# A Cross Sectional Study on the Effects of Social Media on Anxiety among Students in University of Cyberjaya

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**ABSTRACT**

**Introduction:** In this cross-sectional study, University of Cyberjaya students' anxiety levels are examined in relation to their intensity of social media. Understanding the potential consequences on anxiety is crucial for managing mental health issues given the rising popularity of social media use among university students. The study aims to offer valuable information that can guide support and counselling services, encouraging a healthy digital environment and well-being among students at the University of Cyberjaya by examining the relationship between social media use and anxiety.

**Methods:** This is a cross sectional study comprising a total of 306 undergraduate students from five faculties enrolled in University of Cyberjaya, which uses Hospital Anxiety and Depression Scale (HADS) and Social Media Intensity Scale as a primary instrument.

**Results:** The prevalence of anxiety among UOC students is 80.72% (n=247). The respondents on social media intensity shows about (50.65%, n=155) claimed that social media is part of their everyday activity and (42.16%, n= 129) claims that they use privacy settings to select parts of their profile to share with others. Finding shows that there is no significant association between social media and anxiety among the students in University of Cyberjaya (p=0.08).

**Conclusion:** The study concluded that among the participating students, there was no statistically significant correlation between social media use and anxiety levels. Further research with a bigger sample size and a longitudinal methodology may be required to further understand the link between social media and anxiety in a university setting.

**Keywords:** Social media intensity, anxiety, depression, Undergraduate student, mental health issue.

## CHAPTER 1
## INTRODUCTION
### 1.1 Background

The American Psychological Association (APA) defines anxiety as an emotion characterized by apprehension and somatic symptoms of tension in which an individual anticipates impending danger, catastrophe, or misfortune. The body often mobilizes itself to meet the perceived threat: Muscles become tense, breathing is faster, and the heart beats more rapidly. Anxiety may be distinguished from fear

conceptually and physiologically, although the terms are often interchangeable. (Diagnostic and Statistical Manual of Mental Disorders, 2013). Conceptual anxiety is often related to thoughts, beliefs, and emotions that arise internally and can be triggered by intrusive thoughts, self-criticism, and perfectionism. Physiological anxiety arises from external circumstances or environmental factors, including social situations, environmental triggers, and performance pressure. Shamsuddin et al. (2013) stated in their study that the prevalence of anxiety is much higher than either depression or stress. Results showed that 27.5% had moderate among all students, 9.7% had severe or extremely severe depression, 34% had moderate, and 29% had severe or extremely severe anxiety.

Social media has turned into one of our daily necessities for university students. An examination by Lara Youssef et al. (2020) characterised social media as electronically cooperating with others through stages, for example, Instagram, Facebook, and Twitter. These stages become progressively well known among youth and more youthful grown-ups. Clients can share their considerations, everyday exercises and express their sentiments through online media by transferring pictures, remarking, direct discussion with different clients and sharing topographical locations. The research likewise expressed that the flow quick development of web-based media will be inclined to foster habit-forming conduct that might prompt adverse consequence on mental wellbeing.

This research aims to investigate the effect of social media towards anxiety among students at University of Cyberjaya. By conducting this research, we hope that the results may bring awareness to society to prevent social media addiction that will lead to anxiety, loneliness, and depression in Malaysia.

## 1.2 Research Questions
Does social media affect anxiety among students in the University of Cyberjaya?

## 1.3 RESEARCH OBJECTIVES
### 1.3.1 General
To investigate the effect of social media towards anxiety among students in University of Cyberjaya.

### 1.3.2 Specific Objectives
A. To determine the prevalence of anxiety among students at the University of Cyberjaya.
B. To study intensity of social media among students in the University of Cyberjaya.
C. To determine the association between social media and anxiety among students in University of Cyberjaya.

## 1.4 RESEARCH HYPOTHESIS
$H_O$    : There is no association between social media and anxiety.
$H_A$:    : There is a significant association between social media and anxiety.

## CHAPTER 2
## LITERATURE REVIEW
### 2.1 Prevalence of anxiety.
Quek et al. (2019) reported that female medical students (38.0%) had a higher prevalence of anxiety

compared to male medical students (27.6%) across 7 different continents. Furthermore, students in clinical years had higher prevalence of anxiety at 26.4% (95% CI: 20.6–33.1%) compared to those in pre-clinical years, 26.2% (95% CI: 21.2–31.9%)

A cross-sectional study of 5249 students conducted in China stated that 14.1% of students aged from 13 to 26 years old reported having anxiousness. There was also a significant difference observed between anxiety status and sex, mothers' education level, dietary and siesta habit (P < 0.05), only-child family, gentle temper, regular breakfast habit, friend support was associated with lower scores on anxiety status. (Jin Yuelong et al., 2014).

Islam et al. (2020) conducted a cross-sectional study involving Bangladeshi students, which reported that out of 476 respondents, 389 (87.7%) had mild to severe anxiety symptoms. Males (66.3%) had higher anxiety symptoms than females (33.7%) counterparts, whereas students in their early twenties (66.6%) showed higher anxiety symptoms than other age groups.

## 2.2 Social media intensity among students

According to Lee et al., (2023), 38.84% of the survey participants (n = 28) said they utilised Facebook to make new friends. But almost half of them (46.05%, n = 35) use privacy settings to choose which aspects of their profiles to share with others. Only 39.47% (n=30) of respondents strongly agreed and 11.84% (n=9) of respondents agreed when asked if Facebook makes them feel more connected to their friends. Moreover, only a small percentage (10.52%, n=8) said they regularly use Facebook as part of their daily activities.

## 2.3 Association between social media intensity and anxiety

A cross-sectional study was done by taking sample participants of 23, 533 between the age of 16-88 years old. Result shows that anxiety contributed significantly to the variance in addictive use of social media (15%) and video games (7%)—after controlling for age, sex, relationship status, and educational level. (Andreassen et al., 2016)

Ayar et al. (2018), a study of regression analysis, nomophobia levels have a strong, positive, and significant relationship with the variables of problematic Internet use, social appearance anxiety, and social media dependency. Results shows, the Internet use, social appearance anxiety, and social media use levels, nomophobia levels had a positively moderate relationship with problematic Internet use ($r = 0.259$, $P < .001$), social appearance anxiety ($r = 0.320$, $P < .001$), and social media use levels ($r = 0.433$, $P < .001$).

A cross-sectional study was done on 153 cargo seafarers to study the effect of social media exposure on anxiety and depression disorders. About 30% and 37% of cargo seafarers had mild, moderate, or severe anxiety. The prevalence of anxiety was 2.68 times higher (adjusted prevalence ratio [aPR] 2.68, 95% confidence interval [95% CI] 1.30–5.50) and 2.27 times higher (aPR 2.27; 95% CI 1.12–4.62) among seafarers who spend > 2 to 4 hours and > 4 hours each day, respectively, on social media compared to seafarers who spend only up to 2 hours. (Zamora et al., 2021)

## CHAPTER 3
## RESEARCH METHODOLOGY
### 3.1 Materials and Method
### 3.1.1 Study design

The study design that will be used for this study will be Quantitative Cross-Sectional Study.

### 3.1.2 Study setting

The research will be carried out at the University of Cyberjaya (UoC). Over 3500 students at University of Cyberjaya are currently enrolled in more than 30 undergraduate and postgraduate programmes at this university. This university currently has five faculties in total, which are Faculty of Medicine, Pharmacy, Allied Health Science, Safety and Health and Centre for Foundation, Language, and General Studies.
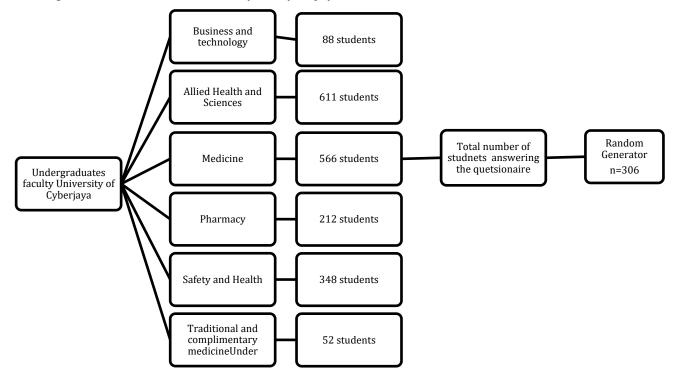
### 3.1.3 Duration of study

It will be conducted from the starting of Semester 7, until the end of Semester 8, completed tentatively between August and October 2022

### 3.1.4 Sample population

All students at University of Cyberjaya.

### 3.1.5 Sample frame

All undergraduate students in University of Cyberjaya.



### 3.1.6 Sample participants

All undergraduate students who are included in inclusion and exclusion criteria in University of Cyberjaya.

### Inclusion

All undergraduate students from University of Cyberjaya.

**Exclusion criteria**
1. Part time working students.
2. Age above 30 years old.
3. Married students.
4. Post-graduate students
5. Foundation students

**Non-response**
1. Students that refuse to respond to the questions.
2. Students absent on the day during the distribution of questionnaires.

### 3.1.7 Sample size
Formula to calculate sample size, n.

$$n = p(1-p) \times (z/m)^2$$

n= sample size
p= prevalence from previous group
Z= confidence level - 95%
m= Margin of error - 5%
Non-respondent set at 10%
n= 0.237(1-0.237)x(1.96/0.05)^2
n=(0.237x0.763)x(1536.64)
n=278 + 10% non-respondent
n= 306

### 3.1.8 Sampling Method
**1. Stratified random sample**
As for our research, we will be using a stratified random sampling method. The stratified sampling method is used in this research to divide the entire population into homogeneous groups called strata. The students will be divided into the Faculty of Medicine, Faculty of Pharmacy, Faculty of Allied Health Sciences, Faculty of Safety and Health, Faculty of Business and Accounting, and Faculty of Traditional and Complementary Medicine. Then from the total students of all the faculty, a total of 306 students will be selected randomly.

## 3.2 Data Collection and Analysis
### 3.2.1 Method
The data from our study will be collected using Google Forms with close ended questions. As our sample pool is exclusively made of university students, the form will be written fully in English. The Google Forms will be emailed to the university students and provide them two weeks' time to respond. Reminders will be given if there is no response from the students after two weeks.

### 3.2.2 Data Storage
The data can only be accessed by the researchers. The data recorded and saved in an online Google Spreadsheet. As to maintain the security of confidential information, only individuals with specific

emails may view and edit the file. It will be kept for at least 5 years.

### 3.2.3 Instrument

A questionnaire of three different components will be employed in this research; general data of the participant, HADS and social media intensity scale.

1. **General data:** This questionnaire will contain the socio-demographic information of each participant.
2. **Hospital Anxiety and Depression Scale (HADS):** Scores for depressed and anxiety symptoms were determined using this scale. HADS contains 14 items which were broken down into two subscales: depression and anxiety, each of which contained seven items. To suit our research purpose, only the anxiety subscales were considered, which has a reliability of 0.78 (Cronbach's alpha) (Montazeri et al., 2003)
3. **Social Media Intensity:** Facebook Intensity Scale (FIS) contains a self-report twelve item scale to measure active engagement except that "Facebook" is changed to "social media" to include all platforms. The questionnaire has a reliability of 0.90 (Cronbach's alpha). (Labrague, 2014)

### 3.2.4 Data Analysis

The information gathered will be examined by Jeffrey's Amazing Statistics Program (JASP) data analysis software.

Each participant's loneliness will be measured using the Hospital Anxiety and Depression Scale (HADS) consisting of 14 questions in total. Each item ranges from 0 to 3, with a maximum score of 42. A subscale score of more than 8 by an individual denotes anxiety.

The of social media intensity is also measured by a social media intensity scale that contains 12 questions in total. Each item is scored from 0 to 5, with a maximum score of 60.

This research will use descriptive statistics where prevalence of anxiety and social media usage will be stated in a frequency table. Independent t-test is performed to analyse the association between anxiety and social media intensity.

## Chapter 4
## RESULTS

| General | 59 (19.28%) | 105 (34.31%) | 142 46.41% | 306 |
|---|---|---|---|---|

### 4.1 General

**A total of 341 students responded to the questionnaire which give the response rate of 111%.**

**Table 4.1: Prevalence of anxiety among UOC students by sociodemographic characteristics**

| Sociodemographic characteristics | Frequency, n | Anxiety Severity | | |
|---|---|---|---|---|
| | | Normal n (%) | Borderline n (%) | Abnormal n (%) |
| Age | | | | |

| | | | | |
|---|---|---|---|---|
| 19-21 | 116 | 16 (5.23) | 41 (13.4) | 59 (19.28) |
| 22-25 | 180 | 40 (13.07) | 61 (19.93) | 79 (25.82) |
| 26-29 | 10 | 3 (0.98) | 3 (0.98) | 4 (1.31) |
| **Gender** | | | | |
| | 117 | 20 (6.54) | 41 (13.4) | 56 (18.3) |
| **Male** | 189 | 39 (12.75) | 64 (20.92) | 86 (28.1) |
| **Female** | | | | |
| **Ethnicity** | | | | |
| | 168 | 36 (11.76) | 56 (18.30) | 76(24.84) |
| **Malay** | 67 | 11(3.59) | 25 (8.17) | 31(10.13) |
| **Chinese** | 60 | 9 (2.94) | 21 (6.86) | 30 (9.80) |
| **Indian** | 11 | 3(0.98) | 3 (0.98) | 5 (1.63) |
| **Others** | | | | |
| **Faculty** | | | | |
| **Medicine** | 168 | M- 38 (12.42) | M-58 (18.95) | M- 72 (23.53) |
| **Pharmacy** | 73 | P- 13 (4.25) | P-28 (9.15) | P- 32 (10.46) |
| **Allied Health Science** | 37 | A- 2 (0.65) | A- 12 (3.92) | A- 23 (7.52) |
| **Safety and Health** | 28 | S- 6 (1.96) | S- 7 (2.29) | S- 15 (4.9) |
| **Year of Study** | | | | |
| **Year 1** | 47 | Y1- 3 (0.98) | Y1- 17 (5.55) | Y1- 27 (8.82) |
| **Year 2** | 71 | Y2- 11 (3.59) | Y2- 24 (7.84) | Y2- 36 (11.76) |
| **Year 3** | 71 | Y3- 17 (5.55) | Y3- 27 (8.82) | Y3- 27 (8.82) |
| **Year 4** | 95 | Y4- 18 (5.88) | Y4- 31 (10.13) | Y4- 46 (15.03) |
| **Year 5** | 22 | Y5- 10 (3.27) | Y5- 6 (1.96) | Y5- 6 (1.96) |

Of the 306 students that responded, 61.76% (N = 189) were female and 38.24% (N = 117) were male. The participants ranged in age from 19 to 29, with the majority (58.82%) falling into the 22 to 25 age range. The following ethnic breakdown was provided for the full sample: 54.90% Malay, 21.90% Chinese, 19.61% Indian, and 3.59% indicated "Others" as their race. The majority of respondents were in Faculty of Medicine (54.90%), which was followed by the Faculty of Pharmacy (23.86%), Faculty of Allied Health Science (12.09%), and Faculty of Safety and Health (9.15%). The largest proportion of participants (31.05%) were in Year 4, which was followed by Years 2 and 3 (both with 23.20%), Year 1 (15.36%), and Year 5 (7.19%).

Results shows that 80.72% of all students have borderline or abnormal anxiety levels. 25.82% of age group 22 to 25 years has abnormal anxiety severity scale and 19.93% was borderline. Gender shows that females have a higher abnormal anxiety severity scale at 28.1% compared to males at 18.30%. According to our findings, 24.84% of Malays have an abnormal anxiety severity level compared to the

other ethnicity groups. Our studies have shown that 23.53% of medical students has abnormal severity of anxiety. Results shows that 15.03% of Year 4 students has abnormal anxiety severity scale.

Regarding on Table 2, about one third of respondents (33.66%) uses social medias to find new friends, with the majority (78.76%) of respondents uses privacy settings to select parts of their profile to share with others. When asked whether participants use social medias as their everyday activity, 50.65% (N=155) agreed and 19.61% (N=60) strongly agreed, with most respondents (72.87%) believes that social medias have become a part of their daily routine. Almost half of respondents (45.44%) would be sorry and upset if the social media they use shut down.

## 4.2 The study of social media intensity

### Table 4.2.1: Social media intensity scale

| | Strongly Disagree N (%) | Disagree N (%) | Neutral N (%) | Agree N (%) | Strongly Agree N (%) | Mean |
|---|---|---|---|---|---|---|
| **1. I use social medias to find new friends.** | 36 (11.76%) | 62 (20.26%) | 105 (34.32%) | 93 (30.39%) | 10 (3.27%) | 2.96 |
| **2. I use social medias to better understand the interests and activities of my friends.** | 8 (2.62%) | 37 (12.09%) | 87 (28.43%) | 155 (50.65%) | 19 (6.21%) | 3.46 |
| **3. Social medias accurately display my relationships with others.** | 32 (10.46%) | 75 (24.51%) | 93 (30.39%) | 99 (32.35%) | 7 (2.29%) | 2.92 |
| **4. I use privacy settings to select what parts of my profile I share with others.** | 2 0.65% | 17 (5.56%) | 46 (15.03%) | 129 42.16% | 112 (36.60%) | 4.06 |
| **5. I use social media's "lists" to create different levels for my friends like "Close Friends", "Home Town Friends", "College Friends", etc.** | 19 (6.21%) | 46 (15.03%) | 110 (35.94%) | 96 (31.37%) | 35 (11.44%) | 3.27 |
| **6. Social medias help me feel closer to my friends.** | 12 (3.92%) | 39 (12.75%) | 97 (31.70%) | 141 (46.08%) | 17 (5.55%) | 3.37 |
| **7. Social medias is part of my everyday activity.** | 7 (2.29%) | 30 (9.80%) | 53 (17.32%) | 155 (50.65%) | 60 (19.61%) | 3.76 |
| **8. I am proud to tell people I am on social** | 21 (6.86%) | 62 (20.26%) | 138 (45.10%) | 74 (24.19%) | 11 (3.59%) | 2.97 |

| | | | | | | |
|---|---|---|---|---|---|---|
| medias. | | | | | | |
| **9. Social medias has become a part of my daily routine.** | 8 (2.61%) | 29 (9.48%) | 46 (15.03%) | 162 52.94% | 61 (19.93%) | 3.78 |
| **10. I feel out of touch when I haven't logged onto social medias for a while.** | 13 (4.25%) | 63 (20.59%) | 92 (30.07%) | 114 (37.25%) | 24 (7.84%) | 3.24 |
| **11. I feel I am a part of the community of the social media I use.** | 18 (5.88%) | 47 (15.36%) | 113 (36.93%) | 117 (38.24%) | 11 (3.59%) | 3.18 |
| **12. I would be sorry and upset if the social media I use shut down.** | 14 (4.58%) | 58 (18.95%) | 92 (30.07%) | 107 (35.0%) | 35 (11.44%) | 3.30 |

Table 4.2.1 shows that highest mean goes to "used privacy settings to select what parts.of my profile I shared with others" as 42.16% (n=129) chose to agree and 36.6% (n=112) strongly agree. Other than that, the lowest mean goes to "social medias accurately display my relationships with others" as only 32.35% (n=99) chose to agree and 2.29% (n=7) strongly agree.

**4.3: Association between social media intensity and anxiety among students in University of Cyberjaya.**

**Table 4.3.1: Independent samples T-test between social media intensity and HADS on anxiety**

| | t | df | p |
|---|---|---|---|
| **Social media scale** | **1.710** | **304** | **0.088** |

Results shows that there was no significant association between social media and anxiety. ($p=0.088$).

## CHAPTER 5

**Discussion**

Prevalence of anxiety shows that the age group between 22-25 years old has the highest percentage of borderline (19.93%) and abnormal (25.82%) anxiety severity. This is similar to the study of COVID-19 in Bangladesh, which revealed age group of 21-24 years old has the highest percentage (30.7%) of moderate and severe anxiety (Islam M.A. et al., 2020). These findings may be explained by the fact that most students are between the ages of 19 and 25. While a study by (Mirzaei et al., 2019), among adults 20 to 69-year-old adults found that 15.2% of those in the 60 to 69 age group had the highest levels of anxiety due to biological changes and physical disabilities. This could be due to the majority sample of our study being in the age group of 22 to 25 years old.

Based on our research, female students had higher percentage (28.1%) of abnormal anxiety severity than male students. Comparable to research by Liyanage et al. (2021) showed 43.0% of female students exhibited anxiety symptoms compared to male students. Another study in Yazd among adults also revealed similar findings, with women accounting of 41.9% had symptoms of anxiety (Mirzaei et al., 2019). According to Motaz et al. (2015), female students are more likely to report stress and complain about the challenging curriculum. This could be reasoned due to sociocultural factors that may cause females to express anxiety symptoms differently than males, which makes it easier to be identified.

Our research reported to have 24.84% of Malays to have abnormal anxiety severity levels. Hishan et al. (2018) observed a similar conclusion, noting that 84.4% of Malay students had more anxiety compared to Chinese (70%), Indians (74.6%) and other ethnicity groups (81.3%). However, another study stated that there was no difference in the prevalence of depressive symptoms and ethnicity (Gan et al., 2019). This might be explained due to cultural differences and beliefs.

Our study has also shown that 23.53% of medical students has abnormal severity of anxiety. According to research from Alexandria University, medical students experienced anxiety at a rate of 43.9%, while pharmacy students experienced anxiety at a rate of 29.3%. This is due to numerous stressors that medical students must deal with, including the requirement to pass through continuous examination throughout the academic years and competitive environment (Motaz et al., 2015). Another study from Management and Science University (MSU), Malaysia reported that there is significant association between type of faculty and social anxiety among its students (p=0.023) (Norhizan et al., 2019). This could be due to the high academic demands to perform well in examinations, assessments, and practical skills.

According to our study, 15.03% of Year 4 students has the highest percentage of prevalence of abnormal anxiety severity level. This result is supported by another study which shows medical students in clinical years has higher prevalence of anxiety which is 26.4% compared to those in pre-clinical years (Quek et al., 2019). This may be due to many respondents are from Year 4. In contrast, another study states that there is higher prevalence of anxiety severity level in Year 1 students (30.8%) compared to Year 6 students which is 9.4% (Bassols et al., 2014). This may be due to many academic programs require students to complete their thesis or research project in Year 4 with a higher workload consisting of practical and clinicals study.

According to the findings above, it is noted that most of the participants (mean= 4.26) used privacy settings to select which parts of their profile to share with others. This is in line with other journal stating that nearly half of respondents (46.05%, n = 35) use the same settings as they are concerned that the information given will be seen by other individuals whom they did not directed towards, or even worse, that stalkers or identity thieves could use the details provided for ill purposes. (Labrague, 2014). Upon asking whether social media accurately display relationship with others, only 32.35% (n=99) chose to agree and 2.29% (n=7) strongly agree. This might be due to less satisfaction achieved towards friendships that only exist in social media systems than those that are maintained through both online and face-to-face interactions (Kraut et al., 2002).

Furthermore, our study proved that social media intensity was not associated with anxiety (p=0.088). This is consistent with another study in Philippines in which correlation coefficient of 0.11 (p=0.3356), 0.07 (p=0.5360), and 0.10 (p=0.3769) were identified between Facebook Intensity Scale (FIS) and Depression Anxiety and Stress Scale (DASS), indicating a not significant relationship. (Labrague, 2014). However, there was one study in Malaysia which contradict our result stated that social media addiction was associated with a higher tendency to anxiety (a$OR$ 1.15, 95% $CI$ [1.08,1.22], $p < 0.001$). (Lee et al., 2023)

## Conclusion

Our study examined the relationship between social media use and anxiety levels among the participating students, and we found no statistically significant correlation between the two variables. While our findings provide valuable insights into the immediate context of university students, it is essential to acknowledge the limitations of our study. The sample size may have been relatively small,

and the data collected might only represent a specific group of students, limiting the generalizability of the results.

Further study with a larger and more diversified sample size is needed to explore the relationship between social media and anxiety in a university setting in deeper detail. Studies measuring individuals' use of social media and levels of anxiety over an extended period could shed light on potential long-term impacts. Additionally, examining multiple elements of social media use, such as the several types of platforms used, the amount of time spent online, and the content consumed, may reveal more complex data about their effects on anxiety.

The validity of the results might also be improved by considering additional confounding factors that may affect anxiety levels, such as academic workload, stressors from one's personal life, and coping techniques. Researchers would be able explore the complex connections between social media use and anxiety using a multidimensional method, resulting in a more thorough and complex understanding of their relationship.

In conclusion, our research lays out the foundation for future research into the relationship between social media use and anxiety among undergraduates. Although there was no statistically significant association, further research is necessary due to the possibility of undetectable or delayed impacts. We may learn important lessons from thorough research that help us develop interventions and tactics to support kids' mental health in the digital age.

Strength: The participants will gain knowledge about the association of social media and anxiety through this survey. The participants will also realise the negative impact of social media on mental health.

Limitation: Our study did not have indicator of the social media usage. There are other numerous factors that might affect such financial, family background and relationships. This research is limited to students at the University of Cyberjaya (UoC) and was not validated at other Malaysian universities

Future: The results from this study may guide future clinical and educational interventions. For instance, anxiety prevention and management methods may include recommendations for social media intensity. Future research may also consider manipulating the independent variables to produce more conclusions about the association between social media intensity and anxiety.

## 7.0 Ethical Approval

All responders will be asked to sign a written consent form that includes an explanation of the study's nature and aim. The privacy and confidentiality of the collected data will be guaranteed to the respondents. The UOC Research Review Committee will review our proposal for ethics approval. All answers are completely voluntary, meaning they can choose whether to participate in the study and can have the right to withdraw at any time. Only with the subjects' permission and consent will this study be published.

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## 12.0 APPENDICES

### Appendix A: Operation Definition

| Variables | Operational Definition |
|---|---|
| Age | The date of birth of a person that was stated on the identification card. The year identified is subtracted from the present year. |
| Gender | The sex of a person as stated on the identification card. |
| Nationality | The person's status as a citizen of the country in which he or she was born. |
| Faculty | Faculty of the person who is currently studying at the University of Cyberjaya |
| Semester | The semester of the person currently studying in University of Cyberjaya. |
| Social media | Social Media is a group of Internet-based applications that build on the ideological and technological foundations of Web 2.0, and that allow the creation and exchange of User Generated Content. |

| | (Kaplan & Haenlein 2010: 61) |
|---|---|
| Anxiety | Anxiety is the feeling of unease, worry, or fear about something that might happen in the future. |

**Appendix B: Consent form**

**UNIVERSITY OF CYBERJAYA**

CRERC Ref no:

**UNIVERSITY OF CYBERJAYA RESEARCH ETHICS REVIEW COMMITTEE (CRERC)**
**UNIVERSITY OF CYBERJAYA (UOC), PERSIARAN BESTARI, CYBER 11, 63000 CYBERJAYA, SELANGOR, MALAYSIA**
**FORM C2: CRERC CONSENT (ENGLISH)**

Research Title: **Cross sectional study on the Effects of Social Media on Anxiety among Students in University of Cyberjaya in 2022.**

**RESPONDENT'S CONSENT**

I ……………………………….......................... Identity Card No. ……………………………
address……………………………………………………………………………………………
... …………………………………………………..hereby voluntarily agree to take part in the research stated above.

I have been informed about the nature of the research in terms of methodology, possible adverse effects, and complications (as written in the Respondent's Information Sheet). I understand that I have the right to withdraw from this research at any time without giving any reason whatsoever. I also understand that this study is confidential and all information provided with regard to my identity will remain private and confidential.

I* wish / do not wish to know the results related to my participation in the research

I agree/do not agree that the images/photos/video recordings/voice recordings related to me be used in any form of publication or presentation (if applicable)

* Delete where necessary

Signature (Witness)                                          Signature (Respondent)

 ………………………                         ……………………...
Date:………………………………….…..  Name……………………………….…..
I/C No. :……………………………….…..


I confirm that I have explained to the respondent the nature and purpose of the above-mentioned research.
Date ……..……………………………        Signature ……..………………………….
(Researcher)

## Appendix C: Questionnaire

Please read the questions **carefully and answer as honestly as** you can by ticking the appropriate boxes.

| 1. | **Age:**<br>_____ years | 2. | **Gender:**<br>Male ( )<br>Female ( ) | 3. | **Nationality:**<br>Malaysian ( )<br>Permanent resident ( )<br>Non-Malaysian ( )<br>State your country:_____ | 4. | **Ethnicity:**<br>Malay ( )<br>Chinese ( )<br>Indian ( )<br>Others:_____ |
|----|----|----|----|----|----|----|----|
| 5. | **Faculty:**<br>Medicine ( )<br>Pharmacy ( ) | 6. | **Year of Study:**<br><br>_____ | 7. | **Working part time:**<br>Yes ( )<br>No ( ) | 8. | **Marital Status:**<br>Single ( )<br>Married ( ) |

## Appendix D: Gantt Chart

| TASK TITLE | 2021 | | | 2022 | | | | | | | | | | | | 2023 | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG |
| Research discussion with Supervisor | █ | | | | | | | | | | | | | | | | | | | | | | |
| Literature review | █ | █ | | | | | | | | | | | | | | | | | | | | | |
| Proposal preparation | | █ | | | | | | | | | | | | | | | | | | | | | |
| Proposal review with Supervisor | | █ | █ | | | | | | | | | | | | | | | | | | | | |
| Ethical Approval | | | █ | █ | | | | | | | | | | | | | | | | | | | |
| Proposal submission and presentation | | | | █ | | | | | | | | | | | | | | | | | | | |
| Submission of corrected proposal | | | | █ | | | | | | | | | | | | | | | | | | | |
| Construction of questionnaire | | | | | █ | █ | | | | | | | | | | | | | | | | | |
| Distribution of questionnaire | | | | | | | █ | █ | | | | | | | | | | | | | | | |
| Collection of data | | | | | | | | | █ | █ | █ | █ | | | | | | | | | | | |
| Analysis of data | | | | | | | | | | | █ | █ | █ | | | | | | | | | | |
| Writing of report | | | | | | | | | | | | | | █ | █ | █ | █ | | | | | | |
| Correction of report | | | | | | | | | | | | | | | | █ | █ | █ | █ | | | | |
| Submission of report | | | | | | | | | | | | | | | | | | | | █ | █ | █ | |
| VIVA | | | | | | | | | | | | | | | | | | | | | | | █ |