

# The Mediating Effect of Social Connectedness on Mental Well-Being among Later Adolescence

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**Abstract** Mental health is regarded as the state of mental well-being often referred to as subjective well-being, perception and evaluation of life enabling people to cope with life stressors, process of learning and unlearning their abilities and potentials towards community well-being. Social networking and a sense of connectedness are regarded as the key resources to assess and enhance mental well-being. It is a multi-dimensional construct affecting various social and structural determinants like poverty, educational challenges, peer rejection, isolation, inadequate family support and discrimination that combine to defend or challenge one's mental well-being. Failure to address the consequences of one's mental well-being can be destructive to the individuals' physical and mental health by limiting their opportunities to develop. Poor mental well-being not only impairs the individual's functioning but also confines their social role in society. While the study focuses on the degree of connectedness over social relations impacting the mental well-being of undergraduate engineering students. The study employs a cross-sectional quantitative research design with questionnaire as the tool of data collection. The data was analyzed using correlation and multiple regression using SPSS 25. The study reveals a bidirectional relationship between social connectedness and mental well-being, with higher social connectedness indicating greater social and mental wellness, emphasizing the importance of a healthy social environment.

**Keywords** Mental Well-being, Social Connectedness, Social Networks, Social Relationships, Social Well-being

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## 1. Introduction

The adolescence phase is regarded as crucial due to various psychological and biological changes taking place along with adoption or discontinued behaviors including health behavior and strategies for coping up. It is also noted that individuals in this phase are subjected to a high risk of developing various psychiatric disorders mostly related to social dysfunction [1]. As they develop a greater sense of awareness of oneself and others additionally being exposed to varied social changes in their surroundings and friendship networks amidst higher educational challenges and expectations [2], it is important to ensure that they possess better mental and social well-being by promoting positive mental health.

Though the terms mental health and well-being appear to be the same, they consist of two different entities of a healthy individual [3]. The term mental health includes 'an individual's emotional, psychological and social well-being influencing their thoughts, feelings and actions' [4]. While mental well-being is regarded as 'A positive state of emotional, social, and psychological health characterized by a sense of contentment and capacity to effectively manage life challenges' [5]. Further, studies define mental health and mental well-being as an equilibrium in the interaction between individual and their social environment influenced by myriad factors such as biological dispositions, social interactions, cultural values,

and social structures [6]. It is regarded as the subjective perception and evaluation of life along with the process of socialization safeguarding both community and social well-being. Being multidimensional it affects all walks of life including various socio-structural determinants like poverty, discrimination, peer rejection, social isolation, and poor family support that challenge one's mental well-being. Negligence to address these issues can limit one's opportunities and hamper the growth and development of both the individual and the society.

Social connectedness refers to 'a state of feeling connected to self, others and the wider world'. More specifically, the belongingness theory outlines social connectedness 'as the feeling of affiliation attached to a social network reflecting the perceived feelings of meaningful connection with others at interpersonal level'. It is the social networking patterns and the social relationships of the individuals that influence both action and the feelings of the individual. In other words, the actual social network and the feelings of the individual towards their social relationship impact each other and differ from individual to individual consequently making the understanding of social connectedness as a complex phenomenon [7], [8].

The term social connectedness is mostly associated with social capital which involves networking of people. It is observed as a fundamental dimension of social capital predicting the strength and size of the social relations the individual possesses. Being a dynamic phenomenon of social significance depicting the diverse human existence [9], it provides physical, emotional, informational, and social support for people to overcome hurdles in their life by empowerment. As a key determinant in adolescents' mental health and well-being, it is born from the specific individual social needs and met through various social networks of the individual regularly to ensure both individual and social well-being.

The role of social connectedness in adolescent life is inevitable because it is bestowed with the responsibility of (peer) network formation thereby reducing the risk of social disengagement and isolation which may disturb the mental well-being of the individuals [10]. Studies have pointed out the danger of social fragmentation when the bonds between social groups strengthen, it jeopardizes their connections with the wider society. Being double-edged sword social connections are advantageous for people with wider connections and group coherence than the people with lesser social connections who are systematically excluded from obtaining the commonly available resources and opportunities [11]. Sociologists like Robert Putnam claim that the higher the social network of the individual is, the higher their integration with society and others is. Studies also entitle that 'socially less integrated individuals are more likely to express poor mental health and well-being than the individuals who have more integration towards their own community [20].

This higher integration for the community may lead to greater cohesion resulting in greater sense of control by reducing mental disorders [12] and coping with the societal crisis [13].

Mostly, in the field of health research social connectedness enables the creation of a conducive environment facilitating health-promoting networks leading to the formation of new social relations, norms, and trust among the members thereby persuading health outcomes through collective action at both societal and individual level [14], [15], [16]. Further, studies support that mental health benefits from the social support that the individual receives from his/her social relationships [17]. For instance, an individual with positive and pleasing relationships is comparatively happier than a relationship with conflict and criticism harming one's mental well-being.

Thus, the study tries to comprehend the individual's social connectedness to various social groups and its implication on the mental and social well-being of the individual. Social connection being the fundamental human instinct predicts both physical and mental health-related problems [18]. This fundamental instinct for association indicates the individuals' sense of self-identification that is attained due to their membership in various social groups. The social identity theory states the arousal of sense of self is driven by the membership to a social group as members' thoughts, emotions, and behaviour are strongly influenced within and outside the group [19]. Failure to satisfy this fundamental instinct results in social isolation and exclusion from the mainstream of society hampering the mental well-being of the individual by developing various mental health-related disorders. Previous studies state that an individual with good mental health uses his/her interpersonal skills and resources to lead a successful life [20] which indicates the inter-tangled relationship of mental well-being with social well-being. Because social well-being of the individuals denotes the positive relationship and social stability of the individual. Even the World Health Organization's definition of mental health emphasizes the relevance of mental health as a holistic compilation of physical, emotional, and social well-being [21]. Therefore, it is crucial to understand the facets of social and mental well-being for the overall development of the individuals especially the budding constructs (youth) of both the nation and society who are subjected to various social experiences and challenges.

So, the study hypothesized that:

H<sub>1</sub>- There is a significant relationship between social connectedness, social well-being, and mental well-being.

H<sub>2</sub>- Social connectedness and social well-being significantly predict mental well-being.

H<sub>3</sub>- Social connectedness mediates the relationship between social well-being and mental well-being.

## 2. Materials and Measures

The study has adopted a cross-sectional, quantitative, descriptive research design to understand the inference of social connectedness as an independent variable over mental well-being as the dependent variable. The study population included the later adolescents of the age group 18 to 20 years pursuing their bachelor's degree in engineering at a reputed educational institution in Vellore, Tamilnadu, India. The study sample was selected using simple random sampling to ensure the representation and availability of the respondents. The minimum sample size of the respondents was calculated as 89 for conducting linear multiple regression with a single regression coefficient for two predictors at 95 percent confidence level and 46 for conducting two-tailed correlation analysis with a large effect size using *gpower* analysis to ensure the effectiveness of the sample size over the research measures. So, a total of 105 samples were collected to ensure data adequacy for analysis. Ethically the researcher ensured the voluntary participation of the respondents by seeking their informed consent after a brief explanation of the study and its consequences during the data collection procedure. The study employed questionnaire as its tool of data collection considering the respondents' capability of understanding and maturity to answer the question based on their understanding. The questionnaire was constructed using simple English language equivalent to the fluency and knowledge of the respondents.

### 2.1. Measures

The questionnaire was designed with two sections wherein the first section comprised of the socio-demographic profile of the respondents followed by section two which contained questions related to social connectedness, social well-being, and mental well-being. Apart from the socio-demographic profile, all the other variables were measured using standardized assessments in a 5-point Likert scale. The Lee and Robbins social connectedness scale, consisting of 20-items was employed to measure the social connection of the respondents. The overall scores were calculated by summing up all the responses. A high total score showed the existence of high social connectedness of the respondent [22]. Similarly, the social well-being scale, comprising 20-items was used in the study to measure the social well-being of the respondents. The scale measured social well-being in four dimensions, such as social integration, social acceptance, social contribution, social actualization, & social coherence. The responses given for each question were summed up to gain an aggregate score for each respondent. Later, the aggregate scores of the respondents were understood as a respondent with high total score had better social well-being [23]. The 13-item Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) measures the mental well-being of the respondents. The score of

equivalent items of each response were added to get the total score of the respondent. A high total score showed that the individual respondent had a better mental well-being [24]. The study reliability (Cronbach alpha) for Lee and Robbins social connectedness scale was 0.833, for social well-being scale it was 0.812 and the Warwick-Edinburgh Mental Well-Being Scale had a reliability value of 0.814. Also, the questionnaire had a detailed description of the study including its purpose, objectives, and ethical consideration statement ensuring the right to participate and withdraw from the study without any consequences at any point of time by informing the researcher.

The manually collected filled-in response sheets were then coded into MS-EXCEL for interpretation of the results and later the data was exported to SPSS 25 (Statistical Package for Social Sciences) for performing analysis. The collected data was subjected to percentage analysis, cross-tabulation, and inferential statistical analysis such as Karl Pearson's correlation, regression analysis, and mediation analysis using Andrew F. Hayes PROCESS MACRO 4.2 to understand the various relationships between the variables.

## 3. Results

The study tries to understand the relationship between mental well-being, social connectedness, and social well-being variables by estimating the sense of connectedness implication on the mental well-being of the later adolescents pursuing their undergraduate engineering bachelors in reputed educational institution. The study results are as follows:

The demographic profile of the study population included later adolescents belonging to the age cohorts of 18 to 20 years with 18 years as the mean age group of the study. More than half (57.1 %) of the respondents were male while the remaining 42.9 percent of the respondents were female. About 57.1 percent of the respondents belonged to the urban areas and 30.5 percent of the respondents were from sub-urban geographical location followed by 12.4 percent of respondents from rural areas. The majority of the respondents, 83.3 percent, were Hindus followed by Christians (8.3%) and others (7.6%) including Muslims, Jainism, and Buddhism. 73.3 percent of the respondents are socialized from the nuclear family followed by 21 percent from the joint family and a minimum of 5.8 percent of the respondents from extended and single-parent families respectively.

With regards to the social conditions and networking patterns of the respondents, the majority (61%) of the respondents claim that they request any sort of help especially financial (72.4%) from their immediate family for their needs followed by friends (22.9%). With regard to the trust, 51.4 percent of the respondents sometimes trust their neighbors while 47.6 percent of the respondents claim

that mostly their neighbors and friends take advantage of them, and about one-fourth (26.7%) of the respondents do not trust their neighbors, almost half of the respondents (49.5%) of the respondents do not trust their leaders while 41.9 percent of the respondents trust their leaders including political and other voluntary association sometimes. On the whole 44.8 percent of the respondents have a good relationship with people in their area which can be witnessed in their responses (56.2%) for the feeling of oneness in their proximity implying the density of social connectedness. The majority of the male population (66.7%) in the age group of 18 years are highly socially connected in comparison to females who exhibit low social connection (26.3%). Similarly, the same is witnessed with that of mental well-being (Male- 66.7%, Female- 31.6%). Also, six out of ten (60.4%) respondents with high mental well-being have high social connection likewise 65.3 percent of the respondents with high social connection had higher mental well-being.

Table 1 presents the relationship between the study variables determined by Karl Pearson correlation analysis which infers that there is a statistically significant positive moderate correlation between social connectedness, mental well-being at  $r=.544, p<.01$  and social well-being at  $r=.500, p<.01$ . Mental well-being and social well-being have a statistically significant correlation relationship of  $r=.468$  at 99 percent confidence interval. Thereby, the study supports the hypothesis  $H_1$ .

Table 2 presents the results of linear regression analysis conducted for the study variables to understand whether social connectedness and social well-being predict mental

well-being of the study population. The adjusted  $R^2$  value of 35% variance shows that social connectedness and social well-being are statistically significant predictors of mental well-being with  $F(2,102) = 27.156, p<.001$ . More precisely, social connectedness has a statistically significant effect on mental well-being ( $\beta=.414, p<.001$ ) while social well-being is also a significant estimator of mental well-being ( $\beta=.261, p<.005$ ). Therefore, the results support the study hypothesis  $H_2$  as social connectedness and social well-being significantly predict mental well-being.

Simple Mediation analysis was performed using ordinary least square path analysis (performed by PROCESS MACRO 4.2) to evaluate the mediating role of social connectedness on the linkage between social well-being and mental well-being. The results in Table 3 and Figure 1 show that the total effect of social well-being on mental well-being was significant and positively predicted the outcome variable ( $\beta=.468, z=5.40, p<.001$ ). With the addition of social connectedness as the mediating variable, the impact of social well-being on mental well-being is still statistically significant ( $\beta=.261, z=2.86, p<.005$ ). The indirect effect of social well-being on mental well-being through social connectedness was found significant ( $\beta=.207, z=3.61, p<.001$ ). The study results further estimated that social connectedness accounts for 44.3% of social well-being and mental well-being. These findings support  $H_3$  that the relationship between social well-being and mental well-being is partially mediated by social connectedness thereby a healthy social environment is crucial for the better mental well-being of individuals.

**Table 1.** Correlation matrix of social connectedness, mental well-being, and social well-being

Variables ( $N=105$ )	<i>M</i>	<i>SD</i>	1	2	3
1 Social Connectedness	67.4	10.2	1		
2 Mental Well-being	45	8.3	.544**	1	
3 Social Well-being	58.4	9.5	.500**	.468**	1

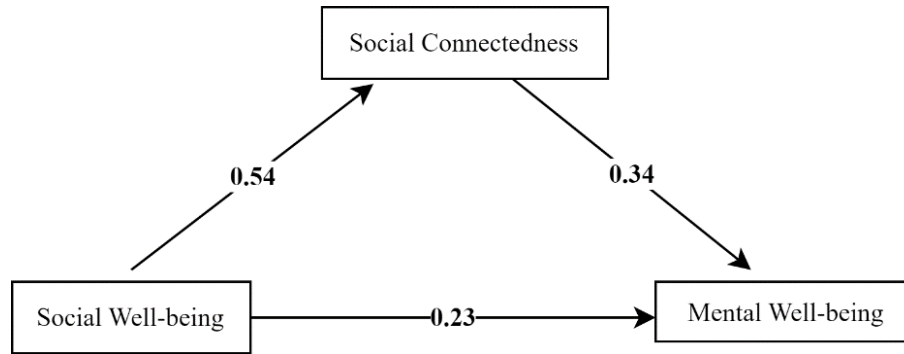
Level of Significance (Two tail) \*\* $p<0.01$ , \* $p<0.05$

**Table 2.** Results of Regression analysis of social connectedness and social well-being on mental well-being

Variables	<i>B</i>	<i>SE</i>	<i>t</i>	<i>p</i>	95% C.I
Constant	9.034	4.948	1.826	0.071	[-.780, 18.848]
Social Connectedness	0.337	0.075	4.485	0.000	[.188, .486]
Social well-being	0.228	0.081	2.824	0.006	[.068, .388]

**Table 3.** Results of Mediation analysis of social connectedness on social well-being and mental well-being

Effect	Path	$\beta$	<i>SE</i>	95% CI		<i>z</i>	<i>p</i>
				Lower	Upper		
Total	Social well-being → Mental well-being	0.468	0.0757	0.26	0.557	5.4	<.001
Direct	Social well-being → Mental well-being	0.261	0.0795	0.072	0.384	2.86	<.005
Indirect	Social well-being → Social Connectedness → Mental well-being	0.207	0.0502	0.082	0.279	3.61	<.001



**Figure 1.** Path diagram of simple mediation analysis of social connectedness on social & mental well-being

## 4. Discussion

The study findings try to map the connection between social connection and mental well-being of later adolescents as social activeness is one of the essential components of mental well-being. The study results show that there is a statistical relationship between the study variables such as mental well-being, social well-being, and social connectedness. However, there is no such statistically significant difference among the variables with respect to gender. Gender and gender-related roles are social constructs developed and shaped by the society for its functioning, especially in terms of division of labor. The social construction of sexuality by Talcott Parsons claims women to be soft, delicate, and physically weak so the society tried to protect and conserve women within the house by assigning the responsibility of household chores restricting their social network and relationships revolving around the family [25], resulting in poor social well-being with low social connectedness in earlier days. Presently, witnessing women's empowerment and modern democracy females attained equal participation and responsibility within the various spheres of the society thereby enabling them not only to unleash their talents but also to extend their wings of social networking consequentially enhancing their social connectedness to a better social and mental well-being. Also, studies have shown that females are more expressive than males [26], [27] which makes their social connectedness stronger on par with males and similarly males ensure physical presence and proximity to warrant their bonding with relationships.

Apart from these gender differences the family structure and the social environment in which the individual is socialized also play a decisive role in the well-being of the individual. Previous studies support that familial and societal connectedness is one of the most influential predictors of young individuals' psychological well-being and health [28], [29]. Similarly, this study also shows that the higher the social connectedness, the higher the number of members in the family while the lower the social connectedness, the lesser the size of the family is which emphasizes that respondents from the nuclear family had lesser social connectedness due to their restricted access to

family relations and neighbors. Further, the study points out that, factors such as the role of trust and the aspects of capitalizing on oneself act as the major reasons for decreased social connectedness and networking among the individuals with their neighbors.

Based on the findings in Tables 1 & 2 there is a strong significant relationship between social connectedness, social well-being, and mental well-being. Humans being known as social animals cannot live in isolation, and they live in companionship with others which is the expression of social connectedness and networking of the individual. Structural functionalist and other classical theorist in their theories like the social contract theory, social evolutionary theories, socialization theories, and other social capital theories focuses on the importance of social relationships and their connectedness for harmonious living and co-existence of both the individual and the society. These theories and findings concentrate on peaceful living and when studied from the individual perspective, they are known as well-being, especially the social and mental well-being. Further, studies claim that social connectedness directly impacts the individual's psychological functioning and life satisfaction. Also, some studies point out that positive relationships are the major source of well-being for adolescents and young adults predominantly arising from peer networking which acts as a relational and emotional support so the ability to disclose personal matters and the role of trust plays a pivotal role [14], [30]. Lee [17] found that individuals with higher social connectedness are active in their social life because they easily establish new relations by becoming new members or forming new social groups, thereby, enhancing one's social experience within diverse social settings. Moreover, these individuals have an optimistic approach to their surroundings in contrary to the individuals with poor social connectedness experiencing social isolation resulting in diminished mental well-being. Because declining social abilities increase the risk of exclusion from others aggravating the feeling of loneliness and isolation [6], [31], [32], [33]. This study also supports the notion that social connectedness significantly contributes to and predicts individuals' mental and social well-being.

Analogous, to the relationship between social

connectedness and mental well-being of the individual the term social well-being is also significantly related to the mental well-being of the individual as social well-being comprises the individual experience with their social surroundings which consists of social relationship and sense of belonging leading to overall individual well-being and development. Taking it further social well-being is the individuals' self-evaluation of their relationship with the sense of connectedness to the broader community [33], [34], [35]. Social well-being not only focuses on building relationships through interactions but it also involves maintaining those social contacts which may be both formal and informal. Since informal contacts of the earlier life impact the mental well-being of the individual in later life due to the experience gained by the individual in the relationship, its shared life events, mutual trust, and social support [36], [37]. At the macro level factors such as the individual's socio-economic status, governmental organizations, educational institutions, media, cultural and other religious factors such as taboos, sanctions, and customs have a significant role in developing the individual's social participation [38]. Because individuals are nurtured and socialized from within these social institutions [39] that certainly impact the mental and social well-being of adolescents.

Previous literature states that there exists a moderating relationship between positive well-being and social connectedness, especially peer connectedness acting as a compensatory mechanism for familial connectedness in the educational and social settings [37]. At the same time, the fear of social approval, peer rejection, and peer isolation on a positive node act as a motivating factor for social connectedness mediating the relationship of well-being [10], [40]. As both social connectedness, mental and social well-being deals with the subjective individual's self the study tried to understand the mediating role of social connectedness with social and mental well-being and the results in Table 3 show that statistically social connectedness partially mediates the relationship between social and mental well-being of the respondents. Individual's membership in various social groups enables his/her engagement in numerous role-plays that not only improve their self-worth and self-esteem but result in better well-being and health. Further participation in these social groups improves the feeling of identity, self-worth, and connectedness [41]. This as a process is continuously influencing the individual's well-being and connectedness through social networking and social support [1], [42]. Thus, there is a bi-directional relationship between social connectedness, mental well-being, and social well-being.

## 5. Conclusions

The study proves the intertwined relationship between adolescents' social connectedness and mental well-being. An individual with well-established social connections

experiences strong social support that tends to promote a better mental well-being. A mentally healthy individual feels an inclusive association towards their community leading to the development of a productive, innovative, and altruistic member with better social living conditions including decent education, employment opportunities with higher economic status in the society. Thereby, increased social connection increases the individual's mental and social well-being leading to balanced societal equilibrium. So, the policymakers and researchers can strive to develop effective policies and intervention programs to improve social connections and reduce the social differences among adolescents for the development of healthier individuals and society. Apart from the limited study population and the geographical location, the cross-sectional research design confines us from determining the direction of association between the variables and drawing a distinct conclusion from the study. So, a well-developed longitudinal qualitative study would facilitate the above-mentioned study limitations.

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## Conflict of Interest

The authors declare that there are no potential sources for conflict of interest.

## Ethical Statement

The study has been approved by the Institutional Ethical Committee for Studies on Human Subjects (Ref. No. VIT/IECH/XIV/2023/06)

## Authors Contribution

Conceptualization, data collection, analysis, interpretation, and drafting of the manuscript were done by the first author. While, drafting the manuscript, critical evaluation, proofreading, and final approval were given by the corresponding author. Both authors have read and acknowledged the submission of the manuscript and

publication of the same.

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