

ENSIGN GLOBAL UNIVERSITY, KPONG, EASTERN REGION, GHANA

DEPARTMENT OF COMMUNITY HEALTH

**SOCIAL MEDIA ADDICTION AND MENTAL HEALTH PROBLEMS AMONG
SCHOOL-GOING ADOLESCENTS IN THE LOWER MANYA KROBO
MUNICIPALITY IN THE EASTERN REGION OF GHANA**

By

Felix Kwame Osei-Safo

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NOVEMBER, 2025

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DECLARATION

I hereby declare that this dissertation is my own original work and has not been submitted for any other degree or professional qualification in any other university. All sources of information have been acknowledged.

Felix Kwame Osei-Safo (247100274) _____

(Student's Name & ID)

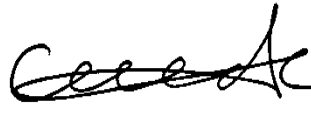
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7/11/2025

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Date

DEDICATION

This dissertation is dedicated to my family and friends' unwavering support and encouragement throughout this academic journey.

ACKNOWLEDGEMENT

The researcher is grateful for the foundational knowledge instilled by all professors who taught the prerequisite course, Research Design and Methodology.

Heartfelt appreciation to the dedicated teachers and participants from the Akuse Methodist Senior High Technical School.

To all those who have contributed in various capacities, thank you!

LIST OF ABBREVIATIONS AND TERMS

Term/Abbreviation	Full Meaning	Definition
Adolescent Mental Health	-	The emotional, psychological, and social well-being of individuals aged 10-19 years.
AMEST	Akuse Methodist Senior High Technical School	A co-educational institution in Lower Manya Krobo that offers academic and technical education to adolescents.
ANOVA	Analysis of Variance	A statistical method used to compare the means of two or more groups to determine whether there are significant differences between them.
Anxiety	-	A mental health condition characterized by excessive worry, nervousness, and fear.
BSMAS	Bergen Social Media Addiction Scale	A psychological tool used to measure addiction to social media.
CBOS	Community-Based Organisations	grassroots organizations that are created and run by members of a specific community to address local needs and issues
CI	Confidence Interval	A statistical term representing the range within which a true population parameter is expected to lie.
Cross-Sectional Study	-	A type of observational research that analyzes data from a population at a single point in time.

Cyberbullying	-	The use of digital platforms to harass, intimidate, or harm others, particularly among adolescents.
Depression	-	A mood disorder that causes persistent feelings of sadness, hopelessness, and loss of interest in activities.
DSM-5	Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition	A manual published by the American Psychiatric Association that standardizes mental disorder classification.
ED	Emergency Department	A hospital department that provides urgent medical care for emergencies.
Ethical Considerations	-	Principles that guide research to ensure respect, confidentiality, and safety for participants.
GAD-7	Generalized Anxiety Disorder-7	A seven-item self-report questionnaire used to screen and assess the severity of generalized anxiety disorder.
ICT	Information and Communication Technology	The use of digital technologies, including computers and telecommunications, for information processing and communication.
Informed Consent	-	A process in which individuals are given complete information about a study before voluntarily agreeing to participate.
LMK	Lower Manya Krobo	A municipal district in the Eastern Region of Ghana.

MMDAs	Metropolitan, Municipal and District Assemblies	Local government structures responsible for the administration and development of districts in Ghana.
MMR	Measles, Mumps, and Rubella Vaccine	A vaccine that protects against measles, mumps, and rubella infections.
MoFA	Ministry of Food and Agriculture	A government ministry responsible for agricultural policy and rural development.
Nomophobia	No Mobile Phone Phobia	The fear of being without access to a mobile phone or the internet.
NGOS	Non-Governmental Organisations	Independent non-profit organisations that operate outside of government control
PHQ-9	Patient Health Questionnaire-9	A nine-item questionnaire used to assess depression severity in individuals.
SHS	Senior High School	A secondary school level in Ghana, typically for students aged 15-18.
Social Media Addiction	-	Excessive and compulsive use of social media platforms often leading to negative consequences in daily life.
T-tests	-	a type of inferential statistical test used to determine whether there is a significant difference between the means of two groups
T&T	Transport and Communication	A term referring to travel and means of communication.
WHO	World Health Organization	A specialised agency of the United Nations responsible for international public health.

ABSTRACT

Background: Teenagers are using social media at a much higher rate than they were a few years ago. This has raised concerns about the impact on the mental health of high school students. Adolescents are particularly vulnerable to the negative effects of social media on mental health because they are at a crucial stage of psychological and social development. Studies have shown connections between social media usage and mental health conditions such as anxiety, depression, and self-esteem. More research is necessary to fully understand the relationship between sociodemographic traits, social media use, and mental health outcomes among school-aged youth.

Aim: The purpose of the study is to investigate the connections between social media usage and mental health among adolescents in senior high school in the Lower Manya Krobo Municipality. The study further identifies the factors influencing the use of social media among the respondents.

Methodology: A cross-sectional survey design was employed to answer the research questions. The study included 424 respondents selected using a simple random sampling technique. Questionnaires were administered to the respondents and data was analysed using descriptive statistics to summarize the characteristics of the sample and inferential statistics, such as correlation analysis, to examine the relationships between the variables.

Results:

4% of participants met the threshold for social media addiction, but high rates of anxiety (70.2% mild to severe) and depression (83.3% mild to extremely severe) were observed. Social media use correlated positively with anxiety ($r = 0.19$, $p < 0.001$) and depression ($r = 0.20$, $p < 0.001$). Loneliness significantly predicted higher depression scores ($F = 4.35$, $p < 0.05$). No significant associations were found with age, gender, or wealth status.

Conclusion:

While overt social media addiction was low, its association with mental health symptoms underscores the need for targeted interventions. Schools should integrate digital literacy and mental health programs, with emphasis on mitigating loneliness. Further longitudinal research is recommended to explore causal pathways.

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CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND INFORMATION

Social media plays a central role in daily life, enabling individuals to communicate with friends and family, engage in social events, and connect with communities of shared interests. As noted by Zsila and Reyes (2023), the rise of social media since the early 2000s has created new avenues for social interaction, significantly expanding how people communicate (Zsila and Reyes, 2023). Social media platforms like Facebook, Twitter, Instagram, Snapchat, TikTok, and WhatsApp have transformed how individuals connect and communicate. According to Maslow's hierarchy of needs, social belonging is considered an essential human motivation, positioned after basic physiological and safety needs. Research has consistently shown that the quality of an encouraging innovation is improved through the sharing of art, music, and video content (Umberson and Karas Montez, 2010). For instance, Facebook has over one billion active users and has positively impacted connectivity and idea sharing (Olorunlana, 2025). As of July 2024, there were 5.45 billion internet users worldwide, representing 67.1% of the global population. Of these, 5.17 billion (63.7%) used social media (*Digital 2024 Global News Report — DataReportal – Global Digital Insights*, no date). Social media platforms offer avenues for communication, self-expression, and social connection (Aschbrenner *et al.*, 2020). Increasing research highlights a multifaceted link between the use of social media and various mental health challenges, including anxiety, depressive symptoms, and diminished self-esteem (White, 2024).

Social media has recently become part of people's daily activities; many of them spend hours each day on Messenger, Instagram, Facebook, and other popular social media (Karim *et al.*, 2020). Globally, it is estimated that 1 in 7 (14%) 10–19-year-olds experience mental health conditions, yet these remain largely unrecognized and untreated (WHO, 2021). Furthermore,

an estimated 5.45 billion internet users worldwide of which 5.17 billion are social media users (*Digital 2024 Global News Report — DataReportal – Global Digital Insights*, no date). A recent study reported that people spend 2.3 hours daily on social media (Haqyar, Faizi and Muhib, 2025), with YouTube, TikTok, Instagram, and Snapchat having become increasingly popular among youth.

Again, research estimates that around 14% of adolescents between the ages of 10 and 19 grapple with mental health conditions, equating to approximately 1 in every 7 young people ((Director-General, 2024)). Despite the significant prevalence of these issues, many teenagers do not receive the recognition or treatment they desperately need (World Health Organization, 2020) . This lack of awareness contributes to ongoing struggles, as mental health conditions often go unnoticed by parents, educators, and healthcare providers, leaving young individuals to cope with their challenges in silence (WHO, 2021).

The connection between social media engagement and mental health has been a subject of substantial research inquiry in recent years. Analysis of the existing literature underscores a complicated and heterogeneous relationship, characterized by the simultaneous emergence of both positive and negative outcomes pertaining to user mental health (Fasco and Asiimwe, 2025). Findings, however, also point to the possibility that a user's mental health may benefit or suffer from their use of social media, depending on the quality of their interactions rather than their number of hours spent on social media (Zsila and Reyes, 2023). Meaningful and positive engagements may enhance well-being, whereas negative or superficial interactions can contribute to psychological distress.

People use social media to stay in touch and interact with friends, family, and various communities. Businesses use social applications to market and promote their products and track customer concerns. While social media offers numerous benefits like connectivity, community

building, and access to information, there are growing concerns about its potentially negative impact on mental health, particularly among vulnerable populations like teenagers and young adults (Khalaf *et al.*, 2023). Current scholarly and public discourse regarding social media's impact centers on several key detrimental variables. These include the psychological stressors associated with cyberbullying and online harassment, the negative influence of unrealistic social comparisons leading to decreased self-esteem, the physiological impact of sleep deprivation and excessive screen time, and the emotional effects of social isolation and loneliness. Furthermore, the sustained cognitive load imposed by constant notifications and resulting stress, along with tendencies toward unhealthy escapism and avoidance, remain critical subjects of debate.

According to the World Health Organisation (WHO), mental health is a state of well-being in which an individual realises his or her own abilities, can cope with the normal stress of life, can work productively and is able to make a contribution to his or her community. Mental health, health behaviour, physical health, and mortality risk are all affected by the quantity and quality of social contacts.

Adolescence is conceptualized as the transitional stage of human development, spanning approximately ages 10 to 19, that bridges childhood and adulthood. This period is considered critical and unique within the human lifespan, as it serves as an essential window for establishing the foundational behaviors required for long-term health and well-being.

An adolescent experiences rapid physical, cognitive and psychosocial growth. This affects how he/she feels, thinks, makes decisions, and interacts with the world around them.

Social media addiction is the excessive use of social media platforms to the detriment of everyday activities.

1.2 Problem Statement

Adolescents with mental health conditions are particularly vulnerable to social exclusion, discrimination, stigma (affecting readiness to seek help), educational difficulties, risk-taking behaviours, physical ill-health, and human rights violations (WHO, 2021).

Frequent social media use reports greater symptoms of psychopathology. (Riehm *et al.*, 2019).

Young people with mental health challenges often face higher risks of being excluded, stigmatised, and having trouble in school or with their behaviour. These issues can hurt their well-being and make it harder for them to get the support they need. (WHO, 2021).

Additionally, studies have reported that uncontrolled use of social media by adolescents have potentially detrimental effects of social media use on mental health. These concerns include the potential for social media to cause negative body image (Harriger, Thompson and Tiggemann, 2023), increasing the risk of addiction and involvement in cyberbullying (Aschbrenner *et al.*, 2020), encourage phubbing activities (Chi, Tang and Tang, 2022) and negatively affects the mood (Valkenburg, Meier and Beyens, 2022). Finally, Bányai *et al.*, (2017) found that users of social media are at risk of social media addiction and often report depressive symptoms and lower self-esteem.

In Ghana, internet and smartphone usage is rapidly increasing, but the public health response to the associated mental health risks for adolescents is lagging behind. A study by Amofah-Serwaa and Dadzie (2015) conducted in a basic school highlighted behavioral changes linked to social media, focusing primarily on younger children and parental perceptions. Another study by Asare-Donkoh (2018) in high schools identified negative impacts on academic performance but did not clinically assess mental health outcomes. This creates a significant gap in evidence, particularly in semi-urban municipalities like Lower Manya Krobo.

A notable research gap exists concerning the correlation between problematic social media use (addiction), anxiety, and depression specifically within the Ghanaian Senior High School demographic. The absence of localized empirical evidence critically limits the capacity for developing effective and targeted public health strategies. Without this data, school counsellors, the Ghana Education Service (GES), and the Mental Health Authority lack the context-specific evidence necessary to design effective digital literacy programs and mental health support services.

This study examines the link between social media addiction and mental health among senior high school students. It aims to inform public health practices and policies to protect adolescent mental well-being in the digital age. As more individuals engage with platforms like Facebook, Twitter, and Instagram, understanding the impact of excessive social media use is essential. The findings will help address psychological issues related to social media habits and explore this critical gap in adolescent mental health.

1.3 Rationale of the study

This study aims to investigate the level of social media addiction among adolescents attending schools in the Lower Manya Krobo Municipality and its correlation with mental health issues. Given the rise in social media usage among adolescents, understanding its impact on mental health is crucial for developing effective interventions on the mental health of adolescents in the Lower Manya Krobo Municipality and, hopefully, the whole country

1.4 Conceptual Framework

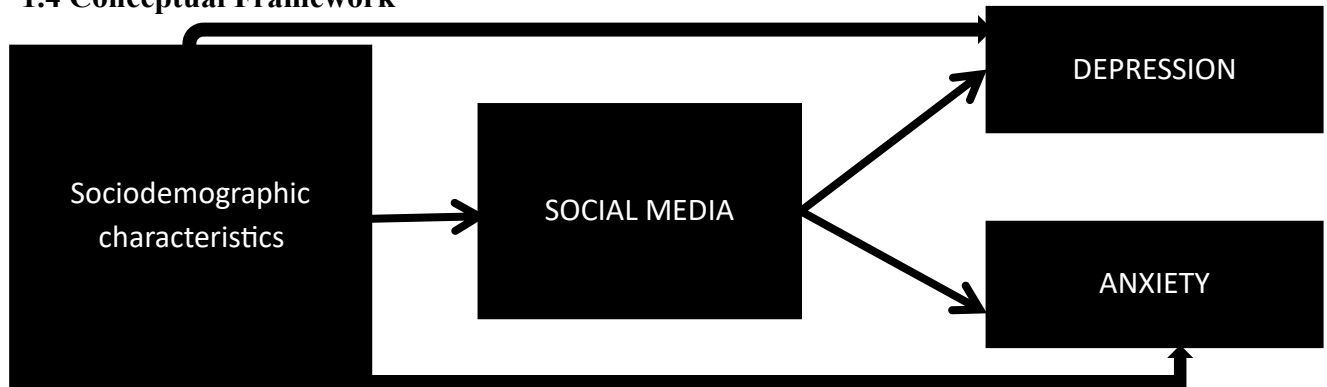


Figure 1 (Poon and Sudano, 2020)

The framework as adopted from Poon and Sudano (2020) highlights the link between social media and mental health issues such as depression and anxiety among students. It demonstrates a significant relationship between depression and students' mental health, as well as a significant link between anxiety and students' mental health.

1.5 RESEARCH QUESTIONS

- What is the level of social media addiction among senior high school students?
- What is the level of Mental Health Problems (anxiety and depression) among senior high school students?
- What is the relationship between Social Media Addiction and mental health problems?
- Which social demographic characteristics influence social media addiction and mental health problems?

1.6 GENERAL OBJECTIVE

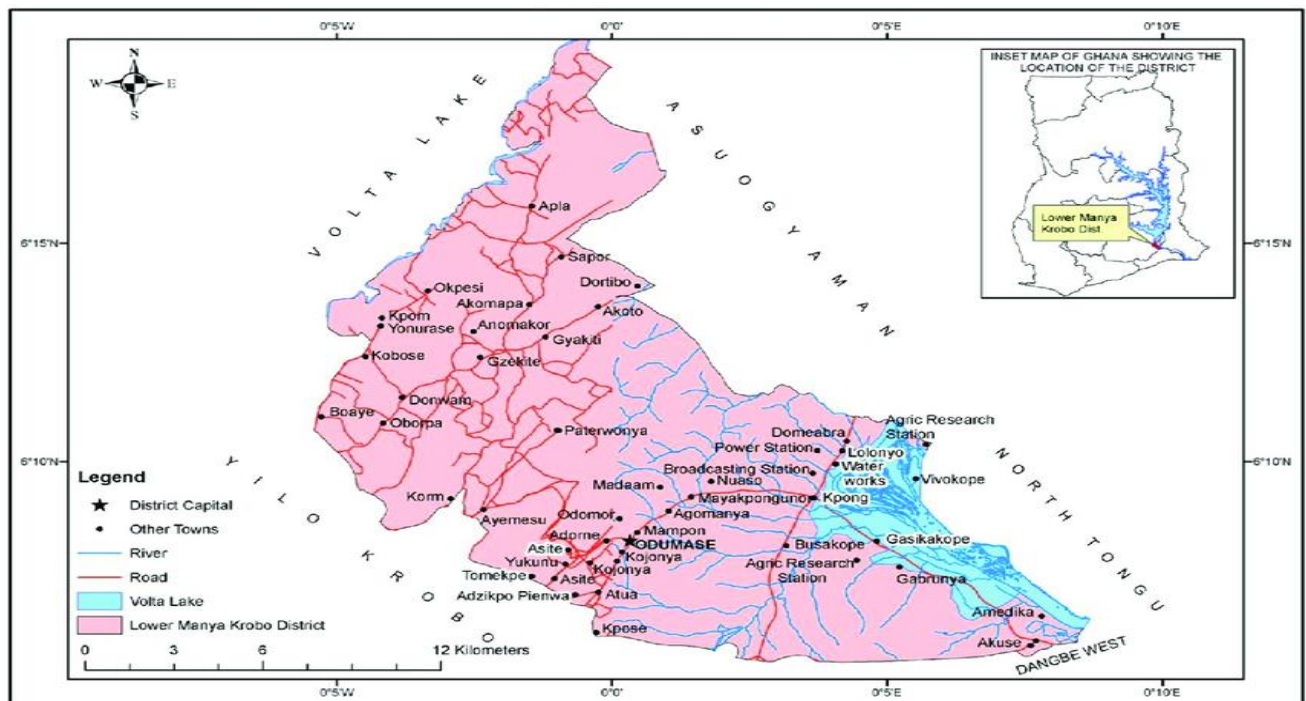
- To investigate the relationship between social media addiction and mental health issues among Senior High School adolescents in the Lower Manya Krobo Municipality.

1.7 SPECIFIC OBJECTIVES

- To determine the level of social media addiction among senior high school students

- To determine the level of Mental Health Problems (anxiety and depression) among senior high schools.
- To determine the relationship between Social Media Addiction and mental health problems.
- To determine social demographic characteristics that influence social media addiction and mental health problems.

1.8 THE STUDY AREA



Map 1: Map of the lower Manya Krobo municipal area showing the selected communities

The Lower Manya Krobo Municipal is one of 261 Metropolitan, Municipal and District Assemblies (MMDAs) in Ghana and forms part of the thirty-three (33) Municipalities and Districts in the Eastern Region with a population of 121,478 of which 91,503 are in urban settlements. In 1975, it was part of the ordinary district Kaoga District Council. In 1988, Kaoga The district's administrative evolution involved an initial tri-partition, creating the Yilo Krobo, Manya Krobo, and Asuogyaman Districts, with their respective capitals situated at Somanya,

Odumase, and Atimpoku. The primary district assembly was geographically positioned in the eastern sector of the Eastern Region, historically utilizing Somanya as its main town. A subsequent administrative adjustment was implemented on February 29, 2008, when the northwest sector of the Manya district was detached to form the Upper Manya Krobo District. This action led to the residual territory being designated as the Lower Manya Krobo District. It was later elevated to municipal district assembly status on 6 February 2012 by a Legislative Instrument (L.I.) 4026 to become Lower Manya Krobo Municipal District with Odumase (Odumase- Krobo) as the capital (Ministry of Food and Agriculture (MoFA), 2021).

1.8.1 Political Administration

The LMK Municipal has only one constituency, and the Assembly is the highest administrative and political authority in the Municipality, which is charged with the responsibility of formulating and implementing development plans, programmes and projects. The Assembly has 78 assemblymen and women. Of the assemblymen and women, 51 are elected to represent their electoral area and 27 are appointed. The Municipal Chief Executive is the political head of the administration, while the Municipal Coordinating Director is the head of the bureaucracy. The administrative center of the district is located in Odumase. Geographically, the Municipality spans an area of 304.4 square kilometers, which constitutes approximately 1.8% of the total landmass of the Eastern Region 18,310 km. The primary urban centers within the district are concentrated around the Odumase Township, incorporating the localities of Atua, Asitey, Agormanya, Nuaso, Kpong, and Akuse.

1.8.2 Physical Features

The Municipality is strategically located at the Eastern corner of the Eastern Region of Ghana, and It lies between latitude 6.05S and 6.30N and longitude 0o08E and 0.20W with elevations lying between 50 and 600 meters above sea level. The Municipality is geographically defined

by its borders: it is bounded to the northwest by the Upper Manya Krobo District, to the northeast by the Asuogyaman District, to the southeast by the North Tongu District, and to the south by both the Yilo and Dangme West Districts. The Lower Manya Krobo Municipality (LMKM) encompasses a total area of 304.4 per km², supporting a population density calculated at 293.2 persons per km²

1.8.3 Social and Cultural Structure

Odumase-Krobo serves as the capital of the Manya Krobo Traditional Area, which is governed by the paramount chief, or Konor. This traditional territory is administratively subdivided into six distinct divisions: Djebiam, SuSui, Dorm, Akwenor, Manya, and Piengua. Annually, the widely recognized Ngmayem festival is observed during the last week of October, lasting for one week. This festival attracts numerous visitors, thereby providing a significant opportunity for the implementation of development interventions within the Odumase-Krobo community. The Krobo people also uphold several traditional rites, notably including the Dipo and Lapomi ceremonies.

1.8.4 Ethnicity and Religion

The population of the Lower Manya Krobo Municipality (LMKM) is predominantly comprised of the Krobo ethnic group. However, the Municipality exhibits ethnic diversity, incorporating harmonious populations of Ewes, Akans, and Hausas, among others. The LMKM features a confluence of cultures and religions, with the majority of residents adhering to Christianity, while smaller proportions practice Islam or traditional African religions.

1.9 Scope of the work

The research methodology employs an analytic cross-sectional approach to gather primary data for analysis. The study population is strictly defined to include only adolescent students

attending public Senior High Schools in the Lower Manya Krobo Municipality, focusing the inquiry exclusively on this specific cohort to determine the influence of social media use on mental health.

1.10 Organization of Thesis

This study, organised into six chapters, analyses the impact of social media on adolescent mental health at selected SHS to fulfil the requirements for a Master of Public Health degree. Chapter One functions as the introduction to the research, furnishing detailed background information and essential context for the study. This foundational chapter delineates the research objectives, presents the guiding Conceptual Framework, establishes the study's rationale, defines the central public health problem, outlines the methodology's approach to addressing the problem, and finally, elucidates the significance and relevance of the research findings.

Chapter Two initiates the investigation by providing a review of existing research and relevant literature, systematically summarizing current studies, identifying prevalent knowledge gaps, and establishing the issue's pertinence to public health. Following this, Chapter Three (Methodology) delineates the study's protocols, detailing the sampling strategy, research design, procedural steps, measurement instruments, and data analysis techniques employed to ensure the study's validity and reliability. Subsequently, Chapter Four presents the empirical findings in a coherent, structured format, integrating supporting figures, tables, and their requisite interpretations. Chapter Five is dedicated to the comprehensive discussion and interpretation of these key results within the established theoretical and research context. Finally, Chapter Six delivers the study's conclusion and offers pertinent recommendations for future research and practice.

CHAPTER TWO

2.0: LITERATURE REVIEW

2.1 Introduction

The general objective of the study is to investigate the relationship between social media addiction and mental health issues among Senior High School adolescents in the Lower Manya Krobo Municipality. The primary goal is the methodological development of a nuanced understanding concerning the complex, reciprocal relationship between adolescent social media behavior and documented mental health outcomes. To achieve this, the subsequent chapter will dedicate itself to a critical evaluation of relevant literature, focusing on empirical evidence that clearly defines the full range of effects—including both positive and negative dimensions—associated with technology use on mental well-being.

2.2 Social Media Applications

Sumadevi (2023) highlights the dual role of social media as both a tool for self-expression and a platform for community building among adolescents. These digital spaces empower young users to showcase their talents and ideas through features like posts and live videos, which can foster a strong sense of belonging. Beyond personal expression, social media also functions as a vital channel for social awareness and activism, allowing youth to engage with issues they care about (Sumadevi S, 2023). This aligns with the perspective that these platforms offer significant creative outlets, encouraging innovation through the sharing of art, music, and video content. Ultimately, social media provides a dynamic arena for adolescents to connect, create, and engage, enriching their lives in numerous ways (Sumadevi S, 2023). While social media promotes communication and social connectedness, overuse or misuse has been associated with increased mental health difficulties among adolescents. Such problematic patterns of use can heighten stress levels and contribute to anxiety and depressive moods among young users.

Continuous exposure to idealised online images may encourage unrealistic self-comparisons, leading adolescents to experience feelings of inadequacy or low self-worth (Charoensukmongkol, 2018). Additionally, the pressure to maintain an online persona can contribute to feelings of isolation and loneliness, as young people may prioritise their digital interactions over meaningful, face-to-face relationships. Thus, while social media has the potential to connect individuals, its overindulgence can take a profound toll on the psychological well-being of adolescents (How Social Media Affects Your Teen's Mental Health: A Parent's Guide > News > Yale Medicine, no date). Exposure to psychological stressors, including cyberbullying, the circulation of misinformation, and content deemed harmful, presents a significant threat to the mental health of adolescents, often resulting in marked psychological distress and subsequent social withdrawal (Gupta, Jogdand, and Kumar, 2022). This negative effect is further compounded by the ubiquity of modern technology. The constant accessibility afforded by personal devices ensures persistent social media engagement, thereby intensifying exposure to these documented psychological risks.

Table 2.1: Social media applications and examples

Social media applications	Examples
Social networks	Facebook, Twitter (now X), Instagram, Snapchat
Media sharing	WhatsApp, Instagram, YouTube, Snapchat, TikTok
Messengers	Facebook Messenger, WhatsApp, Telegram, Viber, iMessage
Blogging platforms	WordPress, Wikipedia
Discussion Forums	Reddit, X (Formerly Twitter)
Fitness & lifestyle	Fitbit

(Khalaf *et al.*, 2023)

2.3 The Level of Social Media Addiction Among Senior High School Students

A study by Amofah-Serwaa and Dadzie (2015) in Ghana investigated the influence of social media on the behavior of children in a basic school. The research established that participants possessed a high degree of awareness and utilization across various platforms (e.g., Facebook, Twitter, WhatsApp, Skype) for functions including communication, entertainment, and social engagement. Despite this high engagement, parental knowledge regarding their children's online connections was notably deficient. The reported influence on student behavior was generally positive: 48% reported no effect, while 2.5% perceived positive learning outcomes. The study observed a duality of impact: while a significant minority 23.3% experienced concentration deficits, parental reports indicated that social and literacy skills improved in over 70% of cases. This positive trend was balanced by parental concerns over distraction, non-standard linguistic usage, and inappropriate external behaviors (dress and grooming). The resulting recommendations centered on institutional and familial intervention, specifically calling for policy development to govern responsible social media use, enhanced teacher monitoring, and parental supervision structured to prioritize academic outcomes (Amofah-Serwaa and Dadzie, 2015).

Research has highlighted the trade-offs inherent in students' engagement with social media in Ghana, noting its function as a rich channel for connectivity yet acknowledging its capacity to negatively impact academic life (Dadzie, 2019). The most prevalent platforms, WhatsApp and Facebook, were leveraged for networking, school-related discussions, and leisure. Data on usage indicated high consumption rates, with significant proportions of students engaging for over eight hours daily (38%) and accessing platforms during instruction time (38%). Identified negative impacts included diminished focus, procrastination, and reduction in dedicated study time. Nevertheless, 45.1% of the cohort reported a perceived enhancement in their reading proficiency attributable to social media use (Asare-Donkoh, 2018).

2.4 Level of Mental Health Problems (anxiety & depression) among senior high schools

Depression is one of the biggest mental health challenges adolescents face in the world and is “expected to become the leading cause of disability” in first-world nations by 2030 (Gbadamosi *et al.*, 2022). Once more, there exists an association between social media use and depression, which concludes that the likelihood of depression increases with the frequency of social media use. (Lin *et al.*, 2016).

In an investigation assessing the impact of social media on young adults characterized as frequent users, a notable disparity emerged: approximately 18% of individuals reporting depressive symptomatology indicated feelings of exclusion while engaging with social media. This figure contrasts sharply with the 1% reported feeling excluded among the control group (those without depressive symptoms) (Rideout *et al.*, 2018). Further, the study found that 32% of adolescents with depressive symptoms feel like other people are better than them, compared to 7% of people without depressive symptoms (Rideout *et al.*, 2018). The study results suggest a positive association between adolescent social media use and subsequent depressive outcomes.

According to research, a person's symptoms or risk of developing dispositional anxiety, stress, depression, body image dissatisfaction, and eating disorders increase with the amount of time they spend on social media (Vannucci, Flannery and Ohannessian, 2017). Furthermore, being away from a device for an extended length of time can have the same negative impact on mental health as the anxiety that comes with being away from social media (How Do Smartphones Affect Mental Health? | Ensora Health, 2023). This phenomenon is often referred to as "nomophobia" or No Mobile Phone Phobia or smartphone separation anxiety. This fear, often associated with excessive smartphone use, can manifest as anxiety, depression, and even physical symptoms. While not a formally recognised disorder in the DSM-5, it is often

understood as a type of phobia related to the fear of being without a phone (Bhattacharya *et al.*, 2019).

2.5 The Relationship Between Social Media Addiction and Mental Health Problem

Social media usage among adolescents has been found to be associated with depression.

Excessive use of social media can result in behaviours that may contribute to anxiety and decrease well-being.

Drawing on the Uses and Gratifications Theory, adolescents' dependence on social media to satisfy needs for connection and approval may lead to habitual use patterns that negatively impact their emotional health (Katz, Blumler and Gurevitch, 1973). Studies have shown that the need for approval through likes and comments often leads to anxiety and depressive symptoms when unmet (Beyari, 2023; Bozzola *et al.*, 2022).

Schønning *et al.* (2020) further argue that this empirical uncertainty is compounded by methodological challenges, particularly the reliance on self-report metrics for technology use, which can be inaccurate and fail to capture the nuance of digital engagement. The inherent limitations of self-report measures, which remain the most common methodology for quantifying technology use, introduce a susceptibility to measurement inaccuracies. This limitation stems directly from the influence of individuals' subjective perceptions on the retrospective reporting of their own behavioral patterns (Khalaf *et al.*, 2023).

In Chiu *et al.* (2020) examined the relationship between social media use and mental health among adolescents using a clinical study. Mental illness is a leading cause of disability among youth. In Ontario, Canada, rates of mental health or addiction-related emergency department (ED) visits continue to rise in children and youth; however, it is unclear what is driving this change. The study found that social media increased use correlates to emergency department visits for mental illness, including depression, addiction, and anxiety. Again, mental health or addiction-related ED visit rates increased by 89.1% between 2006 and 2017, with the greatest rise observed for those ages 14-21.

In a scoping review on the use of social media in children and adolescents, Bozzola et al. (2022) found that social media use increases depression, diet-related problems, psychological problems, anxiety, body image distortion and headache among adolescents. Again, the review found reduced physical activities among adolescents leading to depression and body image distortion. Depression was argued in 19 reports, being the main topic found (27.9% of the whole study). existing literature suggests increased social media use is associated with depression, anxiety, misperception of body image, addiction, and mental health outcomes (Bozzola *et al.*, 2022) .

In a contrary finding, Coyne et al. (2020) concluded that increased use of social media has no significant association with mental health conditions such as depression or anxiety. Additionally, the study found that decreasing social media use did not improve adolescents' psychological well-being. A substantial eight-year longitudinal study was conducted to examine the intra-individual association between time allocated to social media use and the subsequent development of depressive and anxious symptomatology. This research utilized a cohort of 500 respondents ranging in age from 13 to 20 years. In a related study, Beyari H. (2023) assessed the link between social media use and increased mental health problems among 385 young adolescents in Saudi Arabia. This quantitative research utilized a closed-ended survey questionnaire for the systematic collection of all primary data. The researcher employed the Analytic Hierarchy Process (AHP) to analyse and compare the effects of various social media features on mental health. Findings from the study indicate that the feature with the most significant negative effect on mental health is 'likes, comments, and followers while features like social media games had the least significant negative effect on the mental health of the respondents. The outcome of the study indicates that adolescents seeking validation using social media could be prone to mental health.

An eight-year longitudinal study, Coyne et al. (2020) investigated whether the time spent using social media impacts mental health, such as depression and anxiety, at the intra-individual level. The study used 500 adolescents between the ages of thirteen and twenty. The researchers concluded that increased time spent on social media platforms had no association with increased mental health of the adolescents.

2.6 Social Demographic Characteristics That Influence Social Media Addiction and Mental Health Problems.

In China, Zhao et al. (2022) examined the factors associated with social media addiction among 520 college students were selected using a simple random sampling technique. The respondents completed a survey measuring impulsivity, self-esteem, anxiety, depression, social anxiety, loneliness, and attentional bias. The researchers found no significant difference by age and social media addiction. On the flipside, the gender of the respondent ($p < 0.00$) was associated with social media addiction, with females more likely than males to be addicted to social media. Dhir et al. (2016) asserted that females focus more attention on social activities for enhancing communication and prefer to share more selfies on social applications and social networking sites. A related Italian study found that females tend to report social media addiction than males (Monacis *et al.*, 2020).

In the Netherlands, You et al.(2021) examined the associations between sociodemographic factors and instant messaging and social network site exposure among 9-year-old children. The study used a population-based cohort study involving 4568 children exposed to social media instant messaging, including WhatsApp, MSN, Chat boxes and Ping. The study reported that respondents with low-educated mothers, who were from single-parent families, and who came from a family with financial difficulties, were associated with social network site exposure. The researchers concluded that lower social positions are associated with higher social network

site and instant messaging exposure. In a contrary finding, Micheli (2016) found that social media addiction had no association with the educational level of the parents.

2.7 Summary

Research findings regarding the effects of social media on adolescent mental health have yielded mixed results, further complicating our understanding. While some studies suggest a somewhat negative impact of social media use on mental health (Noori *et al.*, 2022), others emphasise the need for a nuanced exploration of the elements influencing mental health, social interaction, and emotional growth in adolescents (Beyari, 2023b). The challenge in this research lies in synthesising the various findings to develop a comprehensive understanding of the intricate ways in which social media influences the mental health of young users.

2.8 Theoretical Framework

This study is anchored on the Uses and Gratifications Theory (UGT), developed by Katz, Blumler, and Gurevitch (1973). The theory posits that individuals actively seek out media to satisfy specific needs such as social interaction, entertainment, information, and personal identity. In the context of social media, adolescents engage with platforms like WhatsApp, Instagram, and TikTok to fulfill their social and emotional needs. However, when these gratifications are pursued excessively, it may lead to problematic or addictive use, predisposing users to mental health challenges such as anxiety and depression. This theory, therefore, provides a lens through which the relationship between social media use and mental health problems among adolescents can be understood. It aligns with the current study's conceptual framework (adapted from Poon & Sudano, 2020), which illustrates how social media addiction influences anxiety and depression among students.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter presents the research methodology which provides information on the following: study design and site, the population of the study, sampling technique and sample size, inclusion and exclusion criteria for sample selection, data collection procedure and instruments, ethical considerations, data handling and statistical analysis.

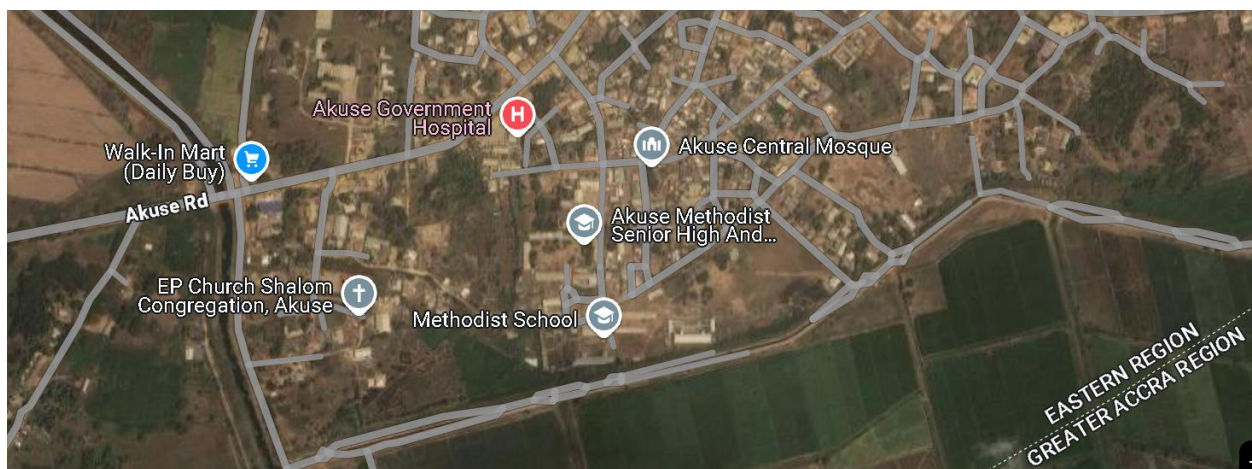
3.2 Study Design

An analytical cross-sectional survey design was used to examine the relationship between social media addiction and mental health problems at a single point in time. A cross-sectional study is an analytical study that analyses data of variables collected at one given point in time across a sample population. It provided the opportunity for one-time health assessment problems, and results were easily expressed in mathematical language and interpreted using statistical procedures. Using a cross-sectional study design enables the data to be collected at a single point in time, providing a snapshot of our variables of interest within the population. This is usually helpful for assessing the prevalence of certain characteristics or conditions, as it allows for the analysis of multiple variables simultaneously. However, one significant limitation of cross-sectional studies is that they do not establish causal relationships; while they can highlight associations between variables, they cannot confirm if the variables directly influence each other.

3.3 Study Site

The study was conducted at Akuse Methodist Senior High Technical School (AMEST), located in the Lower Manya Krobo Municipality of the Eastern Region of Ghana. AMEST is a co-educational institution that offers both academic and technical education to adolescents, predominantly aged between 13 and 19 years. The school is situated in Akuse, a semi-urban community known for its diverse population and increasing access to digital technologies.

AMEST provided an ideal environment for this study due to its large student population, the presence of internet-enabled mobile devices among students, and its accessibility to researchers. The selection of this school allowed for a focused and representative analysis of social media usage and mental health outcomes among adolescents in the municipality.



Map 2: A Map of Akuse Methodist Senior High Technical School (AMEST) in the Lower Manya Krobo Municipality

3.4 Study Population

The study population comprises adolescents aged 13 to 19 years who are currently enrolled at Akuse Methodist Senior High Technical School (AMEST) in the Lower Manya Krobo

Municipality. These students represent a diverse demographic and are appropriate for the research focus on social media usage and mental health.

3.4.1 Inclusion Criteria:

1. Study participants must be enrolled in Akuse Methodist Senior High Technical School
2. They must be adolescents within the age range of 13 to 19 years
3. They must have the willingness to participate and provide informed consent.

3.4.2 Exclusion Criteria:

1. Students not enrolled in senior high schools in the specified municipality were not included
2. Those who were not within the specified age range of 13 to 19.
3. Students who did not consent to participate in the study.

3.5 Sample Size and Sample Size Calculation

A sample size of 424 students from Akuse Methodist Senior High Technical School (AMEST) was used. This number ensured sufficient statistical power to detect meaningful relationships between social media use and mental health outcomes. The sampling technique employed was Stratified Random Sampling, aimed at ensuring representativeness across key subgroups within the school. Stratification was based on gender, grade level (SHS 1, 2, and 3), and academic programme (e.g., General Arts, Science, Technical, etc.). After stratifying the student population into these categories, participants were randomly selected from each stratum in proportion to its size.

The sample size calculation for this study aimed to determine the number of participants needed to achieve statistically significant results and generalise the findings to the broader population of adolescents in the Lower Manya Krobo Municipality. Since the number of adolescents in the municipality was not available to me, the sample size was calculated using Cochran's formula as shown below;

Where,

n = sample size (Cochran, 1977)

Z = the z-score that corresponds with 95% confidence interval which is 1.96

p = is the estimated proportion (0.5 for maximum variability).

e = is the margin of error (0.05)

Therefore,

$$n = \frac{(1.96)^2 \times 0.5(1 - 0.5)}{(0.05)^2}$$

$$n = \frac{3.8416 \times 0.25}{0.0025}$$

$$n=384.16 \cong 384$$

A non-response rate of 10 %, resulting in about 38 respondents, was added to the minimum sample size to get 422 participants.

3.6 Data Collection Techniques and Tools

A printed structured questionnaire was employed for data collection with the help of two trained research assistants from February to March 2025. The questionnaire is divided into five sections to gather comprehensive information about respondents.

The first section collects personal details, including age, gender, class level, program of study, religion, relationship status, family income, phone ownership, and feelings of loneliness.

The second section examines social media habits, including the apps used (e.g., Facebook, Instagram, TikTok), number of accounts, daily time spent, access times, reasons for use, and the impact on schoolwork and mood.

The third section features a social media addiction test that consists of six questions focusing on usage dependence and its effects on school performance. This test is based on the Bergen Facebook Addiction Scale, a measurement tool developed by Andreassen et al. in 2012. It is specifically designed to assess key elements of addiction related to social media.

The scale includes six items that evaluate various aspects of addiction, such as salience, mood modification, tolerance, withdrawal, relapse, and conflict experienced over the past year.

Participants respond using a 5-point Likert scale, where the responses range from 1, indicating "Very rarely," to 5, signifying "Very often." The total score on this scale ranges from 6 to 30. Importantly, a score of 19 or higher, or scoring "often" or "very often" on at least 4 items, is widely recognised as an indicator of potential social media addiction, according to research by Lin et al. in 2016.

The fourth section evaluates anxiety through seven questions that address feelings of nervousness, difficulties with relaxation, and irritability. This assessment was developed by Spitzer, Kroenke, Williams, and Löwe, who created a 7-item scale specifically designed to screen for and assess the severity of Generalized Anxiety Disorder.

Respondents use a 4-point scale to answer the questions, where 0 means "Not at all" and 3 means "Nearly every day." Participants are asked to reflect on their experiences over the past two weeks when responding.

For scoring and interpretation, the total score can range from 0 to 21. Anxiety severity is categorized as follows: a score between 0 and 4 indicates minimal anxiety, 5 to 9 signifies mild anxiety, 10 to 14 represents moderate anxiety, and a score from 15 to 21 suggests severe anxiety.

The fifth section consists of a depression check featuring nine questions that address loss of interest, feelings of sadness, changes in sleep and appetite, concentration difficulties, and thoughts of self-harm. This structured approach provides valuable insights into the experiences and challenges faced by respondents.

Developed by Kroenke, Spitzer, and Williams in 2001, this tool is designed to screen for and measure the severity of depression. It includes nine items that respondents answer using a four-point scale, where 0 indicates "Not at all" and 3 represents "Nearly every day." The questions focus on the respondent's experiences over the past two weeks, enabling a timely assessment of their mood.

Scoring with this tool yields a total score ranging from 0 to 27. The severity of depression is categorised based on the total score: a score between 0 and 4 indicates minimal depression, 5 to 9 reflects mild depression, 10 to 14 represents moderate depression, 15 to 19 suggests moderately severe depression, and a score from 20 to 27 signifies severe depression.

3.7 Pre-Testing

The questionnaire was pretested with 30 students from a senior high school in Yilo Krobo Municipality. The researcher collected feedback on the clarity, relevance, and length of the questionnaire. Based on this feedback, we made necessary adjustments to the questionnaire. Additionally, a pre-test was conducted to gauge the participants' understanding of the questionnaire and make any required corrections. The feedback received was utilised to revise

the questionnaire, ensuring it effectively gathered the necessary data and was easy for all participants to understand.

3.8 Data Handling

The data handling process is important in ensuring the integrity of research data since it addresses concerns related to confidentiality, security, and preservation of data collected. Each questionnaire was reviewed for completeness before data entry, and any that were incomplete were excluded to ensure the accuracy and integrity of the dataset. Completed questionnaires were numbered before entry to reduce repetition of entry. All completed individual questionnaires were kept under lock and key. Again, multiple backup copies were created and stored on multiple devices to ensure easy data recovery in the event of an emergency. Also, variables will be generated and coded at this stage. Soft copies of all datasets and work done will be sent to the investigator via email, and an external drive containing all completed individual questionnaires will be kept under lock and key.

3.9 Data Analysis

The collected data were cleaned, coded, and analyzed using **STATA version 18.0**. The analysis was guided by the specific research objectives and proceeded in two main stages: descriptive and inferential statistics. The threshold for statistical significance was set at $*p* < 0.05$ for all inferential tests.

3.9.1 Descriptive Statistics

Descriptive statistics were used to summarize and describe the characteristics of the sample. Frequencies and percentages were calculated for all categorical socio-demographic variables (e.g., sex, age group, class, programme of study). The key continuous variables—scores from the Bergen Social Media Addiction Scale (BSMAS), the Generalized Anxiety Disorder-7

(GAD-7) scale, and the Patient Health Questionnaire-9 (PHQ-9)—were summarized using means and standard deviations (SD) to illustrate the central tendency and variability of social media use, anxiety, and depression levels within the sample.

3.9.2 Inferential Statistics

Inferential statistics were employed to examine the relationships and differences outlined in the research objectives.

- To assess the **relationship between social media use, anxiety, and depression** (Specific Objective 3), we used Pearson’s Correlation Coefficient. This helps us understand the strength and direction of the connections between these variables based on their continuous scores.
- To determine the **influence of socio-demographic characteristics** on social media use, anxiety, and depression (Specific Objective 4), group comparisons were conducted:
 - **Independent Samples t-tests** were used to compare the mean scores of two independent groups (e.g., males vs. females).
 - **One-Way Analysis of Variance (ANOVA)** was used to compare mean scores across three or more independent groups (e.g., different age categories, programmes of study, or levels of loneliness).

The results of these analyses are presented in Chapter Four using a combination of tables and figures to provide a clear summary of the findings.

3.10 Ethical Considerations

Some ethical issues that were considered include confidentiality, risks, and awkwardness in the time for participants. Informed consent and child assent (less than 18 years) was sought from participants after explaining the study to them before recruitment. Furthermore, this research sought the informed consent of participants by asking them to sign an informed consent form. Participants were made aware of the objectives of the research project, and they were assured of anonymity and confidentiality for all information they provided. Participants were assured that all data would be anonymised, and no personal identifiers would be attached to their responses to maintain confidentiality. Participants were also assured that at any point during the data collection, they had every right to withdraw without any consequences to their person, image or self-esteem.

Finally, ethical clearance was obtained from the Ethical Committee of the Ensign Global College before the study began.

3.11 Limitations of the study

1. The cross-sectional design captures data at a single point, limiting causal inferences between variables. It fails to account for the necessary temporal sequence to establish cause-and-effect relationships, making it hard to discern whether one variable influences another or if they are merely correlated due to external factors. Thus, while cross-sectional studies reveal correlations and offer valuable snapshots of populations, they do not effectively illuminate causal dynamics or relationship directionality over time.
2. The study focused on a single school, emphasising how its unique demographics and challenges can offer insights that might inspire broader educational changes. By

examining teaching methods, community involvement, and student performance, the research aimed to uncover lessons applicable to similar institutions.

3. SHS1 students were excluded from the study due to their absence during data collection, coinciding with a break caused by the school year restructuring. This exclusion likely impacted the sample's representativeness, omitting an important demographic that could offer valuable insights.
4. Voluntary participation enhances participants' autonomy and improves the validity and reliability of findings. When individuals choose to engage, they provide richer responses. However, the lack of incentives may reduce participation rates and the diversity of perspectives, presenting challenges for future research.
5. Self-reported data can introduce bias due to subjective responses influenced by social desirability, recall accuracy, and personal interpretation. Respondents may exaggerate positive behaviours or minimize negative experiences, leading to inconsistencies that affect research validity and reliability.

3.12 Assumptions

For the purpose of this study, several critical assumptions were established. It was presupposed that the entire student sample population consisted of adolescents, that all participants were proficient in English, and that they provided candid and truthful responses during the data collection process facilitated by the research instruments.

1. **Social media usage is prevalent among adolescents** in the Lower Manya Krobo Municipality, with most students accessing multiple platforms daily.
2. **Adolescents who frequently use social media are more likely to exhibit symptoms of anxiety and depression** compared to those who use it less frequently.

3. **There is a measurable relationship between the level of social media addiction and mental health outcomes**, particularly anxiety and depression, among senior high school students.
4. **Socio-demographic factors such as age, gender, and perceived wealth status do not significantly moderate the relationship** between social media use and mental health problems.
5. **Students may not accurately perceive their own level of social media addiction**, even when their usage patterns suggest otherwise.
6. **Feelings of loneliness are positively associated with higher levels of depression**, and this relationship may be influenced by patterns of social media use.
7. **The Bergen Social Media Addiction Scale (BSMAS), GAD-7, and PHQ-9 are valid and reliable tools** for assessing social media addiction, anxiety, and depression in the Ghanaian adolescent context.

CHAPTER FOUR

4.0 RESULTS

4.1 Introduction

This chapter systematically presents the empirical findings generated by the study, directly aligning with the objectives articulated in Chapter One. The organization of results is structured to reflect the collected data on: the socio-demographic characteristics of the participants; quantified levels of social media usage; the prevalence of mental health symptoms (specifically anxiety and depression); the statistical correlation between social media utilization and reported mental health issues; and the resultant influence of socio-demographic factors on these relationships

4.2 Background Information

A total of 424 questionnaires were administered to Senior High School students at AMEST to acquire primary data examining the correlation between social media addiction and the manifestation of anxiety and depression symptoms within this cohort. By systematically analyzing the role of socio-demographic factors and established behavioral trends, the research yields valuable empirical insights into the psychological well-being of Senior High School students residing in the Lower Manya Krobo Municipality, effectively illuminating the relationship between technology use and mental health outcomes.

4.3 Socio-Demographic Characteristics of Respondents

A total of 424 students participated in the study. Table 4.1 presents the socio-demographic profile of the respondents. The majority of the participants were female (56.56%), while males constituted 43.44%. The age range of respondents was between 13 and 19 years, with the

largest proportion (33.73%) being 17 years old. Most of the participants were in SHS2 (86.02%), and the most common programme of study was Home Economics (32.23%), followed by Technical/Vocational (26.54%). Regarding perceived wealth status, nearly half (48.18%) considered their family status as average. A significant number of respondents (66.43%) reported sometimes feeling lonely, while 18.33% reported feeling lonely often.

Table 4.1: Socio-Demographic Profile of Respondents

Variables	Frequency	Percentage
<i>Sex</i>		
Male	182	43.44
Female	237	56.56
<i>Age in Years</i>		
15years and below	21	5.03
16years	101	24.16
17years	141	33.73
18years	103	24.64
19years	52	12.44
<i>Class</i>		
SHS2	363	86.02
SHS3	59	13.98
<i>Programme of Study</i>		
Arts	38	9.0
Business	17	4.03
Home EcoNomics	136	32.23
Science	49	11.61

Technical/Vocational	112	26.54
Visual Arts	70	16.59
<i>Perceived Wealth Status</i>		
Very Poor	14	3.39
Poor	24	5.81
Average	199	48.18
Above Average	94	22.76
Wealthy	82	19.85
<i>Feeling lonely</i>		
No	64	15.24
Sometimes	279	66.43
Yes	77	18.33

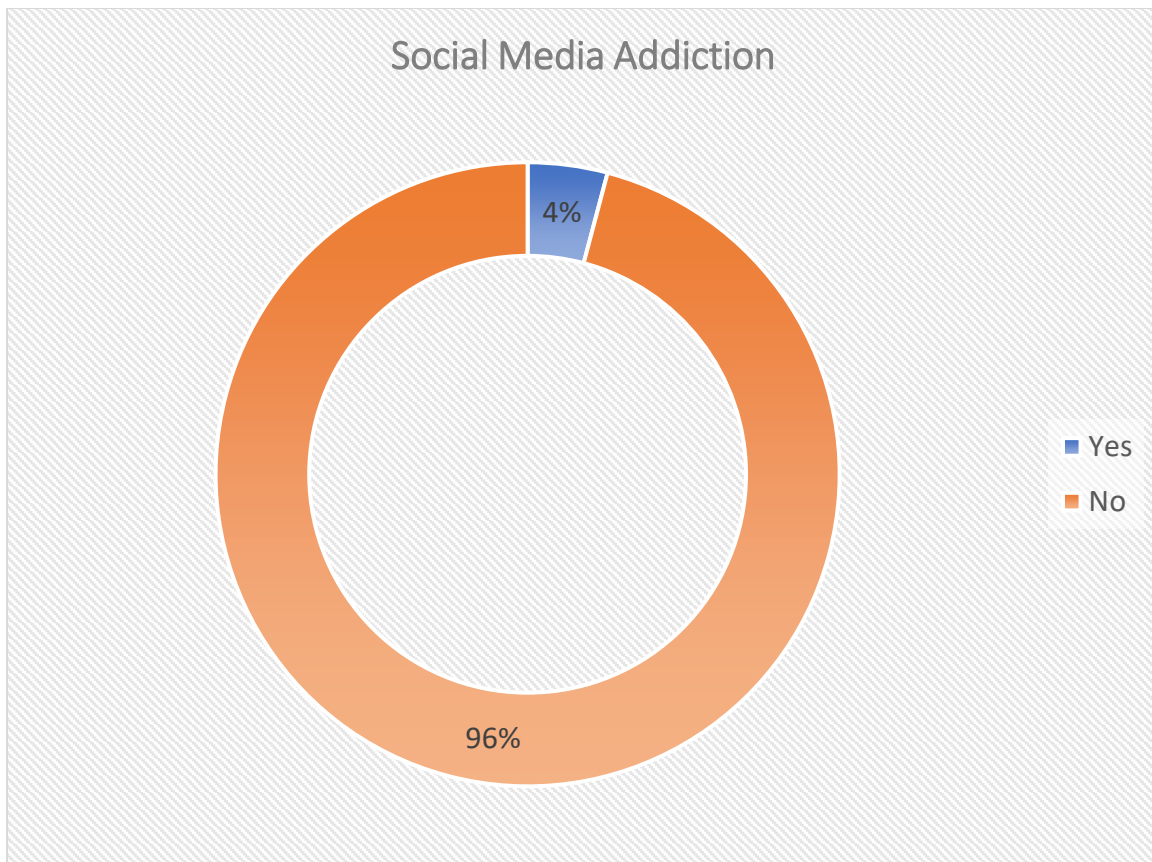
Source: Field data, 2025

4.4 Levels of Social Media Addiction

The study examined the level of social media addiction, and the result is summarised in the figure 4.1 below.

The study reveals that 96% of individuals are not addicted to social media, whereas 4% exhibited addictive behaviours. ,

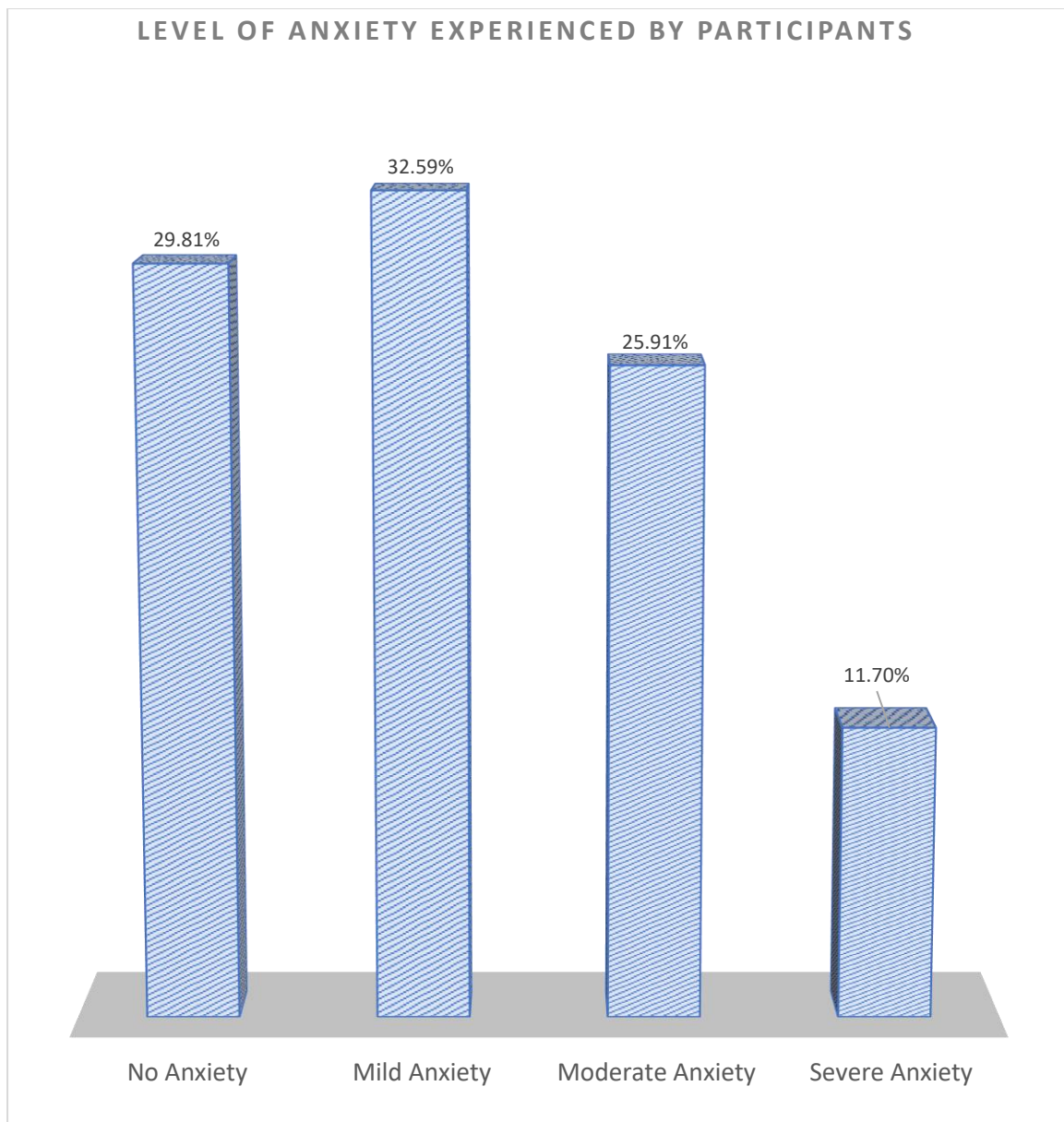
Figure 4.1 showing the prevalence of social media addiction among the participants.



4.5 Levels of anxiety experienced by participants

The level of anxiety experienced by students was examined, and the results showed that 9.81%, 32.59%, 25.91% and 11.70% of the participants reported normal Anxiety, mild Anxiety, Moderate Anxiety and Severe Anxiety, respectively. The findings are illustrated in Fig. 4.2

Figure 4.2 shows the Level of anxiety experienced by participants

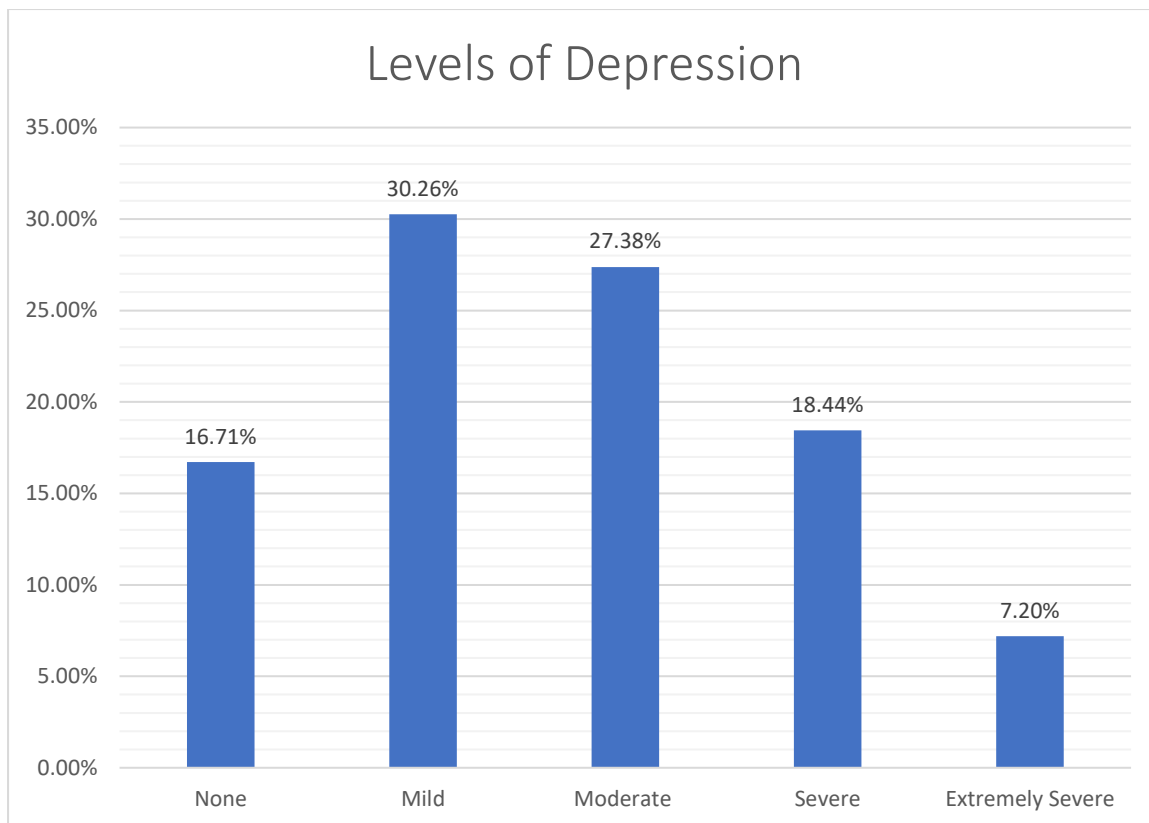


4.6 Levels of depression experienced by participants

Again, participants reported varying levels of depression, which ranged from none to extremely severe depression. According to the data, 16.71% of individuals reported experiencing no depression. In contrast, 30.26% were classified as having mild depression, while moderate depression affected 27.38% of the population. Severe depression was noted in 18.44% of individuals, and 7.20% experienced extremely severe depression.

This shows that over 83% of respondents experienced some level of depressive symptoms, with more than 25% reporting severe or extremely severe symptoms.

figure 4.3 shows the Level of depression experienced by participants



4.7 Correlation between Social Media Use and Mental Health

Pearson correlation analysis was conducted to explore the intricate relationship between social media usage and various mental health outcomes, specifically anxiety and depression. The findings, presented in Table 4.2, reveal statistically significant positive correlations, highlighting the potential mental health implications of social media engagement:

- **Social Media Use and Anxiety:** The analysis showed a correlation coefficient of $r = 0.19$ ($p < 0.001$), suggesting a moderate association where increased social media use is linked to heightened levels of anxiety.
-
- **Social Media Use and Depression:** Similarly, a correlation of $r = 0.20$ ($p < 0.001$) was observed between social media use and depression, indicating that as social media engagement rises, so does the prevalence of depressive symptoms.

- Anxiety and Depression: Furthermore, a strong positive correlation was found between anxiety and depression, with a coefficient of $r = 0.54$ ($p < 0.001$). This significant relationship underscores the interconnected nature of these two mental health conditions.

Table 4.2: Summary of Pearson correlation of the relationship between Social Media Addiction and mental health problems

Variables	Mean	SD	Social Media Use	Anxiety	Depression
Social Media Use	16.27	4.12	1		
Anxiety	8.08	5.16	0.19***	1	
Depression	10.66	5.91	0.20***	0.54***	1

*** = $p < 0.001$

The results show a statistically significant positive correlation between social media use and anxiety ($r = 0.19$) and between social media use and depression ($r = 0.20$), suggesting that increased social media use is associated with higher levels of psychological distress.

4.8 INFLUENCE OF SOCIO-DEMOGRAPHIC CHARACTERISTICS ON SOCIAL MEDIA USE AND MENTAL HEALTH

ANOVA and t-tests were used to assess the impact of socio-demographic factors on social media use, anxiety, and depression. The key findings are summarised below:

Table 4.3: Summary of socio-demographic characteristics associated with social media use, anxiety and depression

Variables	SMU	t/F	p	Anxiety	t/F	p	Depression	t/F	p
<i>Sex^a</i>		1.90	0.06		1.82	0.07		0.72	0.48
Male	16.73(SD=4.03)			7.50(SD=5.34)			10.89(SD=6.11)		
Female	15.90(SD=4.18)			8.50(SD=4.99)			10.43(SD=5.78)		
<i>Age in years</i>		0.58	0.68		0.65	0.63		0.51	0.73
15years and below	15.87(SD=4.19)			7.94(SD=5.08)			11.31(SD=7.74)		
16years	15.82(SD=4.33)			7.82(SD=5.22)			10.84(SD=5.45)		
17years	16.19(SD=3.95)			8.57(SD=5.60)			11.02(SD=6.08)		
18years	16.64(SD=4.25)			8.14(SD=4.99)			9.93(SD=5.89)		
19years	16.65(SD=3.99)			7.15(SD=4.04)			10.53(SD=5.86)		
<i>Class^a</i>		0.26	0.80		0.53	0.60		0.24	0.81
SHS2	16.24(SD=4.10)			8.02(SD=4.93)			10.69(SD=5.66)		
SHS3	16.40(SD=4.26)			8.42(SD=6.34)			10.48(SD=7.18)		
<i>Programme of Study^b</i>		1.65	0.15		1.47	0.20		0.96	0.45
Arts	16.47(SD=4.35)			10.00(SD=5.39)			10.74(SD=6.47)		

Business	15.80(SD=3.26)			6.38(SD=4.65)			8.40(SD=5.78)		
Home Economics	15.77(SD=4.31)			8.30(SD=4.98)			10.35(SD=5.92)		
Science	15.37(SD=4.06)			7.96(SD=5.36)			9.98(SD=5.42)		
Technical/Vocational	17.09(SD=4.20)			7.64(SD=5.30)			11.39(SD=6.55)		
Visual Arts	16.52(SD=3.63)			7.88(SD=5.01)			11.07(SD=4.77)		
<i>Perceived Wealth Status^b</i>		0.43	0.79		1.61	0.17		0.24	0.92
Very Poor	16.25(SD=3.14)			9.40(SD=3.63)			11.55(SD=5.73)		
Poor	15.76(SD=3.95)			7.77(SD=5.04)			11.57(SD=5.17)		
Average	16.07(SD=4.21)			8.59(SD=4.82)			10.47(SD=5.48)		
Above Average	16.46(SD=4.02)			6.94(SD=5.28)			10.54(SD=6.49)		
Wealthy	16.74(SD=4.40)			8.17(SD=6.01)			10.52(SD=6.40)		
<i>Feels lonely^b</i>		2.12	0.12		2.26	0.11		4.35	0.01
No	15.25(SD=3.66)			7.21(SD=4.94)			9.80(SD=6.04)		
Sometimes	16.51(SD=4.25)			7.97(SD=4.96)			10.31(SD=5.47)		
Yes	16.11(SD=3.85)			9.14(SD=5.90)			12.62(SD=7.02)		

• ^a = Independent t-test, ^b = One-Way ANOVA

4.9 Summary of Key Findings

- Most students use social media moderately, with 4% reporting addiction.
- High levels of anxiety and depression were present in the sample.
- A positive correlation exists between social media use and mental health issues.
- Loneliness significantly predicts higher depression scores.

These findings underscore the need for targeted mental health interventions and responsible social media use education in senior high schools

CHAPTER FIVE

5.0 DISCUSSION

5.1 Introduction

This chapter explores the findings of the study in relation to the research questions, objectives, key variables, and literature review. It aims to provide a comprehensive understanding of the relationship between social media addiction and mental health problems among adolescents.

5.2 Level of Social Media Addiction Among Senior High School Students

The level of social media usage among adolescent is very important in determining their addiction to social media. From the current study, it was revealed that 96% of the respondents were not addicted to social media while whereas 4% social media. This could be due to the setting of the study. The study was conducted among adolescents in school. Again, Senior High school students are not permitted to use mobile phones during class hours. This might have accounted for the lack of association between age and social media addiction. Additionally, most of the respondents might not have the financial strength to afford smartphones with social media applications. In contrast to the findings of this study, an Italian study reported that 15% of the sample adolescents were addicted to social media (Spina *et al.*, 2021).

Consistent with the outcome of this study, (Victor et al., 2024) found the prevalence of social media addiction to be 72% for moderate addiction and 25% for high addiction. The study was, however, conducted among adolescents between the ages of 13 to 21 years which some of whom were not in school.

5.3 The level of Mental Health Problems (anxiety and depression) among senior high schools.

The literature review underscored the growing concern regarding the impact of social media on mental health, particularly among adolescents. Prior studies have noted that excessive social

media use correlates with heightened levels of anxiety, depression, and other mental health issues (Amofah-serwaa *et al.*, 2015; Rutter *et al.*, 2021) .

From the study, 9.81%, 32.59%, 25.91% and 11.70% of the participants reported normal anxiety, mild anxiety, moderate anxiety and severe anxiety, respectively. The level of anxiety shown by the respondents could be due to the various social media platforms used. Again, the low level of severe anxiety reported by the respondents the features used by the participants. Adolescents using features that seek validation are likely to experience mental health problems such as anxiety. Beyari H. (2023) asserted that adolescents are likely to experience. This implies that stress, despair, and anxiety occur when they use social media for may approval and social respect. The outcome of the study calls for more education of adolescents on the healthy use of social media platforms. A related study reported that social media exposure was significantly associated with higher risks of anxiety.

Additionally, 27.38% reported moderate depression, and 18.44% reported severe depression. Adolescents reporting depression from social media addiction could be due to the feedback received while using social media platforms. Furthermore, the number of social media accounts and the frequency of checking social media platforms are likely to predispose adolescents to depression. Adolescents using messaging platforms and reviewing unfavourable news could lead to depression. The amount of time spent on social media platforms could lead to a decrease in interpersonal communication among adolescents and predispose them to mental health problems. This is relatively lower than that reported in similar studies among adolescents in Saudi Arabia, in which 40% exhibited moderate to severe depression, with 5.8% of them having severe depression (AlHamad and AlAmri, 2021). Additionally, another study among female adolescents found a 35% depression rate (Ali, Al Harbi and Rahman, 2018). Unlike the Saudi Arabian studies, this current study was conducted among both male and female adolescents in school. This might have accounted for the difference in the findings.

Contrary, another study reported a higher depression rate among adolescents in secondary school and university students (Koly *et al.*, 2021). The outcome of this study is also in line with existing research that reported mental health problems among adolescents (Rideout and Fox, 2018;Bozzola *et al.*, 2022).

5.4 The relationship between Social Media Addiction and mental health problems.

From the current study, it was found that there exists a statistically significant positive correlation between social media use and anxiety ($r = 0.19$, $p < 0.001$). The findings suggest that higher levels of social media engagement are associated with a rise in psychological distress among adolescents. The findings of this study are in agreement with previous studies that have reported that social media use affects mental health problems, including anxiety (Fabris *et al.*, 2020; Xie *et al.*, 2021), contended that adolescents are sensitive to stress that can be triggered by neglect and negative reactions from peers, thus responsible for anxiety among adolescents.

Furthermore, the study found that social media had a statistically significant relationship with depression ($r = 0.20$, $p < 0.001$). This indicates that increased social media use is linked to higher levels of psychological distress. These findings resonate with the work of Cunningham, Hudson and Harkness (2021) and Rutter *et al.*(2021), who also reported similar associations.

5.5 Social demographic characteristics that influence social media addiction and mental health problems.

The literature is replete with studies indicating a strong association between social media addiction and health problems (Bettmann *et al.*, 2021; Victor *et al.*, 2024). From the current study, socio-demographic factors such as age, academic level, and perceived wealth status did not have a significant influence on mental health outcomes. In contrast with the outcome of this study, Aydin *et al.* (2021) reported that age was associated with social media addiction and

mental health. This could be due to the relatively small sample size and location of the study. This current study was conducted among senior high school students which most of whom were between the ages of 14 to 17 years. Again, Senior High school students are not permitted to use mobile phones during class hours. This might have accounted for the lack of association between age and social media addiction. The outcome of this study contradicts that of Dhir et al. (2016) and Monacis et al. (2020), who found that age and education level had a significant association with social media addiction. This suggests that the impact of social media on mental health may affect individuals across various demographic groups. There is a need for further studies regarding the relationship between age and social media addiction, and mental health problems.

Additionally, the study found that females reported slightly higher anxiety scores than males, but the difference was not statistically significant ($p = 0.07$). The findings from this study could be due to the consistency with which females use social media. Additionally, in order to improve communication and connection with peers on social media platforms, women focus more on social activities and are more likely to share more selfies on social networking sites than males. Consistent with this study, Zhao et al. (2022) reported that females are more prone to addictive use of social media than males. Dhir et al. (2016) asserted that females use social media for social activities, enhancing communication and prefer to share selfies using social media applications. This might have accounted for females being addicted to social media in this study.

Additionally, the study identified a statistically significant link between loneliness and depressive symptoms ($p = 0.01$). Participants who reported feeling lonely had higher mean depression scores ($M = 12.62$) compared to those who did not ($M = 9.80$). However, feelings of loneliness were significantly associated with higher depression scores ($p = 0.01$),

underscoring the importance of social connectedness in mitigating the adverse effects of social media use.

CHAPTER SIX

6.0 CONCLUSION AND RECOMMENDATIONS

6.1 SUMMARY

This study investigated the relationship between social media addiction and mental health among adolescents in a senior high school setting. A cross-sectional design was employed with a sample of 424 students, revealing a significant positive correlation between social media use and symptoms of anxiety and depression. Additionally, loneliness was identified as a strong predictor of depressive symptoms.

6.2 Conclusion

In conclusion, this research provides valuable insights into how social media addiction affects mental health problems among adolescents. The findings emphasise the need for targeted interventions to promote responsible social media use and support adolescent mental health. Collaborative efforts among schools, parents, and policymakers are necessary to address this growing concern and ensure the well-being of young people. Notably, while most students do not perceive themselves as addicted to social media, higher levels of usage are positively associated with symptoms of anxiety and depression.

Overall, the findings indicate that although social media enhances communication and social interaction, excessive engagement can negatively influence adolescents' mental well-being. Thus, school-based interventions focusing on responsible social media use and emotional well-being are crucial.

6.3 Recommendations

1. For the Ghana Education Service (GES) and School Administration:

- a) **Integrate Digital Literacy:** Create and launch a required module on responsible digital citizenship for senior high school students. This module should cover time management, how to evaluate online content, the issue of cyberbullying, and the effects of social media on mental health.
- b) **Strengthen Mental Health Support:** Train guidance coordinators in screening tools (PHQ-9, GAD-7) to identify at-risk students and establish peer support networks for discussing social media stress.

2. For Parents and Guardians:

Foster Open Communication: Organise workshops for parents on social media and encourage open conversations with children about their online experiences. Promote "family media agreements" for healthy device use.

3. For Community and Policy Makers:

- a) **Launch Awareness Campaigns:** Use local media to inform the community about social media addiction signs and mental health issues, reducing stigma and encouraging help-seeking.
- b) **Promote Offline Connection:** Support youth activities (sports, clubs, cultural programs) to provide alternative socialisation avenues, reducing feelings of loneliness.

6.4 Suggestions for Future Research

- Expand the study across multiple schools and districts.
- Use longitudinal methods to track changes over time.
- Integrate qualitative approaches to gain deeper insights. methods to explore user perspectives and experiences.

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APPENDICES

APPENDIX A: PARENTAL CONSENT FORM

STUDY TITLE: SOCIAL MEDIA ADDICTION AND MENTAL HEALTH PROBLEMS AMONG SCHOOL-GOING ADOLESCENTS IN THE LOWER MANYA KROBO MUNICIPALITY, EASTERN REGION, GHANA

Introduction:

My name is Felix Kwame Osei-Safo, and I am a Master of Public Health candidate at Ensign Global College, Kpong. I am conducting a study on the impact of social media addiction on mental health among school-going adolescents in the Lower Manya Krobo Municipality. This study is part of an academic project, and the findings may help develop policies or programs aimed at improving adolescent mental health. Your child/ward has been selected to participate in this study. I kindly request your consent for your child's/ward's participation.

Study Details:

- Purpose: To investigate the relationship between social media addiction and mental health among senior high school students.
- Procedures: Your child will complete a questionnaire about their social media usage and mental health.
- Risks/Benefits: Minimal risk; potential benefits include contributing to our understanding of social media addiction's impact on mental health.

Confidentiality:

All information collected will be kept confidential and anonymous.

Consent:

I, _____ [Parent/Guardian], hereby grant permission for my child, _____, to participate in this study.

Requirements:

- I understand the study's purpose and procedures.
- I understand that my child's/Wards participation is voluntary.
- I understand that my child can withdraw from the study at any time.

Parent/Guardian Information:

- Name: _____
- Contact Information (phone/email): _____

Child/Ward Information:

- Name: _____
- Age: _____
- School: _____

Signature:

Parent/Guardian

Signature: _____

Date: _____

APPENDIX B: CHILD ASSENT FORM

STUDY TITLE: SOCIAL MEDIA ADDICTION AND MENTAL HEALTH PROBLEMS AMONG SCHOOL-GOING ADOLESCENTS IN THE LOWER MANYA KROBO MUNICIPALITY, EASTERN REGION, GHANA

Hello!

My name is Felix Kwame Osei-Safo, and I am a Master of Public Health candidate at Ensign Global College, Kpong. I am doing a study to understand how social media affects the mental health of teenagers like you.

What will happen in this study?

- You'll fill out a questionnaire about your social media use and how you feel.
- It will take about 25-35 minutes.
- Your answers will be kept secret and anonymous.

Why is this study important?

- Your answers will help us understand how social media affects teenagers' mental health.
- This will help create programs to support teenagers' well-being.

Do you want to participate?

- You don't have to participate if you don't want to.
- You can stop at any time without getting into trouble.
- Your parents/guardians have already given permission, but you have the final say.

Questions or concerns?

- Ask me (the researcher) or research assistant your teacher anytime.

Assent

I, _____ (Name), agree to participate in this study.

Signature: _____

Date: _____

Age: _____

APPENDIX C: INFORMED CONSENT FORM

STUDY TITLE: SOCIAL MEDIA ADDICTION AND MENTAL HEALTH PROBLEMS
AMONG SCHOOL-GOING ADOLESCENTS IN THE LOWER MANYA KROBO
MUNICIPALITY, EASTERN REGION, GHANA

INTRODUCTION AND INFORMED CONSENT FORM TO PARTICIPANTS

Hello,

My name is Felix Kwame Osei-Safo, and I am a Master of Public Health candidate at Ensign Global College, Kpong. I am conducting a study on the impact of social media addiction on mental health among school-going adolescents in the Lower Manya Krobo Municipality. This study is part of an academic project, and the findings may help develop policies or programs aimed at improving adolescent mental health.

Purpose of the Study

The purpose of this study is to understand how the use of social media affects the mental health of adolescents in our community. We aim to explore the relationship between social media addiction and issues such as anxiety, depression, and loneliness.

Procedures

If you agree to participate in this study, you will be asked to complete a questionnaire that includes questions about your use of social media, your mental health, and some personal details like your age and gender. The questionnaire will take approximately 25 to 35 minutes to complete. Your responses will be kept confidential and will only be used for research purposes.

Confidentiality

All information you provide will be kept strictly confidential. Your name will not appear anywhere in the research; instead, a unique code will be assigned to your responses. The data collected will be stored securely, and only the research team will have access to it. The results of the study may be published or presented, but your identity will not be disclosed.

Risks

Participating in this study involves minimal risk. However, you may feel uncomfortable answering some questions related to your social media use or mental health. You are not required to answer any question that makes you uncomfortable, and you can stop participating in the study at any time without any negative consequences.

Benefits

While there are no direct benefits to you for participating in this study, your responses will contribute to a better understanding of how social media affects the mental health of adolescents in our community. This knowledge may help in the development of strategies to improve mental health services and education for young people.

Contact Information

If you have questions at any time about this study, you may contact the researcher whose contact information is provided on the first page. If you have questions regarding your rights as a research participant, or if problems arise that you do not feel you can discuss with the Primary Investigator, please contact Dr. Nuworza Kugbey at nuworza.kugbey@ensign.edu.gh.

Voluntary Participation

Your participation in this study is completely voluntary. You may choose not to participate, and you may withdraw from the study at any time without providing a reason. Your decision

not to participate or to withdraw will not affect your relationship with your school or any other institution.

It is not compulsory to partake in this survey and you're not obliged to answer any or all of the questions.

Do you have any questions to ask about the interview?

Do you want to partake in it? Yes [] No []

ANSWER ANY QUESTIONS AND ADDRESS RESPONDENT'S CONCERNS.

RESPONDENT AGREES TO BE INTERVIEWED

1 ----- → BEGIN

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED

2 ----- → END

Name of Interviewer _____

Date: _____

THUMB
PRINT

RESPONDENT'S SIGNATURE: _____

APPENDIX D: QUESTIONNAIRE

SOCIAL MEDIA ADDICTION AND MENTAL HEALTH PROBLEMS AMONG SCHOOL-GOING ADOLESCENTS IN THE LOWER MANYA KROBO MUNICIPALITY IN THE EASTERN REGION OF GHANA

SECTION A: SOCIO-DEMOGRAPHIC CHARACTERISTICS

Instructions:

- Please answer all questions honestly.
- For multiple-choice questions, tick (✓) the option that best represents your answer.
- For scale-based questions, circle or tick the number that corresponds to your experience.

.Age:

13 14 15 16 17 18 19

1. Sex:

Male Female Other: _____

2. Class:

SHS 1 SHS 2 SHS 3

3. Programme of Study (SHS only):

Arts Science Business Technical/Vocational

Home Economics Visual Arts Agriculture Other: _____

4. Religion:

Christianity Islam Traditional None Other: _____

5. In a Relationship?

Yes No

6. Perceived Wealth Status:

Very Poor Poor Average Above Average Wealthy

7. Have Close Friends?

Yes No

8. Own a Smartphone?

Yes No

9. Parental Monitoring of Activity?

Yes No Not Sure

10. Feel Lonely?

Yes No Sometimes

11. On average, how many hours do you spend on social media per day?

Less than 1 hr., 1-2 hrs., 3-4 hrs., 5-6 hrs., More than 6 hrs.

SECTION B: SOCIAL MEDIA USAGE PATTERNS

1. **Which social media platforms do you use regularly?** (You can tick more than one)

Facebook [] Instagram [] Twitter [] WhatsApp [] Snapchat [] TikTok []
YouTube [] Other(s): _____

2. **How many social media accounts do you have in total?**

1 [], 2-3 [], 4-5 [], More than 5

3. **Average daily time spent on social media:**

Less than 1 hour [] 1-2 hours [] 3-4 hours [] 5-6 hours [] More than 6 hours

4. **When do you mostly use social media?** (You can tick more than one)

Early morning [], During school hours [], After school [], Late at night []
Throughout the day []

5. **Main activities on social media:** (You can tick more than one)

Chatting with friends/family [], Sharing/viewing photos/videos [],

Following news/trends [], Educational purposes [], Playing games [],

Other(s): _____

6. **Do you use social media during class hours?**

Yes [], No [], Sometimes []

7. **Have you tried reducing social media time?**

Yes [], (Were you successful? [] Yes [] No [] Partially [])

No []

8. Do you feel anxious/restless without social media?

Yes [], No [], Sometimes []

9. Experienced cyberbullying/harassment on social media?

Yes [], No [], Sometimes []

10. Does social media affect your academic performance?

Positively [], Negatively [], No effect [], Not sure []

SECTION C: THE BERGEN SOCIAL MEDIA ADDICTION SCALE (BSMAS)

Rate how often each statement applies to you over the past year, using a 5-point Likert scale:

1 (Very rarely), 2 (Rarely), 3 (Sometimes), 4 (Often), and 5 (Very often).

S/N	Statement	1	2	3	4	5
1	You spend a lot of time thinking about social media or planning how to use it.	1	2	3	4	5
2	You feel an urge to use social media more and more.	1	2	3	4	5
3	You use social media to forget about personal problems.	1	2	3	4	5
4	You have tried to cut down on the use of social media without success.	1	2	3	4	5
5	You become restless or troubled if you are prohibited from using social media.	1	2	3	4	5
6	You use social media so much that it has had a negative impact on your studies.	1	2	3	4	5

Section D: GAD-7

Rate the extent to which you have been bothered by the following concerns using the

following rating scales: 0 = Not at all, 1 = Several days, 2 = More than half the days, and 3 =

Nearly every day

S/N Over the last two weeks, how often have you been bothered by the following problems?

1	Feeling nervous, anxious, or on edge	0	1	2	3
2	Not being able to stop or control worrying	0	1	2	3
3	Worrying too much about different things	0	1	2	3
4	Trouble relaxing	0	1	2	3
5	Being so restless that it's hard to sit still	0	1	2	3
6	Becoming easily annoyed or irritable	0	1	2	3
7	Feeling afraid as if something awful might happen	0	1	2	3

Section E: PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

Rate the extent to which you have been bothered by the following concerns using the following rating scales: 0 = Not at all, 1 = Several days, 2 = More than half the days, and 3 = Nearly every day.

S/N Over the last 2 weeks, how often have you been bothered by any of the following problems?

1	Little interest or pleasure in doing things	0	1	2	3
2	Feeling down, depressed, or hopeless	0	1	2	3
3	Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4	Feeling tired or having little energy	0	1	2	3
5	Poor appetite or overeating	0	1	2	3
6	Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7	Trouble concentrating on things, such as reading books, the newspaper or watching television	0	1	2	3
8	Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9	Thoughts that you would be better off dead, or thoughts of hurting yourself in some way	0	1	2	3

APPENDIX E: ETHICAL CLEARANCE



OUR REF: ENSIGN/IRB/EL/SN-274/01
YOUR REF:

January 8, 2025

INSTITUTIONAL REVIEW BOARD SECRETARIAT

Felix Kwame Osei-Safo
Ensign Global College
Kpong.

Dear Felix,

ETHICAL CLEARANCE TO UNDERTAKE POSTGRADUATE RESEARCH

At the General Research Proposals Review Meeting of the *INSTITUTIONAL REVIEW BOARD (IRB)* of Ensign Global College held on Wednesday, January 8, 2025, your research proposal entitled "**Social Media Addiction and Mental Health Problems among School-Going Adolescents in the Lower Manya Krobo Municipality in the Eastern Region of Ghana**" was considered.

You have been granted Ethical Clearance to collect data for the said research under academic supervision within the IRB's frameworks and guidelines.

We wish you all the best.

Sincerely,

A handwritten signature in black ink, appearing to read "Rebecca Acquah-Arhin", with a flourish at the end.

Dr. (Mrs.) Rebecca Acquah-Arhin
IRB Chairperson

APPENDIX F: APPROVAL LETTERS

In case of reply the number, the date of this letter should be quoted.

My Ref: LMK/MHD/EAS/007/2025

Your ref. No.....

PEOPLE-CENTRED
PROFESSIONALISM
INNOVATION
EXCELLENCE
DISCIPLINE
INTEGRITY



LOWER MANYA KROBO MUNICIPAL HEALTH DIRECTORATE
P. O. Box 64, Odumase - Krobo
Email: lowermanya.mhder@ghs.gov.gh
Digital Address code: EL-0070-3839

13th January, 2025.

TO WHOM IT MAY CONCERN

LETTER OF INTRODUCTION

This serves to introduce to you to **Mr. Felix Kwame Osei-Safo**, a student of the Master of Public (MPH) degree program of the Ensign Global College.

As part of his graduation requirement, he is writing a thesis on the topic, "**Social Media Addiction and Mental Health Problems among School-Going Adolescent in the Lower Manya Krobo Municipality in the Eastern Region of Ghana**" and would like to obtain data from your outfit.

Kindly accord him any assistance he may require in the collection of this data.

Thank you.

HEALTH SERVICES ADMINISTRATOR
MUNICIPAL HEALTH DIRECTORATE
LOWER-MANYA KROBO

A handwritten signature in blue ink, appearing to read 'Dennis Afriyie'.

MR. DENNIS OWUSU AFRIYIE
SNR. ADMINISTRATIVE MANAGER
FOR: MUNICIPAL DIRECTOR OF HEALTH SERVICES
LOWER MANYA KROBO

OUR REF: ENSIGN/IRB/EL/SN-274-001
YOUR REF:

January 9, 2025.

TO WHOM IT MAY CONCERN



Dear Sir/Madam,

LETTER OF INTRODUCTION

We respectfully write to introduce to you Felix Kwame Osei-Safo (**Student Identification Number 247100274**) a student of the Master of Public Health (MPH) degree program of the College.

As part of his graduation requirements, he is writing a thesis on the topic; **“Social Media Addiction and Mental Health Problems among School-Going Adolescents in the Lower Manya Krobo Municipality in the Eastern Region of Ghana”** and would like to obtain data from your outfit.

We would be grateful if you kindly accede him any assistance he may require in the collection of this data in your unit for his thesis.

Thank you.

Faithfully yours,

PATRICK KUMA
REGISTRAR

Approved.
[Signature]
HEADMASTER
AKUSE METHODIST SNIR, HIGH TECH. SCH.
P. O. BOX 47
AKUSE E/R
14/01/25



REPUBLIC OF GHANA

GHANA EDUCATION SERVICE

LOWER MANYA KROBO MUNICIPAL

P. O. BOX 49

ODUMASE - KROBO

Digital Address: EL-0315-9671

In case of reply the number and date of
this letter should be quoted

Ref. No. GES/ER/LMKM/MC.MC.4397/02

Date: 21ST JANUARY, 2025

TO WHOM IT MAY CONCERN

LETTER OF INTRODUCTION

We write to introduce Mr. Osei-Sarfo Felix who is a Master of Public Health student of the Ensign Global College to you.

He is writing a thesis on the topic "Social Media Addiction and Mental Health Problems among school going adolescents in the Lower Manya Krobo Municipality in the Eastern Region of Ghana".

We have by this letter granted him access to the selected pre – tertiary schools within the Municipality for the purpose of his academic work.

All heads of the schools involved are encouraged to ensure Mr. Osei – Sarfo enjoys a stressless exercise in their school.

Kindly contact Mr. Evans Tamatey, the SHEP coordinator on 0246414166 for further enquiries.

Thank you.

.....
MR. SAMUEL KWESI TETTEY
MUNICIPAL DIRECTOR OF EDUCATION
LOWER MANYA KROBO

ATTENTION:

MR. OSEI – SARFO FELIX
ENSIGN GLOBAL COLLEGE

.....
MUN. DIRECTOR OF EDUCATION
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