.50%	
Family Type	Joint	13	40	32.50%	100
	Nuclear	27		67.50%	
Annual Income	Up to 1 Lakh	37	40	92.50%	100
	Above 1 Lakh	3		7.50%	
Hours Of Using Smart Phone	0 to 1 hr	8	40	20%	100
	1 to 3 hrs	17		42.50%	
	3 to 6 hrs	12		30%	
	More than 6 hrs	3		7.50%	
Class	BA	10	40	25%	100
	BSc	10		25%	
	B. Com	10		25%	
	BE	10		25%	

The demographic profile of the study participants reveals a balanced gender distribution, with an equal representation of males and females (50% each). The majority of participants (87.50%) are aged 20-21, with smaller proportions in the 22-23 and 23-24 age groups. Most participants come from rural areas (87.50%), and a smaller percentage from urban areas (12.50%). In terms of family type, 67.50% are from nuclear families, while 32.50% belong to joint families. The majority report an annual income of up to 1 Lakh (92.50%), while 7.50% report an income above 1 Lakh. The academic distribution is even, with 25% in BA, BSc, B. Com, and BE courses, demonstrating a balanced representation across academic disciplines. Notably, a significant portion (42.50%) of participants use their smartphones for 1 to 3 hours daily, with 30% using them for 3 to 6 hours.

Table 3
Level of internet addiction

Level Of Internet Addiction	Male		Female		Total	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
0-30 Normal	5	25%	3	15%	8	20%
31-49 Mild	9	45%	12	60%	21	52.50%
50-79 Major	6	30%	5	25%	11	27.50%
80-100 Severe	0	0%	0	0%	0	0%
Total	20	100%	20	100%	40	100%

The table provides a comprehensive overview of the level of internet addiction among study participants, categorized by gender. It shows that 20% of the participants exhibit normal internet use, with 25% of males and 15% of females falling within this category. A significant portion, 52.50%, display mild internet addiction, with a slightly higher percentage of females (60%) than males (45%) falling into this range. Additionally, around 27.50% of participants demonstrate moderate internet addiction, with 30% of males and 25% of females in this category. Notably, none of the participants in this study exhibit severe internet addiction.

These findings suggest that while a considerable portion of the participants falls into the mild and moderate internet addiction categories, no one reaches the severe level. Gender-based statistics in addiction reveal that a slightly higher percentage of females exhibit mild internet addiction (60%) compared to males (45%), while no severe addiction cases were observed in the study.

Table 4
Level of perceived social support

Variable	Male		Female		Total	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Very Low 56 and below	1	5%	0	0%	1	2.50%
Moderately Low 57 -64	5	25%	3	15%	8	20%
Moderate/Normal 65-80	11	55%	15	75%	26	65%
Moderately High 81-88	1	5%	2	10%	3	7.50%
Very high 89 and above	2	10%	0	0%	2	5%
Total	20	100%	20	100%	40	100%

The table offers insights into the distribution of perceived social support levels among male and female respondents and the overall distribution. A substantial proportion of both genders, as well as the combined total, report "Moderate/Normal 65-80" social support levels, indicating that most students perceive their support as moderate or normal (65%). While there are slight gender-based differences, especially in the higher categories of "Moderately High" and "Very High," these variances are relatively minor. Importantly, the "Very Low" category is notably less prevalent among females and in the overall results (2.5%). In summary, students generally perceive their social support as moderately strong, with minimal gender-based disparities.

Table 5
Sub- parts of Social support

Sub- parts of Social support	Mean	Standard deviation
Attachment	11.85	1.81
Social Integration	11.88	1.6
Reassurance of Worth	11.33	2.13
Reliable Alliance	12.02	1.73
Guidance	12.08	1.75
Opportunity for Nurture	11.15	2.08
Total Social Provision Score	70.31	11.1

The table shows that in this assessment of social support, the "Guidance" subpart stands out with the highest mean score of 12.08, indicating strong perceived guidance. Conversely, the "Opportunity for Nurturance" subpart records the lowest mean score at 11.15, suggesting a relatively weaker perception in this aspect. The "Reassurance of Worth" subpart exhibits the highest standard deviation at 2.13, indicating diverse responses and less consensus among participants. Conversely, the "Social Integration" subpart has the lowest standard deviation at 1.6, reflecting a more uniform agreement on the level of social integration. These statistics highlight specific areas of strength and variability in the perception of social support among the surveyed group.

Table 6
Level of Symptoms

Symptoms	Responses						Total
		Not at all (0)	Little bit (1)	Moderately (2)	Quite a bit (3)	Extremely (4)	
Somatization	Frequency	318	91	49	15	7	480
	Percentage (%)	66%	19%	10.21%	3.13%	1.46%	100%
Obsessive compulsive	Frequency	140	138	74	34	14	400
	Percentage (%)	35%	34.50%	18.50%	9%	4%	100%
Interpersonal Sensibility	Frequency	195	93	41	20	11	360
	Percentage (%)	54%	26%	11.39%	5.56%	3.06%	100%
Depression	Frequency	209	131	46	20	34	440
	Percentage (%)	48.00%	29.77%	10%	4.55%	7.73%	100%
Anxiety	Frequency	238	76	33	10	3	360
	Percentage (%)	66.00%	21.11%	9%	2.78%	0.83%	100%
Anger hostility	Frequency	149	38	20	15	18	240
	Percentage (%)	62.00%	16.00%	8%	6.25%	7.50%	100%
Phobic anxiety	Frequency	191	45	24	13	7	280
	Percentage (%)	68%	16.00%	8.57%	5%	2.50%	100%
Paranoid ideation	Frequency	94	89	27	17	13	240
	Percentage (%)	39.00%	37%	11.25%	7.08%	5.42%	100%
Psychoticism	Frequency	233	99	40	18	10	400
	Percentage (%)	58.00%	24.75%	10%	4.50%	2.50%	100%
Additional items	Frequency	142	53	27	15	3	240
	Percentage (%)	59.00%	22.08%	11%	6.25%	1.25%	100%

The table illustrates symptoms across various mental health dimensions. "Not at all (0)" signifies the absence of symptoms, "Little bit (1)" indicates mild symptoms, "Moderately (2)" represents moderate symptoms, "Quite a bit (3)" suggests considerable symptoms, and "Extremely (4)" indicates severe symptoms. In the Somatization category, 66% reported no symptoms, 19% a little bit, 10.21% moderately, 3.13% quite a bit, and 1.46% extremely. Obsessive Compulsive had 35% no symptoms, 34.50% a little bit, 18.50% moderately, 9% quite a bit, and 4% extremely. Interpersonal Sensibility showed 54% no symptoms, 26% a little bit, 11.39% moderately, 5.56% quite a bit, and 3.06% extremely. Depression: 48% no symptoms, 29.77% a little bit, 10% moderately, 4.55% quite a bit, and 7.73% extremely. Anxiety: 66% no symptoms, 21.11% a little bit, 9% moderately, 2.78% quite a bit, and 0.83% extremely. Anger Hostility:

62% no symptoms, 16% a little bit, 8% moderately, 6.25% quite a bit, and 7.50% extremely. Phobic Anxiety: 68% no symptoms, 16% a little bit, 8.57% moderately, 5% quite a bit, and 2.50% extremely. Paranoid Ideation: 39% no symptoms, 37% a little bit, 11.25% moderately, 7.08% quite a bit, and 5.42% extremely. Psychoticism: 58% no symptoms, 24.75% a little bit, 10% moderately, 4.50% quite a bit, and 2.50% extremely. In the Additional Items category, 59% reported no symptoms, 22.08% a little bit, 11% moderately, 6.25% quite a bit, and 1.25% extremely. These findings reveal the varying levels of mental health experiences in the study population.

Discussion

The Internet Addiction Test, consisting of 20 Likert-scale items, indicates that severe addiction is rare, with most individuals falling into mild or major addiction categories. Internet addiction can result in disrupted sleep patterns, neglect of personal hygiene, poor eating habits, relationship troubles, decreased work or academic performance, headaches, vision problems, psychological withdrawal symptoms, anxiety, stress, and an increased risk of substance abuse. To address this issue, individuals can employ strategies like counselling, behavioural therapy, group and family therapy, digital detoxification, medication when necessary, self-help groups, and practicing self-control by setting time limits for online activities. Additionally, developing alternative interests and hobbies is crucial to find enjoyment without relying on the internet. Establishing technology-free zones in daily life can also help maintain a healthy balance (Ahmed Zayed, MD, 2023).

The Social Provision Scale, comprising 24 items divided into subparts, reveals that a majority of students report normal perceived social support, with some reporting moderately lower social support. Among boys and girls, girls tend to have more moderate/normal social support. In examining the sub-scales, respondents score high in Guidance but low in Opportunity for Nurturance. Enhanced social support is linked to better physical and mental health and improved resilience in response to trauma. To enhance perceived social support, individuals can strengthen existing relationships, expand their social networks, foster open communication, offer support to others, practice self-care, engage in positive self-talk, and maintain flexibility in relationships (Zamani-Alavijeh et al., 2017).

The Symptoms Checklist, with 90 questions in 10 subparts, records frequencies from 40 respondents. In the Somatization category, 66% reported no symptoms, and 19% had mild symptoms. Obsessive Compulsive symptoms showed 35% with no symptoms and 34.50% with mild symptoms. In Interpersonal Sensibility and Anxiety, 54% and 66%, respectively, had no symptoms, with 26% and 21.11% reporting mild symptoms. Notably, in the Depression category, 12.28% reported "Quite a bit" or "Extremely" severe symptoms. Similarly, in the case of Anger Hostility, about 13.75% exhibited such symptoms, while Paranoid ideation had 12.50% reporting "Quite a bit" or "Extremely" severe symptoms. These percentages underscore the necessity for targeted mental health interventions and support to effectively address severe symptoms. To address the range of mental health symptoms, individuals can consider various strategies. Seeking professional counselling or therapy is highly effective for managing symptoms in categories like Depression, Anxiety, Anger Hostility, and Paranoid Ideation. Medication prescribed by healthcare providers can be beneficial in severe cases. Mindfulness practices, such as meditation and yoga, help reduce stress and enhance emotional well-being. Joining support groups, engaging in regular physical activity, practicing self-care, and participating in creative activities are valuable for managing symptoms. Establishing routines, maintaining social connections, and seeking professional help when needed can also contribute to improved mental health. It's essential to consult with healthcare providers to tailor strategies to individual circumstances.

Conclusion

In conclusion, this study illuminates the prevalence of internet addiction, perceived social support, and various mental health symptoms among graduating students. While severe internet addiction is relatively rare, a noteworthy proportion of students experience mild or major addiction. Gender-based variations in perceived social support exist, with females reporting slightly stronger support in the 'Moderate/Normal' category, while males indicate slightly lower support in the 'Moderately Low' category. The mental health assessment uncovers significant symptoms, especially in categories like depression, anger-hostility and paranoid ideation. Addressing these challenges is vital, necessitating interventions such as counselling, therapy, mindfulness practices, and seeking professional help when needed. A holistic understanding of these interconnected factors is crucial for the well-being of young individuals and society at large.

Acknowledging the study's limitations is crucial, notably the small sample size drawn from just two colleges and the cross-sectional nature of the study. To gain a more comprehensive understanding, it is highly recommended to conduct longitudinal or intervention studies in the future with larger sample sizes from diverse regions to enhance generalizability. Additionally, researchers should explore other demographic variables and ensure the assessment of content validity and test reliability for more robust findings.

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