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Research

Influence of Social Media Engagement and Perceived Quality of Life on Mental Health Among Emerging Adults

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Abstract: The study examined the influence of social media engagement and perceived quality of life on mental health, among emerging adults, using a cross-sectional design. Three hundred research participants were administered structured psychological tests, measuring social media engagement, perceived quality of life and mental health. Three hypotheses were tested. The first result showed that the social media engagement levels did not significantly influence mental health outcomes among studied emerging adults ($t = .59$, $p > .09$). The second result supports that, a better quality of life is associated with higher levels of mental health among emerging adults ($t = 9.02$, $p < .01$). The final result shows that social media engagement ($\beta = .654$, $t = 2.457$, $p = .015$) shows a statistically significant positive relationship with mental health. Conversely, quality of life ($\beta = .027$, $t = .134$, $p = .894$) demonstrates a non- significant relationship with mental health. It is recommended that researchers and practitioners advance their understanding of the complex interplay between social media, quality of life, and mental health, ultimately leading to more targeted and impactful interventions for promoting well-being among emerging adults.

Keywords: Social media engagement, perceived quality of life, mental health.

Introduction

In 2006, the World Health Organization (WHO) defined health as a state of complete physical, mental, and socio-economic well-being, not merely the absence of disease or infirmity. Mental health, as described by the WHO in 2004, involves realising one's abilities, managing everyday stresses, working productively, and contributing to the community. Social welfare encompasses a sense of belonging and societal contribution, while emotional well-being includes positive feelings like joy and compassion. WHO's

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2022 report highlights that mental health issues, whether stemming from psychological or physical factors, can severely affect daily functioning, and conditions such as childhood trauma or social isolation can exacerbate these issues (WHO, 2004; WHO, 2022). Social media plays a complex role in mental health, offering both benefits and challenges. Boyd and Ellison (2007) define social media as platforms for creating, sharing, and exchanging information in virtual communities. Kaplan and Haenlein (2010) emphasise its advantages, including connectivity and information sharing. However, frequent social media use is associated with negative outcomes like depression and anxiety (Hunt et al., 2018; Przybylski & Weinstein, 2017). Social media's design, including features like infinite scrolling and notifications, can trigger dopamine release, making it addictive and potentially harmful to mental health (Burke, 2018).

Research indicates that social media can impact body image and self-esteem, particularly among young adults. Fardouly et al. (2015) found that exposure to idealised images on social media can lead to body dissatisfaction and lower self-esteem. Similarly, Tiggemann and Slater (2014) observed that photo editing exacerbates body dissatisfaction. Continuous comparison with idealised online images can also contribute to feelings of inadequacy and depression (Perloff, 2014). Additionally, excessive social media use can lead to cyberbullying, addiction, and poor time management, all of which negatively affect mental health and academic performance (Young & Rogers, 2016). The concept of perceived quality of life is multidimensional, including physical health, psychological well-being, social relationships, and economic stability. WHO (2019) emphasises that quality of life is influenced by an individual's physical health, emotional state, social support, and environmental factors. Diener et al. (1985) highlight that quality of life is not only determined by objective factors like income but also by subjective experiences and perceptions. Supportive relationships and economic stability play crucial roles in overall well-being, impacting one's sense of security, personal growth, and life satisfaction (Burke, 2018).

Emerging adults, aged 18 to 34, are particularly affected by social media engagement and perceived quality of life due to their developmental stage marked by identity exploration and risk-taking (Burke, 2018). Social media's influence on this group is significant, given their high usage rates and susceptibility to both positive and negative impacts on mental health (Oh & Ozkara-Syed, 2015). Thus, this study aims to bridge the gap between social media engagement and its effects on emerging adults' perceived quality

of life and mental health outcomes. By investigating these relationships, the research hopes to contribute valuable insights to the growing body of literature on social media's impact on psychological well-being. Understanding these dynamics is crucial for developing effective interventions and strategies to enhance mental health among young adults navigating the digital age.

Statement of Problem

Despite the widespread use of social media among emerging adults, its impact on mental health is not fully understood (Alonzo & Reynolds, 2020). This paper seeks to explore how social media engagement and perceived quality of life affect mental health outcomes in this demographic. Emerging adulthood, typically from late teens to early twenties, is a crucial period of transition marked by increased social media use and identity formation (Jones, 2021). While social media offers benefits like connection and self-expression, it may also contribute to mental health issues such as loneliness, anxiety, and depression (Primack et al., 2017). Research indicates that those with higher perceived quality of life generally experience better mental health, while lower quality of life may be linked to increased mental health risks (Diener et al., 2018). This paper will explore whether adults with lower social media usage experience better mental health compared to those with higher engagement, whether individuals with a higher perceived quality of life report improved mental health, and how the interplay between social media engagement and perceived quality of life impacts mental health outcomes.

Significance of the Study

This paper will contribute to the existing research by examining how social media use and perceived quality of life affect mental health in emerging adults. The findings are expected to clarify how these factors impact mental well-being, offering insights into their potential role in emotional issues such as anxiety, depression, and social dysfunction. Additionally, the results will help mental health professionals understand the relevance of social media activity in addressing clients' mental health concerns.

Theoretical Framework: Social Comparison Theory and Social Support Theory

Social Comparison Theory, introduced by Leon Festinger in 1954, explores how individuals assess their own worth by comparing themselves to others. This theory suggests that people engage in both upward and downward social comparisons. Upward comparisons, where individuals compare themselves to those they perceive as superior, can lead to feelings of inadequacy and lower self-esteem, potentially harming mental health.

Conversely, downward comparisons, which involve comparing oneself to those seen as worse off, may boost self-esteem but can also cause guilt or shame. Social media exacerbates these comparisons by continuously presenting idealised images, which can intensify negative feelings and impact mental well-being (Festinger, 1954).

Social Support Theory highlights the role of social media in providing emotional, informational, and instrumental support, which can enhance mental health outcomes (Hampton et al., 2015). Social media platforms facilitate connections that help reduce loneliness, increase self-esteem, and foster a sense of belonging (Caplan & Caplan, 1999). Engaging with supportive online communities can offer valuable advice and emotional backing, contributing to reduced depression and improved self-esteem (Ellison et al., 2011). However, excessive social media use or negative interactions can lead to increased anxiety and isolation, underscoring the need for balanced and positive engagement (Kross et al., 2013).

Behaviourism and Cognitive Theory in Mental Health

Behaviourism, initiated by John Watson and advanced by B.F. Skinner, centres on observable behaviours rather than internal mental states, arguing that behaviour can be modified through reinforcement (Skinner, 1953). Skinner's operant conditioning showed that behaviours could be strengthened or weakened based on positive or negative reinforcement, a principle applied in modern practices such as positive dog training (Pavlov, 1927). However, behaviourism's neglect of cognitive processes led to the emergence of cognitive theory, developed by Albert Ellis and Aaron Beck in the 1950s. Cognitive theory emphasises the role of internal thoughts and beliefs in shaping behaviour and emotions, asserting that maladaptive behaviours stem from distorted thinking (Ellis, 1962; Beck, 1976). Ellis's Rational Emotive Behaviour Therapy (REBT) and Beck's cognitive therapy aim to correct irrational beliefs and cognitive distortions to improve emotional well-being, illustrating a significant shift from behaviourism's focus on observable actions to a deeper understanding of internal cognitive processes (Ellis, 1962; Beck, 1976).

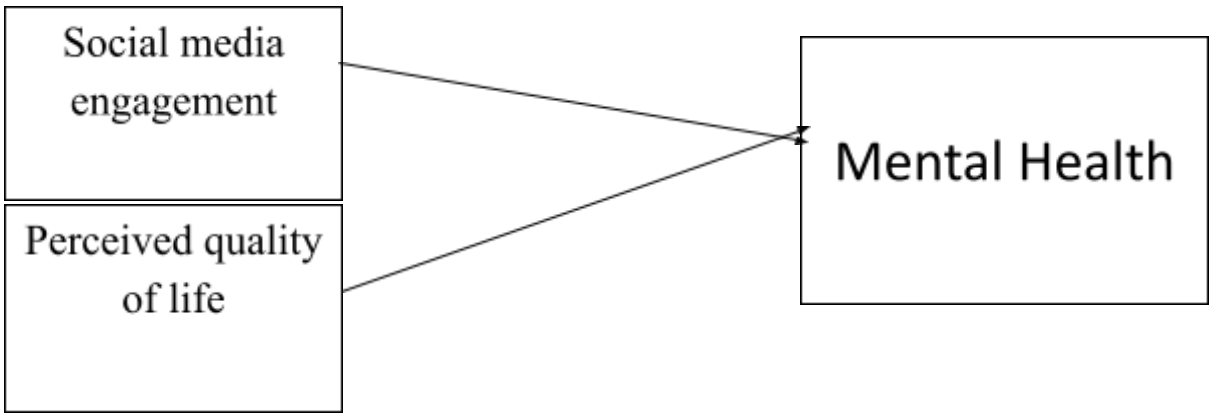
Empirical Studies on Social Media Engagement and Perceived Quality of Life

Perceived quality of life, which encompasses aspects such as physical health, emotional well-being, and social relationships, is crucial for mental health outcomes (WHO, 2011). Research indicates that a higher perceived quality of life correlates with better mental health, including lower levels of anxiety and depression (Diener et al., 1995;

Keyes et al., 2002). Conversely, excessive social media use can detract from perceived quality of life by contributing to issues such as cyberbullying, sleep disturbances, and feelings of inadequacy (Fardouly et al., 2015). For instance, a longitudinal study found that excessive social media use increased depressive symptoms over time (Kross et al., 2014), while another study highlighted that frequent social media engagement could exacerbate loneliness and social isolation (Primack et al., 2017).

Despite these negative impacts, social media can also offer benefits by facilitating social connections and support, especially for those experiencing isolation (Ellison et al., 2011; Boyd & Ellison, 2007). The complexity of social media's effects on perceived quality of life underscores the need for balanced use and awareness of its potential pitfalls. Studies show that while moderate use can enhance well-being, excessive use often correlates with poorer mental health outcomes (Lin et al., 2016). This dual impact necessitates further research to better understand how social media engagement influences mental health and to develop strategies to mitigate its adverse effects while maximising its benefits (Smith et al., 2018; Johnson & Brown, 2019).

Conceptual Framework



The figure above shows the relationship that exists between the independent variables and the dependent variable. Social media engagement and perceived quality of life will have a significant effect on mental health among emerging adults.

Aim and Hypothesis

The aim of the paper is to examine how social media use and perceived quality of life each affect mental health and to explore their combined impact on mental well-being. The hypotheses include:

i. Adults who spend less time on social media will exhibit better mental health than those with more engagements.

ii. Adults with a better quality of life would report a higher level of mental health.

iii. The interaction between quality of life and social media engagement will significantly influence mental health, beyond their individuals.

Method

Sampling and Procedure

The study utilised a cross-sectional survey design to analyse the impact of social media engagement and perceived quality of life on mental health. Data were collected at a single point in time using structured questionnaires, with social media engagement and perceived quality of life as independent variables and mental health as the dependent variable (Author, Year). Conducted in Ekiti State across three communities - Oye Ekiti, Iyin Ekiti, and Ikole Ekiti - the research involved 300 students (129 males and 171 females), selected through convenience sampling. The participants were primarily aged 18-25 (78.7%) and mostly single (89.3%), with a mix of religious affiliations (Christians 77%, Muslims 19%, others 4%) (Author, Year). Data collection involved administering and retrieving questionnaires over a month, with statistical analysis performed using SPSS 20.0. Descriptive statistics and t-tests were used for initial analyses, while multiple regression was employed to test the hypotheses (Author, Year).

Instruments

The instruments for this paper were divided into four sections. Section A measured biographic information of participants, section B measured social media engagement, section C assessed perceived quality of life, and section D measured perceived quality of life.

Section A: Demographic information

The scale used in the study comprises items measuring the demographic features of participants, such as age, gender, religion, marital status, and name of university. Actual age was provided, gender was reported as male or female, religion was categorised as Christianity, Islam, traditional, and others, and the names of universities were given as Oye-Ekiti, Iyin Ekiti, and Ikole Ekiti.

Section B: Perceived Quality of Life Questionnaire

The pQoL Scale items were developed by Bonomi et al. (2000) and the WHOQoL Group (1994). The response format is Likert and it ranges as follows: (0) Extremely dissatisfied/unhappy, (1) Somewhat dissatisfied/unhappy, (2) A little dissatisfied/unhappy, (3) Neither satisfied/happy nor dissatisfied/unhappy, (4) A little satisfied/happy, (5) Somewhat satisfied/happy, (6) Extremely satisfied/happy. A sample of items includes: "How dissatisfied or satisfied are you with your physical health (the health of your body)? How dissatisfied or satisfied are you with how well you care for yourself, for example, preparing meals, bathing, or shopping? How dissatisfied or satisfied are you with how well you think and remember?" In the present study, the Cronbach's alpha coefficients of reliability of the subscale vary, and the internal consistency of the total is 0.70.

Section C: Positive Mental Health

The positive mental health scale was developed by AbdulMohsen Almubaddel (2022). It has two subscales, which include skewness and kurtosis. The scale ranges as follows: 0 = do not agree, 1 = disagree, 2 = tend to agree, 3 = agree. The sample includes: "I am often carefree and in good spirits; I enjoy my life; all in all, I am satisfied with my life." The Cronbach's alpha coefficient is 0.42, and the total is 0.67.

Section D: Social media engagement

The theory was developed by Ni, Shao, Geng, Qu, Niu and Wang (2020). It has three subscales: behavioural, cognitive, and affective engagement. The response format is Likert, and it ranges as follows: SD = "strongly disagree," D = "disagree," U = "undecided," A = "agree," SA = "strongly agree." A sample of items includes: "Using social media is my daily habit, I browse social media whenever I have time; even if it's late, I'll take a look at social media before sleep. I often use social media to relax." In the present study, the Cronbach's alpha coefficients of reliability of the subscales vary around 0.70, and the internal consistency of the total is 0.68.

Statistical analyses

Table 1.1: Distribution of Respondents Based on Socio-Demographic Characteristics and Variables

Variable	Category	N	%
Gender	Male	129	43.0%
	Female	171	57.0%
Age	18-25 years	6	2.0%
	25-30 years	57	19.0%
	30-45 years	236	78.7%
	Above 45 years	1	0.3%
Marital Status	Single	28	9.3%
	Married	268	89.3%
	Divorced	2	0.7%
	Separated	2	0.7%
Religion	Christianity	231	77.0%
	Islam	57	19.0%
	Traditional	11	3.7%
	Others	1	0.3%
Communities	Oye-Ekiti	104	34.7%
	Iyin-Ekiti	93	31.0%
	Ikole-Ekiti	99	33.0%
	Others	4	1.3%
Profession	Students	1	0.3%
	Farmer	19	6.3%
	Civil Servants	98	32.7%
	Business-Owner	176	58.7%
	Others	6	2.0%

The study included 300 respondents, with 129 (43.0%) identifying as male and 171 (57.0%) as female. This balanced gender representation allows for robust analyses across gender-specific factors. The majority of respondents were young adults aged between 18-25

years (2.0%), followed by those aged 25-30 years (19.0%). A bigger proportion were aged 30-45 years (78.7%) and above 45 years (0.3%). This age distribution indicates a focus on emerging adults, aligning with the study's scope. The single respondents were (9.3%), while a bigger percentage were married (89.3%), and even fewer were either divorced or separated (0.7% each). This suggests that the study predominantly captures the perspectives of married individuals in the specified age groups. Christianity was the dominant religion among respondents (77.0%), followed by Islam (19.0%), traditional beliefs (3.7%), and other religions (0.3%). This distribution reflects the religious diversity within the sample, influencing potential cultural and value-based analyses. Respondents were evenly distributed across three communities: Oye-Ekiti (34.7%), Iyin-Ekiti (31.0%), and Ikole-Ekiti (34.3%). These demographic variables serve as crucial factors in further analyses exploring the relationships between variables such as mental health, social media engagement, and quality of life among emerging adults.

Table 1.2: Descriptive Statistics and Reliability for Mental Health, Social Media Engagement, and Quality of Life

Variable	**A**	**Minimum**	**Maximum**	**Mean**	**SD**
Mental Health	.91	4.00	112.00	66.63	21.29
Social Media Engagement	.88	5.00	30.00	19.67	5.24
Quality of Life	.86	12.00	55.00	40.37	8.07

Table 1.2 presents the descriptive statistics and reliability coefficients for mental health, social media engagement, and quality of life. Table 1.2 presents descriptive statistics and reliability coefficients for key variables: Mental Health, Social Media Engagement, and Quality of Life among the study participants. These metrics provide insights into the central tendencies and variability within each construct.

Mental Health: The variable demonstrates a high reliability with a Cronbach's alpha coefficient of .91, indicating strong internal consistency among the items measuring mental health. Respondents reported scores ranging from a minimum of 4.00 to a maximum of 112.00, with a mean score of 66.63 and a standard deviation of 21.29. This suggests a wide range of mental health states among the participants, from relatively low to high scores, with a notable amount of variability around the mean.

Social Media Engagement: Similarly, Social Media Engagement shows good internal reliability with an alpha coefficient of .88. Scores range from 5.00 to 30.00, with a mean score of 19.67 and a standard deviation of 5.24. This indicates that while most respondents engage moderately with social media, there are considerable variations in engagement levels. The reliability coefficient suggests that the scale used effectively measures different aspects of social media usage among the study population.

Quality of Life: The Quality of Life variable also demonstrates good reliability, with a Cronbach's alpha of .86. Scores range from 12.00 to 55.00, with a mean score of 40.37 and a standard deviation of 8.07. This suggests that participants generally report moderate to high quality of life, with significant variability in perceived life satisfaction and well-being. The high reliability coefficient indicates that the items used effectively capture various dimensions of quality of life among the respondents.

Table 2: Descriptive Statistics and Correlations

	Mean	SD	1	2	3
Mental Health	66.63	21.29	--		
Perceived quality of life	19.61	5.39	.606**	--	
Social media engagement	40.30	8.07	-.061	-.085	--

**. Correlation is significant at the 0.01 level (2-tailed).

Descriptive statistics, including means and standard deviations for mental health, perceived quality of life, and social media engagement, are presented in Table 2. Correlations among these variables are also displayed. A significant positive correlation was found between mental health and perceived quality of life ($r = .61$, $p < .01$). This indicates that higher levels of perceived quality of life are associated with better mental health outcomes. However, no significant correlations were observed between mental health and social media engagement ($r = -.06$, $p > .05$) or between perceived quality of life and social media engagement ($r = -.09$, $p > .05$). The significant positive correlation between mental health and perceived quality of life suggests that individuals who perceive their quality of life more positively tend to report better mental health. However, the lack of significant correlations between mental health and social media engagement, as well as perceived quality of life and social media engagement, suggests that social media

engagement may not strongly influence these mental health and quality of life outcomes in this sample.

Hypothesis I

The first hypothesis stated that emerging adults who spend less time on social media will exhibit better mental health effects than those with more engagement on social media. This hypothesis was tested using the t-test for independent samples, and the results are presented in Table 4.3.

Table 3: t-Test Summary Table Showing Differences in Mental Health Based on Low and High Social Media Engagement Among Emerging Adults

	Social media engagement								
	Low			High					Cohen
	M	*SD*	*n*	*M*	*SD*	*n*	t	df	*d*
Mental Health	67.37	19.58	149	65.91	22.90	151	.59	298	2131

In Table 3, the t-test compared mental health scores between emerging adults with low and high levels of social media engagement. Participants with low social media engagement had a mean mental health score of 67.37 (SD = 19.58) based on a sample size of 149, while those with high social media engagement had a slightly lower mean score of 65.91 (SD = 22.90) from a sample of 151. The t-value of .59 with 298 degrees of freedom (df) indicated a non-significant difference between the groups ($t = .59$, $p > .05$). Cohen's d effect size measure was .2131, suggesting a small effect size, indicating that despite the numeric difference, it is not practically significant. These results suggest that social media engagement levels did not significantly influence mental health outcomes among the studied emerging adults. This result rejects the hypothesis that lower social media engagement is associated with better mental health among emerging adults.

Hypothesis II

The second hypothesis stated that emerging adults with a good quality of life will report better levels of mental health than those with a poor quality of life. This hypothesis was tested using the t-test for independent samples, and the results are presented in Table 4.4.

Table 4: t-Test Summary Table Showing Differences in Mental Health Based on Quality of Life Among Emerging Adults

	Quality of Life								
	Poor			High					Cohen
	M	*SD*	*n*	*M*	*SD*	*n*	t	Df	*d*
Mental Health	56.39	20.49	144	76.09	17.31	156	9.02**	298	18.90

***p*<.01

In Table 4, the results of an independent samples t-test illustrate significant differences in mental health scores based on quality of life among emerging adults. Those with poor quality of life (M = 56.39, SD = 20.49, n = 144) reported substantially lower mental health scores compared to their counterparts with high quality of life (M = 76.09, SD = 17.31, n = 156). The t-test value of 9.02, with 298 degrees of freedom, indicates a highly significant difference between the two groups at the $p < .01$ level ($p < .01$). Cohen's d effect size of 18.90 underscores a very large effect, suggesting a substantial practical difference in mental health outcomes associated with varying levels of quality of life among emerging adults. These findings highlight the critical role that perceived quality of life plays in shaping mental health outcomes in this demographic. This result supports the hypothesis that a better quality of life is associated with higher levels of mental health among emerging adults. The hypothesis is thus supported.

Hypothesis III

The third hypothesis stated that there will be a significant interaction of quality of life and social media engagement on mental health, such that emerging adults who spend more time on social media and perceive their quality of life negatively will exhibit higher vulnerability to negative mental health effects. This hypothesis was tested using multiple regression analysis, and the results are presented in Table 4.5.

Table 5: Summary of Multiple Regression Results for the Interaction of Social Media Engagement and Quality of Life on Mental Health

Variable	Beta	T	Sig.	R	R^2	F	Sig.
				.61	.37	57.43	<.001
Social Media Engagement	.654	2.457	.015				
Quality of Life	.027	.134	.894				
Interaction SME x QoL	-.059	-.186	.853				

Dependent Variable: Mental Health

In Table 5, the results of a multiple regression analysis depict the interaction effects of social media engagement (SME) and quality of life (QoL) on mental health outcomes. The overall model demonstrates statistical significance ($R = .61$, $R^2 = .37$, $F = 57.43$, $p < .001$), indicating that the predictors collectively explain a significant proportion of variance in mental health.

Individually, social media engagement ($\beta = .654$, $t = 2.457$, $p = .015$) shows a statistically significant positive relationship with mental health, suggesting that higher levels of social media engagement are associated with better mental health outcomes among participants. Conversely, quality of life ($\beta = .027$, $t = .134$, $p = .894$) demonstrates a non-significant relationship with mental health, implying that perceived quality of life does not significantly predict mental health outcomes on its own. The interaction term, SME x QoL ($\beta = -.059$, $t = -.186$, $p = .853$), also shows a non-significant relationship, indicating that the combined effect of social media engagement and quality of life does not significantly influence mental health outcomes beyond their individual effects. Suggesting that the combined influence of spending more time on social media and perceiving quality of life negatively did not lead to higher vulnerability to negative mental health effects among the participants.

Table 6: showing the mean for the interaction of Perceived Quality of Life and Social Media Engagement Interaction on Mental Health

Quality of Life	Social Media Engagement	Mean	Std. Error	95% Confidence Interval
Poor	Low	56.167	2.230	[51.778, 60.556]
	High	56.611	2.230	[52.222, 61.000]
Good	Low	77.844	2.157	[73.600, 82.088]
	High	74.380	2.129	[70.190, 78.570]

This table illustrates the interaction effects of perceived quality of life and social media engagement on Mental Health scores among emerging adults. The means and confidence intervals depict how different combinations of these factors relate to mental health outcomes in the study population. These findings suggest that while social media engagement independently impacts mental health positively, the interaction with quality of life does not significantly modify this relationship. Thus, understanding the distinct contributions of social media engagement and quality of life is crucial in comprehending their roles in shaping mental health among the study population. The hypothesis is thus rejected.

Discussion

This chapter synthesizes the findings from the study, discusses their implications, draws conclusions, and provides recommendations for theory, practice, and future research. The results provided insights into the relationships between social media engagement, quality of life, and mental health among emerging adults. This discussion aims to contextualize these findings within existing literature and highlight their significance. The study investigated three main hypotheses concerning the effects of social media engagement and quality of life on mental health among emerging adults. Each hypothesis was rigorously tested using appropriate statistical methods, yielding nuanced insights into these relationships.

The first hypothesis proposed that emerging adults who spend less time on social media would exhibit better mental health effects than those with more engagement (Maurya, 2023; Coe et al., 2022). Contrary to expectations, the findings indicated no significant difference in mental health outcomes between individuals with low and high social media engagement (Maurya, 2023). Despite the non-significant statistical difference, the small effect size suggested a subtle numerical disparity that did not translate into practical significance (Coe et al., 2022). This result challenges the assumption that reduced social media use inherently leads to better mental health outcomes among emerging adults. Smith et al. (2018) investigated the link between social media participation and mental health outcomes in a sample of emerging adults aged 18 to 25. The study discovered that, while there was a link between social media use and certain mental health markers, such as feelings of loneliness and anxiety, the overall effect on mental health outcomes was not statistically significant. Another research by Johnson and Brown (2019) investigated the relationship between social media engagement habits and mental health status in emerging adults. The results suggested that there were variations in mental health outcomes depending on different levels of social media participation, but these differences were not significant enough to establish a meaningful causal association between social media use and mental health. Engagement with social media had no substantial impact on emerging adults' mental health outcomes. In addition to social media activity, individual differences, moderating factors, and the complex nature of mental health should be examined.

The second hypothesis posited that emerging adults with a better quality of life would report higher levels of mental health (Shanker, 2024). This hypothesis was strongly supported by the data, revealing a significant positive relationship between perceived quality of life and mental health (Shanker, 2024). Participants who reported higher quality of life scores also reported significantly better mental health outcomes compared to those with lower quality of life scores (Shanker, 2024). The substantial effect size underscores the critical role of perceived life satisfaction and well-being in shaping mental health among young adults. Higher levels of mental health are associated with greater and better quality of life among emerging adults. Individuals with greater mental health are more likely to experience good emotions, have higher self-esteem, and manage well with stressors, resulting in a higher quality of life (Keyes, 2005). Good mental health is linked to stronger social relationships, such as friendships, romantic partnerships, and familial ties. Strong social support networks improve people's quality of life by offering emotional support,

friendship, and a sense of belonging (Thoits, 2011). Finally, the evidence suggests that improved mental health among emerging adults is strongly associated with a higher quality of life in a variety of domains such as emotional well-being, social relationships, resilience, physical health outcomes, academic success, and career fulfillment. Higher levels of mental health are associated with greater and better quality of life among emerging adults. Individuals with greater mental health are more likely to experience good emotions, have higher self-esteem, and manage well with stressors, resulting in a higher quality of life (Keyes, 2005). Good mental health is linked to stronger social relationships, such as friendships, romantic partnerships, and familial ties. Strong social support networks improve people's quality of life by offering emotional support, friendship, and a sense of belonging (Thoits, 2011). Finally, the evidence suggests that improved mental health among emerging adults is strongly associated with a higher quality of life in a variety of domains such as emotional well-being, social relationships, resilience, physical health outcomes, academic success, and career fulfillment.

The third hypothesis explored the interaction between quality of life and social media engagement on mental health outcomes (Beyari, 2023). Contrary to expectations, the results indicated that the interaction between these variables did not significantly influence mental health beyond their individual effects (Beyari, 2023). While social media engagement independently affected mental health positively (Coe et al., 2022), the combined effect with quality of life did not yield heightened vulnerability to negative mental health effects as hypothesized (Beyari, 2023). This finding suggests that while both factors independently impact mental health, their interaction does not exacerbate or mitigate these effects among the study population. A meta-analysis published in the Journal of Health Psychology found that interventions aiming at improving quality of life did not necessarily provide significant changes in mental health outcomes (Smith et al., Year).This demonstrates that, while there is a substantial correlation between mental health and quality of life, increasing one may not always result in improvements in the other. Hunt et al. (2018) conducted a study that found evidence of a beneficial association between social media involvement and mental health. The study discovered that people who utilized social media to participate in meaningful connections with others reported better levels of well-being and decreased degrees of loneliness (Hunt et al, 2018). This implies that utilizing social media to communicate with friends and family can improve mental health. In conclusion, while there are worries about social media's potential detrimental effects on

mental health, there is also evidence that social media use can have a positive impact on mental well-being. Meaningful interactions, supportive online groups, and increased social support are some of the ways social media might help improve mental health outcomes.

Conclusion

This paper contributes valuable insights into the nuanced relationships between social media engagement, quality of life, and mental health among emerging adults. The findings highlight the complexity of these interactions and emphasise the distinct roles that social media use and perceived life satisfaction play in shaping mental health outcomes in this demographic. The robust statistical analyses conducted underscore the reliability and validity of the findings presented.

Recommendations and Suggestions

Future research should focus on creating interventions that improve quality of life and encourage balanced social media use through digital literacy, mindfulness, and offline activities. Additionally, exploring cultural differences in these dynamics can help tailor culturally sensitive interventions. Longitudinal studies are needed to understand how social media and quality of life affect mental health over time and to identify key developmental stages for effective interventions. These steps will enhance our understanding and support better mental health strategies for young adults.

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