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DYSEVOLUTION
THE DE-EVOLVEMENT OF MANKIND

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Abstract

This dissertation defines and explores the theory: dysevolution, the backward evolution of human health and capabilities wrought by modern societal influences. With the growth of chronic diseases and the influence that social media exerts in everyday life, it analyses the different avenues through which contemporary society contributes to the deterioration of physical, mental, and social well-being.

The major themes that are explored therein are the mental health aspect, physical immobility evident in the modern day, erosion of sexual health, dependency on external validation, the rise of platforms such as Meta, and breakdowns in societal structures.

The study aims to explore how chronic diseases and excessive social media use contribute to dysevolution, a concept that denotes maladaptive outcomes in modern lifestyles. The research questions address how chronic illnesses affect dysevolution and how social media impacts quality of life and performance across different sociodemographic groups. Chronic diseases like obesity, diabetes, and cardiovascular issues highlight the gap between natural selection and contemporary life, while social media has been linked to negative mental health effects, altered social behaviour, and overall well-being concerns.

The results show that participants, especially women have significant concerns about health, reflecting awareness of emerging health issues and dysevolution. The urban-rural distribution indicates that urban environments may exacerbate health risks due to sedentary lifestyles and technology dependence. The high burden of chronic diseases like diabetes and hypertension highlights the urgent need for interventions addressing lifestyle factors that surpass human evolution. The dual role of social media, which influences both health behaviours positively and negatively, underscores the importance of balanced technology use. Integrating physical health strategies with digital literacy and mental health support is essential for addressing dysevolution and promoting a healthier, more equitable future.

It is hoped that this dissertation will give a thorough understanding of dysevolution vis-à-vis the present day and some plausible strategies to combat its ill effects.

Preface or Acknowledgements

My profound appreciation to all who have helped my grow, learn and challenged beliefs, their wisdom, encouragement, mentorship and friendship have truly inspired if not compelled me to future my knowledge for the betterment of mankind.

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Introduction and Aim of Study

This research proposal aims to define the concept of dysevolution with reference to the impact on the quality of human life and performance. The study will explore two primary aspects: propaganda marked by the emergence of new chronic diseases and the excessive and growing dependence on social [media] networks. Studying these questions, the research intends to give evidence-based substantiation of the concept of dysevolution and show how the deterioration of human living environments based on the parameters of evolution has caused maladaptive changes. A meta-analysis of published literature will be used in the research.

Background of the Study

Dysevolution is a term found in published articles that posits that various evolutionary changes have negative effects on an individual's or society's well-being since they impose a fit mismatched for the present. This term can be explained as those traits in a species that were advantageous in our ancestors' times because they helped them to survive but are now actually destructive under conditions of the present and future. Such concepts as chronic illness and excessive use of social media networks can be analysed through this perspective.

Statement of the Problem

Obesity, diabetes, cardiovascular diseases, and mental health-related diseases all are chronic diseases in the modern world which are indicative of the gap between natural selection and the current life. However, there are several adverse correlations related to social media usage concerning different sociodemographic populations, causing mental health effects, changes in social behaviour and overall well-being.

Research Objective/Aims

The findings of this study are expected to reveal that chronic diseases contribute to the increased incidence of dysevolution, and that excessive use of social networks affects the quality of life and performance in humans. These findings will build on the reason that ought to prompt public health interventions in attempt to tackle the modern maladaptive outcomes.

Research Questions

1. In what way have the population's chronic illnesses impacted the occurrence of dysevolution in today's society?

2. How does excessive use of social media harm the quality of human life and performance in various sociodemographic groups leading to the concept of dysevolution?

Significance of the Study

Knowledge of the phenomenon of dysevolution and its consequences can help in developing the approaches and toolkits in the field of public health, that are to prevent the negative outcomes of chronic diseases and the tendency to spend too much time on social media. This work will serve as a considerable contribution to the understanding of the current global tendencies in the direction of the further enhancement of approaches to human health and quality of life.

Scope of the Study

This study will cover an in-depth look over the past decade, at dysevolution and how it relates to the human quality of life and performance in contemporary times. Noting the high counts of chronic diseases and some excess uses, coupled with dependence on social media in the current generation, this study will consider how mismatches between evolution and the modern environment contribute to these conditions. An all-rounded analysis to this effect will be achieved by using a few sociodemographic factors to explain differential impacts across different populations.

Limitations of the Study

This study is primarily looking at events and data from 2014-2024 that are publicly available. Further, as it relates to Chronic Diseases, this study is only looking at pain, mental health, cardiovascular disease (referred to in the study as heart health) and obesity. Secondly, as it relates to social media, this study uses Meta (formerly known as Facebook, and the acquisition of Instagram) and OnlyFans.

Organisation of the Study

The study organisation will comprise of:

Chapter 1 – Introduction and Definition, Problem, Research Questions and the Significance

Chapter 2 – Literature Review – Chronic Diseases Prevalence and Impact

Chapter 3 – Literature Review – Social Media Prevalence and Impact

Chapter 4 – Methodology

Chapter 5 – Contents and Results

Chapter 6 – Discussion of Results

Chapter 7 – Conclusion and Recommendations

Appendices and Bibliography conclude this dissertation.

Literature Review Chronic Diseases - Prevalence and Impact

Introduction

The unprecedented surge in chronic diseases has become one of the most pressing concerns of the 21st century and poses an immense challenge to healthcare systems across the world. Among these are the G7 countries, which include major nations on the frontline in the fight against this global health crisis: Australia, the United States of America, the United Kingdom, France, Germany, Spain, and Italy. This therefore means that this dissertation is an attempt bringing into play a comprehensive comparison of the extent and management of these chronic diseases within these nations during this crucial decade of 2014-2024.

These diversified myriad chronic diseases—think pain, mental health disorders, obesity, and cardiac disease—have taken a heavy toll on societies, economies, and health infrastructures. Their insidious character metastasized majorly because of lifestyle choices and socio-economic determinants; therefore, the need to explore trends and patterns for G7 countries becomes mandatory.

The result has been a cacophony of chronic disorders that tests our evolutionary potential and sends ripples across the board of sociodemographic strata. Considering the impact these diseases have had on human adaptability, reproductive health, and genetic considerations opens a window onto their deep evolutionary implications.

Defining Chronic Diseases

Long-term diseases, or chronic illnesses, are those that progress slowly but are permanent. They are usually long-term and of a slow progressive nature. Characteristically, they last more than three months and are not immediately curable. It includes all the injuries or disorders like cardiovascular diseases, diabetes, chronic respiratory diseases, and cancer that contribute to a significant portion of disability problems worldwide (World Health Organization, 2021).

From a pathophysiological perspective, many chronic diseases have complex aetiologies, in which causality is often multifactorial with genetic predispositions, environmental exposures, lifestyle factors, and their interactions (Riley et al., 2016). Such diseases lead to substantial functional impairments and disabilities, thereby having an adverse impact on the quality of life of the affected people, aside from also causing massive economic drains on healthcare systems (Yach,   2002).
Even more importantly, chronic diseases are very strongly linked to aging populations and the epidemiological transition of the most common causes of morbidity and mortality from

infectious to non-communicable diseases. This shift underscores that new and broader public health strategies must be developed for prevention, early detection, and management to reduce their burden on individuals and society.

Accordingly, chronic diseases are indeed one of the truly great health challenges worldwide, requiring coordinated actions by many sectors of society to address causes and promote healthier lifestyles and environments.

To bring some degree of clarity to these issues, the following dissertation will review pain, mental and heart health, and obesity.

Increasing Prevalence of Chronic Diseases and Their Impact on Human Health and Quality of Life: Trends and Future Analysis

Introduction

The prevalence of chronic diseases (often interchanged with chronic illnesses) such as pain, mental health disorders, cardiovascular diseases, and obesity has significantly increased across Australia, the United States of America, the United Kingdom, France, Germany, Spain, and Italy from 2014 to 2024. This rise is attributed to multiple factors including lifestyle changes, aging populations, environmental influences, and socioeconomic disparities. This literature review explores the prevalence of the underlying reasons for these trends, and their detrimental effects on human health and quality of life and sets the tone for a robust discussion based on the theory of dysevolution.

Reasons for Increasing Prevalence Rates

1. **Lifestyle Changes**: Some major modern lifestyles that contribute greatly to the increased chronic diseases are physical inactivity, poor diet, and sedentary work. Higher consumption of processed foods with added sugars, and saturated fats increases obesity levels; this increases cases of cardiovascular complications and diabetes (Swinburn et al., 2011).

2. **Aging Populations**: As life expectancy continues to rise, so does the relative proportion of older people within the population. With advanced age, there will be more manifestations of chronic diseases, such as arthritis, cardiovascular diseases, and neurodegenerative disorders. Aging (healthy or advanced/accelerated) adds greatly to the total burden of chronic conditions (Prince et al., 2015).

3. **Environmental Factors**: Exposures due to urbanization and industrialization are responsible for respiratory diseases and cardiovascular illnesses. Moreover, these leading health risks are developed in climate change and environmental degradation, especially during vulnerable life stages. (Landrigan et al., 2018).

4. **Socioeconomic Disparities**: The uneven distribution of various major chronic diseases stems from income, education, and health disparities. Obesity, mental health disorders, and other such chronic conditions are more prevalent in lower socioeconomic groups due to a lack of access to healthy foods, recreational facilities, and medical care. (Marmot et al., 2008).

5. **Mental Health Awareness**: Increased awareness (inclusive of education, workplace laws, and social media) and the reduced stigma around mental health have led to higher reporting and diagnosis rates. While this reflects a positive trend in recognising mental health issues, it also indicates a growing public health challenge (Patel et al., 2018).

Detrimental Effects on Human Health and Quality of Life

Chronic diseases have profound impacts on physical health, psychological well-being, and overall quality of life.

1. **Physical Health**: Chronic diseases and/or unchecked chronic health issues lead to longer-term health complications, disability, and increased mortality. Obesity (as an example) is a major risk factor for cardiovascular disease, stroke, and type 2 diabetes, all of which grossly reduce life expectancy and functional capacity (WHO, 2021).

2. **Mental Health**: Pain, obesity, and cancers, to name a few, are directly linked with mental health complications, such as depression and anxiety. The nature of these conditions leads to emotional distress, social isolation, low self-esteem, and thus reduced mental well-being (Gatchel et al., 2007).

3. **Quality of Life**: Chronic diseases negatively affect daily lives, work and social interactions. Many chronic diseases limit an individual's ability or desire to engage in physical activities and social events, thus leading to a diminished quality of life (Blyth et al., 2003).

4. **Economic Burden**: The management of chronic diseases imposes significant financial costs on individuals and healthcare systems. Patient costs include medical expenses for treatment, medication, and counselling. Secondary or indirect costs encompass lost productivity and income due to illness (Dall et al., 2013).

Future Trends and Analysis

Based on current data and trends, several projections can be made regarding chronic diseases' future prevalence and impact.

1. **Continued Rise in Obesity**: Noting the current trends in dietary habits and physical inactivity, obesity and diabetes type II rates will continue rising, undoubtedly leading to increases in various chronic diseases, such as obesity, diabetes, mental illnesses and cardiovascular diseases (Wang et al., 2021).

2. **Mental Health Crisis**: The increasing recognition of mental health issues, and societal stressors such as economic uncertainty and environmental changes, suggests that mental health disorders will remain a significant public health challenge. Expanded/Improved mental health services and innovative preventive measures will be critical (Vigo et al., 2016).

3. **Aging Population**: As humans age, the burden of age-related chronic diseases will intensify. Healthcare systems will need to adapt to provide adequate care for an increasing number of elderly patients with multiple chronic conditions (United Nations, 2019).

4. **Technological Advancements**: Advances in healthcare technology and delivery, like telemedicine and personalized medicine, hold the potential to improve outcomes related to chronic diseases. These advancements may help mitigate some of the negative impacts on quality of life and reduce healthcare costs (Topol, 2019).

5. **Policy Interventions**: Better health policies aimed at reducing risk factors, like promoting healthy diets, and physical activity, will be helpful. Moreso, policies need to address socioeconomic disparities and improve access to health care are also crucial for mitigating the rise in chronic diseases (Mackenbach et al., 2013).

Chronic Diseases and Diminished Quality of Life

Prevalence of Chronic Diseases

Impact on Quality of Life

Physical limitations, psychological distress, and social isolation are several major factors shown to diminish human quality of life. Jameson et al. (2018) cite patients diagnosed with chronic diseases report lower levels of well-being and higher rates of depression and anxiety. Huo et al. (2015) cites diabetic patients demonstrating significant reductions in physical and mental health, resulting in diminished quality of life. These findings are similar to the biopsychosocial model, known for demonstrating the relationship between biological, psychological, and social factors as it relates to health outcomes (Engel, 1977).

Medical Treatments for Chronic Diseases: Non-Responder and Treatment Failure Rates

Introduction

The management of any chronic disease often involves a combination of pharmacological and non-pharmacological treatments. Despite advances in medical treatments, patient non-responder rates and treatment failure remain all too high. Below is an examination of various treatments for these chronic conditions, focusing on the prevalence of non-responder rates and treatment failure.

Chronic Pain

1. **Pharmacological Treatments**: Chronic pain is typically managed with a range of medications, including non-steroidal anti-inflammatory drugs (NSAIDs), opioids, anticonvulsants, and antidepressants.

- o **NSAIDs:** These are commonly used for managing chronic pain, particularly musculoskeletal pain. However, about 30% of patients do not respond adequately to NSAIDs (Gore et al., 2012).
  - o **Opioids:** While effective for short-term pain relief, opioids have high non-responder and treatment failure rates due to tolerance, dependence, and side effects. Approximately 20-40% of chronic pain patients do not achieve satisfactory pain relief with opioids (Kalso et al., 2004).
  - o **Antidepressants and Anticonvulsants:** These medications are used particularly for neuropathic pain. Non-responder rates for these treatments can be as high as 50%, indicating the need for alternative or adjunctive therapies (Finnerup et al., 2015).
2. **Non-Pharmacological Treatments**: Non-pharmacological approaches include physical therapy, cognitive-behavioural therapy (CBT), and alternative therapies like acupuncture.
  - o **Physical Therapy and CBT:** These treatments show variability in effectiveness, with some studies reporting non-responder rates up to 40% (Turk et al., 2011).

Mental Health Disorders

1. **Pharmacological Treatments**: Mental health disorders such as depression and anxiety are primarily treated with antidepressants, antipsychotics, and anxiolytics.
  - o **Antidepressants:** Selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs) are commonly used. However, approximately 30-50% of patients do not respond adequately to first-line antidepressants (Rush et al., 2006).
  - o **Antipsychotics:** Typically used for schizophrenia and bipolar disorder, antipsychotics have a non-responder rate of about 30%, with significant side effects directly associated with medication discontinuation (Kane et al., 2019).
2. **Psychotherapeutic Interventions**: Treatments like CBT, dialectical behaviour therapy (DBT), and other psychotherapies are essential for managing mental health disorders.
  - o **CBT:** While effective for many, non-responder rates for CBT in depression and anxiety can be around 30%, necessitating adjunctive or alternative therapies (Cuijpers et al., 2013).

Cardiovascular Diseases

1. **Pharmacological Treatments**: The management of cardiovascular diseases includes antihypertensives, statins, and antiplatelet agents.
  - o **Antihypertensives:** Despite their efficacy, around 20-30% of patients remain hypertensive due to non-response or poor adherence (Chobanian et al., 2003).
  - o **Statins:** Used for lowering cholesterol, statins have a non-responder rate of approximately 10-20%, with some patients experiencing adverse effects leading to discontinuation (Joy et al., 2019).
2. **Non-Pharmacological Treatments**: Lifestyle modifications, such as dietary changes, exercise, and smoking cessation, are critical for managing cardiovascular diseases.
  - o **Lifestyle Modifications:** Adherence to lifestyle changes is often poor, with significant treatment failure rates due to difficulty in maintaining long-term behavioural changes (Artinian et al., 2010).

Obesity

1. **Pharmacological Treatments**: Medications such as orlistat, liraglutide, and bupropion-naltrexone are used to aid weight loss.
   - **Orlistat:** Has a non-responder rate of around 40-50%, with gastrointestinal side effects contributing to discontinuation (Padwal et al., 2003).
   - **Liraglutide:** Shows promise but has a non-responder rate of approximately 30% in clinical trials (Pi-Sunyer et al., 2015).
2. **Non-Pharmacological Treatments**: These include dietary interventions, exercise programs, and bariatric surgery.
   - **Diet and Exercise:** Despite initial success, long-term adherence is challenging, with high rates of weight regain and treatment failure, often exceeding 50% (Wing & Phelan, 2005).
   - **Bariatric Surgery:** While effective for severe obesity, about 20-30% of patients do not achieve the desired weight loss or experience significant weight regain (Courcoulas et al., 2013).

The high non-responder and treatment failure rates demonstrate the complexity of managing these conditions. Genetic variability, comorbidities, polypharmacy, medication side effects, and psychosocial influences are known challenges. These challenges need a personalised multidisciplinary treatment.

Literature Review Social Media - Prevalence and Impact

Definition of Social Media

Social media refers to online platforms that enable users to create, share, and interact with content and each other through digital networks. Social media platforms facilitate multiple communication variables, such as text, images, video, and audio, allowing various interactions and messaging exchanges, accumulating in the ability to commercialise goods and services. (Kaplan & Haenlein, 2010). The main social media platforms exampled are:

Platform Name	URL	Estimated users	Demographic
Facebook	www.facebook.com	2.98 billion monthly	• Broad age group • 25-34 years (31.5%) • 56% Male, 44% female • Diverse background and education
Instagram	www.instagram.com	2.35 billion monthly	• Predominantly younger group • 18-24 years (31.2%), 25-34 years (29.8%) • 49% male, 51% female • Higher levels of disposable cash
Twitter	www.x.com	421 million monthly	• Predominantly younger group • 18-29 years (38%) • 27% have college degrees, 41% have some college education
Onlyfans	www.onlyfans.com	210 million	• Predominantly male user (87%) • 18-35 years • Primarily for adult content material

Table 1: Social Media Platform Breakdown

The Rise of Social Media Popularity (2014-2024)

From 2014 to 2024 the world has witnessed a significant rise in the popularity and influence of social media, driven by several interconnected technological, sociocultural, and economic factors. This section explores these factors in detail, alongside relevant sociodemographic data.

Technological Advancements

The growth of mobile devices and faster internet access has been quintessential in increasing social media usage. As of 2014, smartphones were already ubiquitous, and the rollout of 4G networks (and now 5G networks) provided greater internet speeds. During the same period, internet access prices dropped, effectively giving the user faster, cheaper internet. These advancements significantly enhanced immersive social media experiences, contributing to the growth of platforms like Instagram, TikTok and OnlyFans (Pew Research Center, 2018).

Platform Evolution and Innovation

Like any product, social media platforms evolved, introducing features that enhanced user engagement, potential to commercialise and viewer retention. Instagram, for instance, launched incorporated shopping and influencer tools making it easier to buy and sell products through their platform. TikTok's algorithm-driven content discovery revolutionised how users consumed media, fostering viral trends and communities (Clement, 2020).

Sociocultural Shifts

Social media's rise was fuelled by broader sociocultural shifts. The millennial generation (born 1981-1996) and Generation Z (born 1997-2012) grew up with technology, and were early adopters, and started using social media to shape their communication and media preferences. Both these groups sought authentic, real-time interactions, which social media platforms adeptly provided (Twenge, 2017). Moreover, social media has become a primary source of news and information, particularly among younger users. The decline of traditional media and the rise of "influencers" - individuals with significant social media followings who impact consumer behaviour and opinions - underscored the changing landscape of information dissemination and cultural influence (Jin & Phua, 2014).

Economic Factors

The economic landscape from 2014 to 2024 witnessed significant investment in social media platforms. Venture capital funding and acquisitions by tech giants fuelled innovation and corporate expansion. Facebook's acquisition roll-out demonstrated the strategic importance of social media in the tech industry's ecosystem (Galloway, 2017).

Additionally, social media advertising emerged as a lucrative revenue stream, surpassing traditional advertising methods. Businesses increasingly allocating marketing budgets to social media due to its precise targeting capabilities and measurable return on investment (ROI). This shift incentivised platforms to optimise their algorithms for ad delivery, further entrenching social media in daily life (Statista, 2020).

Sociodemographic Data

2014 to 2024, the global user base expanded significantly. In 2014, approximately 2.07 billion people used social media, surging to 4.48 billion by 2021 (Statista, 2021). This growth was not

uniform across regions; developing countries exhibited the highest growth rates due to increasing internet access and mobile device adoption. Age and gender demographics revealed distinct patterns. Younger age groups, particularly those aged 18-29, consistently showed the highest usage rates. In 2019, 90% of U.S. adults aged 18-29 used social media, compared to 40% of those aged 65 and older (Pew Research Center, 2019).

Gender differences were also notable; while overall usage rates were similar, platform preferences varied, with women gravitating towards visually oriented platforms like Instagram and Pinterest, and men towards forums like Reddit (Greenwood et al., 2016). The global user base of social media grew significantly between 2014 and 2024. In 2014, around 2.07 billion users were on social media, while the number suddenly went up to 4.48 billion in 2021 alone, according to Statista.

Societal Deterioration

Social Fragmentation

The posit behind dysevolution contributes to social fragmentation by weakening old, strong, traditional structures and networks of support in society. Putnam (2000) addressed a decline in community engagement and social capital due to the rise of new technologies and changes in lifestyle associated with them. Holt-Lunstad et al. (2015) showed that socially isolated people, as well as those who were lonely or left out, had a 29% increased risk of mortality, underlining the negative contribution of that factor to societal health. Such studies underline the need for strategies aimed at enhancing social cohesion and community bonds in the face of such devolutionary forces.

Economic Inequality

It has resulted in wide economic inequalities exacerbated by the inequality in sharing resources and valued opportunities. Wilkinson and Pickett (2010), in their book, argued that greater economic disparity led to poorer health outcomes, raised crime rates, and reduced social cohesion. More equal societies, according to them, have better all-round health and social outcome. Stiglitz (2012) goes further to state that economic inequality subverts social stability and democracy.

Overuse of Social Media

Cognitive and Psychological Effects

Excessive use of social media has deep cognitive and psychological effects. According to Bawden and Robinson (2009), "excessive use of social media is related to a decreased attention span, impaired cognitive functioning, and increased levels of anxiety and depression." Huang (2017) showed that "people who consume more time on social networking sites report higher levels of psychological distress and lower life satisfaction.". The results coming out of this research points to the need for digital literacy programs and other interventions that may reduce the negative effects of excessive social media use.

Social Comparison and Self-Esteem

Social media provides for a level of social comparison, in which every user compares themselves with others through online, curated personas. This behaviour has been shown by Fardouly et al. (2015) to lead to lower esteem and body dissatisfaction in users, most profoundly among adolescents and young adults. Liu and Baumeister (2016) established that socially induced comparisons through social media are connected to negative outcomes in mental health, such as feelings of inadequacy and low self-worth. Accordingly, these studies have been highlighting the importance of promoting healthy social media habits and building resistance against negative social comparisons.

Mental Health Effects

Anxiety and Depression

Excessive use of social media instigates a comparison process that results in increased levels of anxiety and depression. Lin et al. (2016) assessed that there was a significant relationship between social media use and depressive symptoms among U.S. young adults. What this means is that the continuous exposure to ideal images and lifestyles on social media aggravates feelings of inadequacy, further realizing mental problems. Vogel et al. (2014) went on to raise this by indicating that social comparison on social media has negative effects on self-esteem and well-being.

Cyberbullying and Online Harassment

Cyberbullying and online harassment have come to the fore in recent times because of anonymity and reach provided by the online medium, impinging on mental health. According to Kowalski et al. (2014), victims of cyberbullying scored higher in depression, anxiety, and suicidal ideation compared to non-victims. Another study by Hinduja and Patchin, (2010), shows that people who have become victims of cyberbullying were almost twice as likely to commit suicide. These studies raise concerns for institutions to ensure effective measures against cyberbullying and online harassment.

Disrupted Sleep Patterns

Disrupted sleep patterns due to social media use are also linked to depression. The blue light emitted by screens interferes with the production of melatonin, a hormone that regulates sleep, leading to difficulties in falling and staying asleep (Levenson et al., 2016). Additionally, engaging with stimulating content or experiencing emotional distress from online interactions can prolong sleep latency and reduce sleep quality.

Poor sleep quality and insufficient sleep are well-documented risk factors for depression. Levenson et al. (2016) found that nighttime social media use was associated with poorer sleep quality and higher levels of depression in young adults, suggesting a bidirectional relationship where depression and sleep disturbances exacerbate each other.

Diminished Quality of Life

The mechanisms collectively contribute to a diminished quality of life for individuals affected by social media-induced depression. Quality of life encompasses various domains, including emotional well-being, physical health, social relationships, and overall life satisfaction (World Health Organization, 1995). Depression can adversely impact all these domains, leading to significant impairments in daily functioning and overall life satisfaction.

Emotional Well-being

Depression impairs emotional well-being, characterized by persistent sadness, hopelessness, and anhedonia (American Psychiatric Association, 2013). The negative emotional states fostered by social comparison, cyberbullying, and disrupted sleep patterns can lead to a pervasive sense of unhappiness and emotional distress, diminishing the overall quality of life.

Physical Health

Depression is also associated with various physical health problems, including chronic pain, cardiovascular disease, and weakened immune function (Katon, 2011). The stress and negative emotions induced by social media interactions can exacerbate these health issues, leading to a vicious cycle where poor physical health further contributes to depressive symptoms and vice versa.

Social Relationships

Depression has negative effects on social relationships, leading to social withdrawal, reduced support from others, and diminished communication skills. Although social media was designed to engage people with one another, it may paradoxically be associated with the feelings of loneliness and social isolation in those using the platforms (Primack et al., 2017), especially if the interactions are relatively superficial or conflict-ridden. Data show that erosion of meaningful social connections diminishes quality of life with reduced social support along with increased feelings of isolation.

Need for Constant Validation

Another critical psychological factor is the need for constant validation, which exaggerates the negative effect of social media on mental health. Social media is designed to encourage engagement through likes, comments, shares, and other kinds of social validation. This is what gives some people problems with their self-esteem.

Impact on Self-Esteem and Self-Worth

Social networks always involve the chase for social validation. Therefore, self-esteem and a sense of self-worth become dependent upon the response from other people. According to Valkenburg et al., (2017), positive feedback is able to temporarily raise one's self-esteem; at the same time, negative feedback or low engagement causes a decrease in self-worth. Furthermore, this outer circle of validation strongly binds human self-esteem to people's opinions, subsequently making a person extremely unstable and vulnerable to depression.

Psychological Dependence and Anxiety

The need for constant validation has been shown to lead to psychological dependence on social media, where individuals feel compelled to frequently check their profiles and posts for new interactions, in other words, demonstrating an addictive behaviour. This dependence can foster anxiety and stress, particularly if expected validation is not received. The fear of missing out (FOMO) exacerbates this anxiety, as individuals worry about being excluded from social activities and interactions (Przybylski et al., 2013).

Impaired Authenticity and Self-Expression

The drive for validation often becomes an online persona cultivated to the perceived social norms and expectations of an audience. This shallowness can detach one's true self from who one is online, thereby getting in the way of authenticity and self-expression. The ongoing pressure to portray a perfected and idealized self contributes to a sense of inadequacy and self-doubt; it further feeds depressive symptoms (Chou & Edge, 2012).

Rise in Crime

Cybercrime

Digital technology and social media are linked to the increasing cases of new forms of crimes, in particular, cybercrime. In that regard, Holt and Bossler, (2016) established that cybercriminals make use of technological advancements in realizing their goals of identity theft, fraud, and cyberstalking, which pose a great risk to individual citizens and societal security. It is estimated that the global cost of cybercrime was $6 trillion annually in 2021(Cybersecurity Ventures, 2020), portraying its pervasive and damaging impact. The findings underline the need for strict cyber security measures and policies in view of cybercrime.

Social Media and Crime

Social media has also been blamed for aiding criminal activities. Leetaru (2017), stated that through this new social media era, many platforms such as Facebook, Twitter, and Instagram are orchestrated to fuel crime through message posts or status updates that incite hate speech, violence, and other forms of crime. Chan et al. (2010) note clear correlations between social media use and violent crime statistical increases since these platforms can very easily escalate tensions and quash any misinformation. Hence, these studies show the need for regulation of social media to guard against its criminal usage.

Changes in Global Laws

Regulation of Social Media

Social media abuse is the reason why countries across the world have come up with rules and regulations to discourage a number of negative online behaviours, focusing especially on mental health and social harmony. The European Union's General Data Protection Regulation (GDPR) aims at safeguarding the privacy and personal information of individuals in the digital world. Many countries have enacted legislation specifically against cyberbullying and harassment (European Commission, 2018). The Office of the eSafety Commissioner was established by Australia's Enhancing Online Safety Act 2015, creating a legislative response to concerns about online safety, which explicitly includes cyberbullying.

Health Policies and Chronic Illnesses

Governments across the world have instituted policies to counter increasing cases of these maladies. The WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020 sought to decrease the burden of chronic diseases through prevention, screening, and treatment policies (World Health Organization, 2013). Recently, more impetus has been given to national health policies of various countries promoting healthy lifestyles, exercise, and a balanced intake that would help reduce chronic diseases.

Economic Policies and Inequality

To address economic inequalities, several countries have introduced policies aimed at redistributing wealth and resources more equitably. The introduction of universal basic income (UBI) programs has been proposed and tested in various regions to provide financial stability and reduce poverty (Widerquist & Howard, 2012). While these initiatives are still in experimental stages, they represent efforts to counteract the socioeconomic disparities exacerbated by dysevolution.

Data and Methodology

Search Strategy

The search strategy involved querying multiple databases, including PubMed, PsycINFO, Web of Science, Government Websites and Google Scholar, using keywords such as "dysevolution," "chronic illnesses," "social media," "mental health," "human behaviour," and "law changes." The search was limited to peer-reviewed journals and government policies published between 1991 and 2024 to establish and support a trend outcome for 2014 to 2024.

Inclusion and Exclusion Criteria

Inclusion criteria:

1. Studies examining the concept of dysevolution and its impact on society, human behaviour, mental health, and law.
2. Peer-reviewed journal articles published in English.
3. Studies employing quantitative, qualitative, or mixed-methods approaches published under a peer-reviewed context.

Exclusion criteria:

1. Studies not directly related to dysevolution, chronic illnesses and/or social media
2. Non-peer-reviewed articles, editorials, and opinion pieces.
3. Articles published before 1991.
4. Articles not relevant to Australia, the United States of America, the United Kingdom, Italy, France, Germany or Spain (collectively known as the G7 Countries).
5. Articles not relevant to Meta (also known as Facebook and Instagram), Twitter and Onlyfans

Survey Methodology

The research surveys a sample size of 100 individuals from different walks of life regarding how and what factors lead to maladaptive changes in society, with the help of primary data analysis in quantitative form.

Google Forms was used to collect human de-identified information using email and social media to canvass potential responders. No inducement was offered.

A copy of the questionnaire used is attached as Appendix A – "Questionnaire".

Contents and Results

Introduction

The research surveys a sample size of 100 individuals [de-identified] from different walks of life, canvassed via email and referrals, regarding how and what factors lead to maladaptive changes in society, with the help of primary data analysis in quantitative form. A mismatch between natural selection and civilized life can be seen in diseases like obesity and diabetes. The influence that social media has on mental health and behaviour underlines its role in dysevolution. The findings support evidence-based public health interventions targeting these modern challenges.

Primary Quantitative Data Analysis

Figure 1: Participant's willingness to be a part of the research

Analysis – Willingness to participate:

From the above figure, points out that almost every participant approached was willing to be a part of the primary quantitative data collection process. Only 2% of participants declined and thus was not part of the study.

Figure 2: Age Group

Analysis - Age:

The figure highlights the age group of participants. It is experienced that almost 51% of individuals who remained an active part of the research are within the age group of 26 to 35 which is followed by the people aged between 18-25. 27% of all individuals as respondents came from the age group of 18 to 25. Only 16% individuals are aged between 36 to 45 and a very limited number of participants are aged above 46 in comparison to the people of other ages. This diversity in age groups will be impactful in terms of obtaining demographically different viewpoints and knowledge about the impacts of dysevolution in contemporary societies.

Figure 3: Gender

Analysis - Gender:

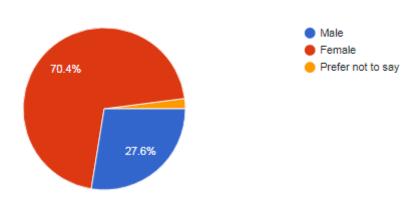The majority of participants, 70.4% are females who actively responded to the survey queries. In comparison to the female cohort, only 27.6% are male members while only 2% of all participants preferred not to disclose their gender. As the participation was totally voluntary and responses also, therefore, individuals who preferred not to disclose their gender were not forced to be specific on their responses and this recognises ethical consideration compliance in the process.

Figure 4: Residential areas

Analysis – Residential status:

Participants were contacted from different residential areas. However, most of them currently live in urban areas as this point received a 56.1% rate. Individuals residing in rural areas, were 37.4% of all participants. Only 9.2% of individuals live in suburban areas. This residential diversity is also useful in terms of gaining diverse insight into individuals affected by dysevolution impacts.
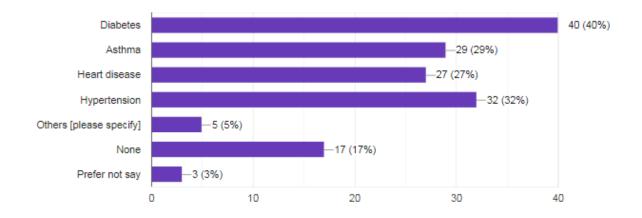
Figure 5: Participants with a chronic disease [not severity based]

Analysis – Participants with a chronic illness:

Participants were asked whether they are currently suffering from or have suffered from any chronic health issues. It is recorded that 40% of all respondents have [or have had] diabetes while 32% of individuals have [or have had] hypertension. This is an indication that diabetes and hypertension are the most prevalent diseases impacting the majority of survey respondents. On the other hand, heart disease and asthma are the other two most recognised diseases affecting 27% and 29% of respondents respectively. It should be noted that a single respondent scored against 1 or more chronic illnesses, as listed in the above figure. 17% of participants also cited that they currently or previously, did not have, or have been diagnosed with a chronic health disease, which is a positive factor. However, the number of people suffering from different chronic diseases is quite visionary which showcases the growing negative impacts of dysevolution on human health. This is an indication that a growing number of people are falling prey to diseases (chronic illness) and is evidence in the repeated occurrence of dysevolution in today's society. Only 5% of the total survey population responded that they are victims of other chronic diseases than the ones exhibited above. However, they did not disclose their chronic diseases. This indicates that only diabetes, hypertension, asthma and heart disease are not common diseases that have affected individuals even though a very rare percentage of people agreed with this fact.
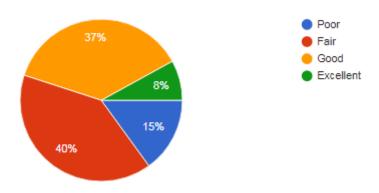
Figure 6: Current health status [from participant's point of view]

Analysis – Participant's health status:

People who took part in the survey and who are at the same time, suffering from chronic diseases were asked to update about their current health status. 40% of all of them said that they are "fair" whilst 37% of respondents claimed that they are in a "good" condition. 15% said their health condition was "poor" whilst only 8% said that their health status was "excellent". The results indicate that whilst the majority of respondents believe they are of good and fair health condition even with a chronic illnesses as identified beforehand, speaks to the potential slow disease adaption.

Figure 7: Social media use

Analysis – Participant's use of social media:

Social media in today's modern universe has become an inevitable tool to remain connected with people around the world. In this context, while participants were asked if they actively use social media platforms, it is pointed out that almost 72.4% of total participants agreed that they actively use different social media platforms. This data will be helpful to evaluate how their engagement in the platform has been impacting their health condition and lifestyle.

However, 25.5% of respondents said that they do not actively use social media platforms. This does not mean that the respondent does not use a medium, but simply that the respondents usage pattern is currently not active. A very limited number of respondents said that they would prefer not to give insight into this question. Irrespective of respondenets living areas (urban, suburban and rural), social media is an omnipresent platform which has taken an active part in people's everyday lifestyle and at the same time, becoming the potential reason for dysevolutionary impacts.
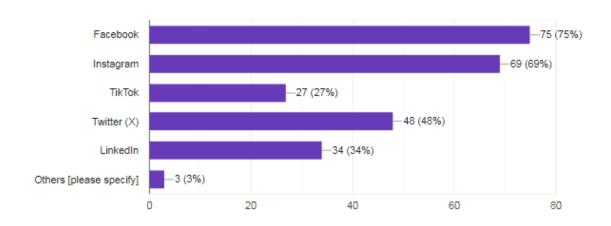

Figure 8: Social Media platform usage

Analysis – Participants' social media platform preference:

In the previous question, it is recognised that participants in majority actively use social media platforms. Now, when they are asked about their engagement in different social media platforms, a varied response is gathered where Facebook has gained the top position in terms of being most actively used by individual participants. Participants were free to select all platforms that they most use and respondents replied that Facebook is the platform they are most engaged with as almost 75% responses are seen in this case. This is followed by Instagram with almost 69% individuals are actively engaged in Instagram. These are the topmost platforms that have gained the major votes. Twitter (X) is also actively followed by approximately 48% of all individuals which indicates that almost half respondents are followers of Twitter. LinkedIn, a professional platform, is followed by 34% of all participants. Tik Tok, in comparison to all other platforms, is limitedly used by individuals which gained only 27% responses. So, these are the platforms (social media) that have taken an active part in everyday lives of individuals and impacting their daily habits. However, 3% of total respondents said that they use other social media platforms than the ones they were asked for as shown in the image.
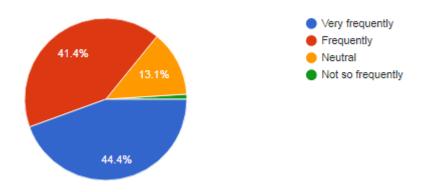
Figure 9: Reliance on social media updates and notifications

Analysis – Reliance on social media:

Notifications on social media keep users actively engaged with different platforms. It encourages curiosity among content creators, brands, influencers and followers, and it is from this identification, participants were asked how frequently they check notifications on the platforms. It is identified as a result that 44.4% of participants are very curious about the latest information and they frequently check notifications which keeps them as an active user of the platform. On the other hand, another 41.4% of all respondents claimed that they frequently check notifications. This total 85.8% of respondents are active participants in different social media platforms. This is an indication that in their daily lives social media holds a broad impact and the same can be a cause of their chronic diseases from which they are suffering at present. Notably, 13.1% participants abstained from answering this question as they preferred not to disclose their views.
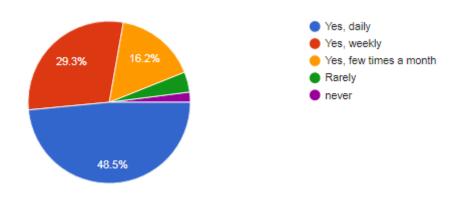

Figure 10: Participants regularity of exercise [type, duration, intensity not covered]

Analysis – Exercise frequency:

With regards to exercise and exercise frequency, individuals were asked whether in their modern lifestyle they have time to practise physical exercise with some regular occurrence. In short, respondents were asked whether they actively undertake any form of physical exercises. It is identified that more than half of the respondents were active in some form of physical exercisers besides being active users of different social media platforms. This is a positive point which indicates that keeping a healthy lifestyle is also an integral part of their daily lives. 48.5% of all respondents agreed that they do physical exercise on a daily basis, while 29.3% said that they follow a physical exercise routine weekly. This potentially can mean that daily physical exercisers are now in a good health status even after being diagnosed with a chronic health compliant. 16.2% of respondents highlighted that they do physical exercise only a few times a month which is an indication that they do not prioritise a balanced health approach to life. However, a small percentage [6%] of participants said that they rarely do physical exercise, or they never do any physical exercise.
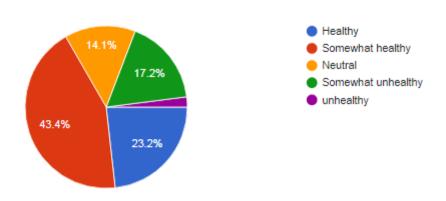

Figure 11: Daily dietary habits

Analysis – Dietary habits:

It is already recognised that the majority of participants are active social media users, the majority of them do physical exercise either daily or weekly, and the majority of them are sufferers of chronic health diseases. Now when they were asked how they would mark their daily dietary habits, only 23.2% of respondents said that it is healthy while 43.4% of all respondents agreed that it is somewhat healthy. There is a high difference between these two statements, healthy and somewhat healthy which is clearly relevant from the above figure. However, the important thing to note is that 17.2% claimed that their dietary habits are not healthy, rather it is somewhat unhealthy. This is a concerning point which can be an impact of dysevolution in real context. However, 14.1% remained neutral in this question and did not respond actively.
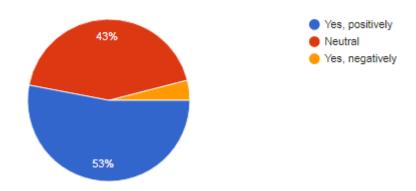
Figure 12: Participants social media engagement and perceived impact on personal or professional productivity

Analysis – Perceived social media impact to productivity:

The responses highlight that varied opinions exist regarding social media's impact on productivity. A slight majority (53%) believe that social media engagement positively influences productivity, likely due to its role in enhancing communication, networking, and access to information. These platforms can facilitate collaboration and professional development when used effectively. However, the large neutral group (43%) suggests uncertainty or a belief that the impact depends on how social media is used. This ambivalence may reflect concerns about potential distractions and time management challenges associated with social media. The small percentage (4%) who see no positive impact likely perceive social media as hindering their focus and efficiency. Overall, the data suggests that social media's influence on productivity is complex and depends on the context.
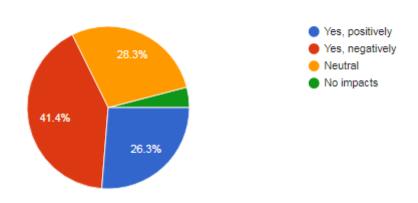

Figure 13: Participants social media engagement and perceived impact on [their] emotional well-being

Analysis – Perceived social media impact to emotional well-being:

Following this, the participants were asked about whether engagement with social media impacts their emotional well-being. The responses show that mixed views exist on the impact

of social media on their emotional well-being. A significant portion (41.4%) believes that social media engagement negatively affects emotional health, likely due to factors like comparison, cyberbullying, and the pressure to maintain an idealised online image. In contrast, 26.3% see a positive impact, possibly appreciating the sense of connection, support, and access to mental health resources social media can offer. The 28.3% who remain neutral suggest that the impact is subjective, depending on how social media is used. Overall, the data highlights the dual-edged nature of social media's influence on emotional well-being.
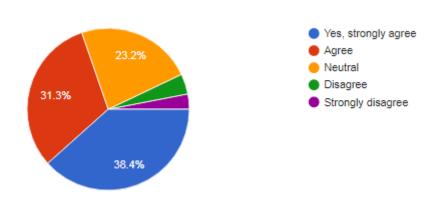

Figure 14: participant responses to "does lifestyle choices increase the prevalence of chronic illnesses"

Analysis – Lifestyle impact on prevalence of chronic illnesses

There is a strong consensus among the responses regarding the link between modern lifestyle choices and the rise in chronic health diseases. A substantial 48.4% of the participants strongly agreed and 31.3% agreed that contemporary habits, such as sedentary behaviour, poor diet, and high stress, contribute to the increased prevalence of chronic conditions like diabetes and heart disease. The 23.2% who are neutral may acknowledge the link but are unsure of the extent or impact. A smaller fraction of the remaining participants disagrees or strongly disagree, possibly due to differing opinions on the causes of chronic diseases or alternative explanations. Overall, the data emphasizes a significant concern about the impact of modern lifestyles on health.
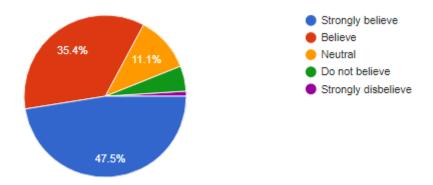
Figure 15: Participants belief whether individual's choices are more impacted by technology [use] than more traditional practices

Analysis – Perceived impact of modern technologies

The participants were asked about their belief on how modern people's lifestyle choices are impacted more by technological uses than traditional practices, to which a notable 47.5% strongly believe in this impact, and 35.4% also believe it, indicating a consensus that technology significantly shapes contemporary behaviours and decisions. Concerns about technology's role in altering daily routines, social interactions, and health habits are reflected in this perspective. The 11.1% neutral responses suggest some ambiguity or recognition of both technological and traditional influences. Those who do not believe or strongly disbelieve may view traditional practices as more influential or see technology's impact as overstated.

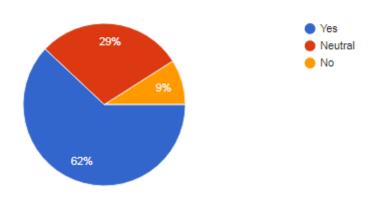*Figure 16: Participants familiarity with the concept of dysevolution*

Analysis – Familiarity with concept of dysevolution

The responses indicate that 62% of the participants are familiar (in some way, shape or form) with the concept of dysevolution, suggesting that a majority of individuals are aware of how modern lifestyles may conflict with human evolution, leading to health and societal issues. The

29% neutral group suggests that a significant portion of people may have some understanding but lack full clarity or confidence in the concept. Meanwhile, 9% of respondents are not familiar with dysevolution, highlighting a smaller but notable gap in awareness. This distribution emphasizes the need for more education and discussion to ensure a broader and deeper understanding of dysevolution and its implications in modern society.
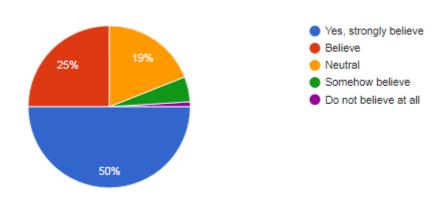

Figure 17: Mismatch between human evolution and an individual's modern lifestyle

Analysis – Mismatch between human evolution and modern lifestyle

The participants were asked about whether there is a mismatch between human evolution and modern lifestyle, to which a significant majority either strongly believe (50%) or believe (25%) that there is a mismatch between human evolution and modern lifestyles. This reflects growing awareness that rapid technological and societal changes have outpaced our biological evolution, leading to issues such as increased stress, lifestyle-related diseases, and mental health challenges. While 19% of them remain in a neutral state which indicates uncertainties regarding whether there is any mismatch. However, a small percentage (6%) who are sceptical suggest that a few see modern adaptations as a natural progression. Overall, the data underscores a prevailing concern about the disconnect between our evolutionary design and contemporary living conditions.
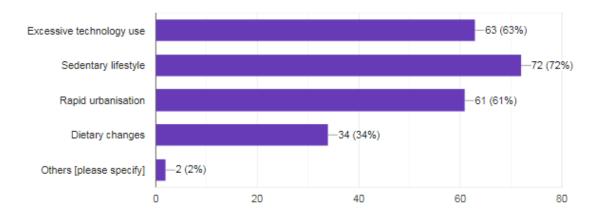
Figure 18: Participant's responses to factors they believe are driving dysevolution

Analysis – Factors driving dysevolution

Dysevolution in modern society is primarily driven by a sedentary lifestyle (72%), excessive technology use (63%), and rapid urbanization that is 61%. These factors contribute to declining physical activity, increased screen time, and stress, all of which disrupt natural human evolution and health. 34% of Dietary changes also play a significant role, as the shift towards processed foods undermines nutritional well-being. The "Others" category (2%) suggests additional, less impactful factors. Collectively, these trends accelerate dysevolution, emphasising the need for societal shifts towards healthier, more balanced lifestyles to counteract these adverse effects

Figure 19: Participants responses on whether social media drives changes that effect our lifestyle

Analysis – Social media influence on lifestyle

The participants were asked whether social media drives change in contemporary human lifestyle to which 51% of respondents acknowledged frequent impact(s) and 36% recognizing occasional influences. This suggests that social media plays a pivotal role in shaping behaviours, trends, and perceptions in daily life, from fashion and fitness to social norms and

communication patterns. The 11% who report rare influence(s) might represent individuals less engaged with social media, or those who maintain distinct boundaries between online and offline life. The 2% "Others" category likely encompasses alternative perspectives. Overall, the data underscores social media's pervasive role in driving changes in modern human lifestyles.
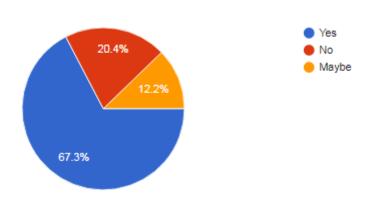

Figure 20: Participants belief regards dysevolution theory as a result of the growing prevalence of chronic illnesses

Analysis – Linkage between dysevolution theory and growing prevalence of chronic illnesses

The majority of participants (67.3%) believe that dysevolution is increasing with the prevalence of chronic illnesses. This suggests a strong recognition that modern lifestyle changes, such as reduced physical activity and poor diet, are misaligned with our evolutionary needs, leading to health issues like obesity, diabetes, and heart disease. The 20.4% who disagree may not fully connect lifestyle changes with chronic illnesses or may attribute these conditions to other factors, such as genetics. The 12.2% who responded "maybe" reflect uncertainty or a belief that while dysevolution might contribute, other factors also play a role. Overall, the data highlights a growing concern that modern living is exacerbating chronic health problems through lifestyle-induced dysevolution.
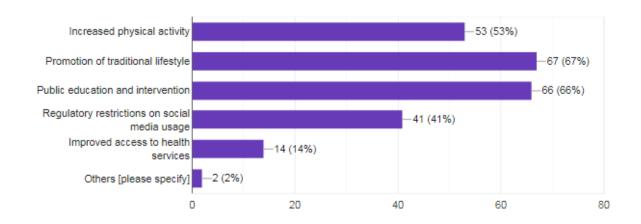
Figure 21: Measures needed to address dysevolution theory

Analysis – Measures needed to address potential raise in dysevolutionary theory

Diverse responses were gathered when asked about addressing dysevolution positively with effective measures. People consider promoting a traditional lifestyle (67%) and implementing public education and intervention (66%) as crucial. These strategies reflect a strong consensus on the need to revisit and advocate for lifestyle practices aligned with our evolutionary design. People prioritize increased physical activity (53%) as well, indicating its importance in mitigating the effects of modern sedentary lifestyles. They also believe that regulatory restrictions on social media usage (41%) can be helpful in reducing its negative impact. People suggest that improving access to health services (14%) and exploring other approaches (2%) can also be beneficial, though these are less emphasized.
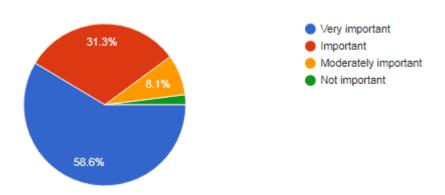

Figure 22: Participant beliefs that a "digital detox" with curb dysevolution

Analysis – "Digital detox"

The responses show that a significant majority (58.6%) believe that measuring the effects of digital detoxes is "Very Important" in countering the negative effects of dysevolution. This

indicates widespread recognition of the crucial role that digital detoxes play in mitigating issues such as tech-induced stress and lifestyle imbalances. An additional 31.6% consider it "Important," highlighting general agreement on the value of evaluating the impact of reducing screen time and increasing engagement in more traditional, healthier habits. The 8.1% who view it as only "Moderately Important" may prioritize other factors. The small remaining percentage who considers it "Not important" likely underestimate the significance of digital detoxes in addressing dysevolution.
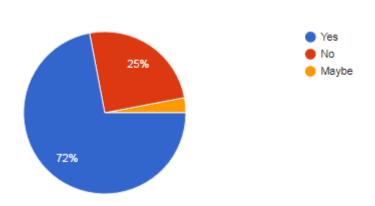

Figure 23: Effectiveness of dietary practises to combat chronic illnesses

Analysis – Effectiveness of dietary practices in chronic illnesses

The majority (72%) strongly believe in the effectiveness of traditional diet practices in combating chronic illnesses as it may relate too dysevolution theory. This group likely considers traditional diets, rich in whole foods and balanced nutrients, essential in addressing health issues linked to modern, processed diets. The 25% who disagree may question the relevance or feasibility of traditional diets in today's context or believe other factors are more critical in combating chronic diseases. The remaining responses labelled as "Maybe" indicate uncertainty, possibly due to varying opinions on what constitutes a "traditional" diet.
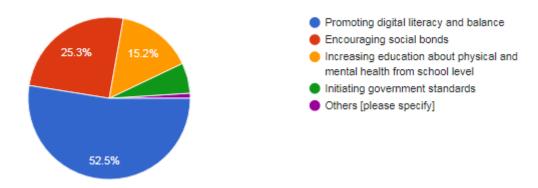
Figure 24: Societal adaptations to technologies to curb dysevolution theory

Analysis – Societal adaptions to technologies

The participants were asked about social adaptations to technological changes and modern lifestyle. Promoting digital literacy and balance (52.5%) is seen as the most crucial. This reflects the need to equip individuals with the skills to navigate technology responsibly while maintaining a healthy relationship with it [technology]. Encouraging social bonds (25.3%) is also a priority, recognizing the importance of interpersonal connections in countering the isolating effects of digital life. Increasing education about physical and mental health from the school level (15.2%) underscores the value of early intervention in fostering lifelong wellness habits. The remaining respondents support government standards and other initiatives, indicating a preference for broader, systemic approaches.
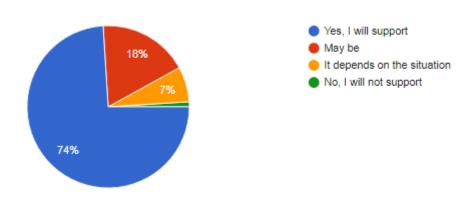

Figure 25: Participants willingness to support changes to societal use of social media and healthier lifestyle to reduce dysevolutionary impacts

Analysis – Willingness to support changes to reduce potential impact of dysevolutionary theory

The responses indicate strong support (74%) for initiatives aimed at reducing social media usage to improve health and mitigate the effects of dysevolution. This majority likely acknowledges the negative impacts of excessive social media use, such as mental health issues and lifestyle imbalances, and sees value in promoting healthier habits. The 18% who responded "Maybe" may support the initiative under certain conditions or may need more information before fully committing. The 7% who say "It depends on the situation" take a more situational approach, considering specific contexts or personal circumstances. The small minority who would not support such initiatives likely prioritize the benefits of social media over its potential downsides. Overall, the data reflects widespread acknowledgment of the need to address the health impacts of social media.

Summary

This research examines how dysevolution plays a role in chronic diseases and how social media impacts human life and performance, utilizing quantitative data from 100 participants. The study identifies a mismatch between natural selection and modern lifestyles, which is evident in the prevalence of obesity, diabetes, and the mental health effects of social media. Primary data reveals diverse demographics, with a significant number of responders who suffer from a chronic illness like diabetes (40%) and hypertension (32%). Social media usage is high (72.4%), particularly on platforms like Facebook and Instagram. The research highlights the dual nature of social media's impact on productivity and emotional well-being, with mixed views among participants.

The research highlights how social media impacts productivity and emotional well-being, with participants having mixed views. Participants strongly agree (79.7%) on the connection between modern lifestyle choices, like sedentary behaviour, and the increase in chronic illnesses. The study suggests that addressing dysevolution involves promoting traditional lifestyles, increasing physical activity, and considering digital detoxes. A majority (74%) supports initiatives to reduce social media usage for better health. The findings emphasize the importance of evidence-based public health interventions to tackle the challenges of dysevolution in modern society.

It is demonstrated from the above analysis that among almost 72.4% of active social media users, a great part of them frequently and very frequently checks social media notifications (almost 85.8% total) and most of them (56.1%) live in urban areas. This use of social media platforms has been significantly impacting the occurrence of dysevolution in today's society as a great part of survey respondents agreed that their active engagement with social media platforms has remained the reason for their negative emotional well-being. Though 48.5% and 29.3% of all respondents said that they practise physical exercise daily and weekly respectively, it still did not seem effective in reducing the negative impacts of social media use on their emotional well-being. However, one point to be noted here is that their level of productivity is not significantly impacted (in a negative way) by their use of different popular social media platforms like Facebook, Instagram, Twitter (X), LinkedIn and TikTok. Rather 53% of all respondents said that this practice of active engagement with social media increases their productivity level

which is a positive factor. On one hand, individuals' quality of life who are coming from different socioeconomic stages and age groups is deteriorating in terms of emotional well-being with the active engagement in different social media stages, on the other hand, the same use has been proven positively impactful in terms of increasing their productivity level. So, the dual impact is recognised in this context and dysevolution is occurring in the form of reducing the emotional health of people.

This dysevolution by negatively impacting individuals' mental state has been standing as the reason for prevailing chronic health diseases among people as pointed out by 67.3% of respondents. This negative outcome and reduced quality of life caused due to excessive technology use (including excessive social media usage) and sedentary lifestyle requires positive interventions in terms of the promotion of traditional lifestyle, public education and interventions, increased physical activity, regulatory restrictions on social media usage, technological detoxes and promotion of digital literacy and balance in everyday practices.

Discussion

Demographic Insights and Willingness Towards the Participation

Based on the statistical insights, the target audience appears to be highly interested in and willing to participate, interrelated with the realization of emergent issues that are an outcome of dysevolution. For example, the age-level specifications for the audience are such that over half of the participants (51%) are between 26-35 years of age, which at a point in time means that it is this segment of the population that is the keenest to give this agenda serious consideration.

The enormous gender difference in the data—70.4% of the subjects were female—possibly reflects the fact that women are more attentive to health-impacting issues or are merely more predisposed to participating in certain research. This speaks to more general trends in health research, where women tend to be more vigilant about health screens and interventions. Again, the residential distribution, 56.1% urban, 37.4% rural, and 9.2% suburban, adds its uniqueness to the many ways varied environments either nurture or blunt the effects of dysevolution.

Gender and Health Consciousness

It is an assumption that women have more health awareness compared to men. A significant number of the female population reportedly undertake preventive health behaviours and are more likely to seek medical advice (Pinchoff, 2020). The nature of the shared burden of caregiving in childrearing and family health management might also help illuminate why women were more willing to participate in these types of studies and why they are more medically implicated in the results of such studies on chronic disease and lifestyle impacts (Chien, 2020). Additionally, cultural expectations and socialization may further encourage women to prioritize health, while societal pressures may lead men to downplay health concerns, resulting in underreporting of symptoms and lower participation in preventive health behaviours. It is crucial to address these gender differences to promote balanced health consciousness across genders and ensure that both men and women are equally engaged in proactively managing their health (Heise et al., 2019).

Urban vs. Rural Lifestyle Choices

Urban settings predominate in fast-paced lives, have greater access to technology, and more sedentary jobs that frequently lead to high incidences of chronic illnesses that are related to dysevolution (Shin, 2020). This might mitigate or exacerbate some risks to health, depending on other issues such as access to healthcare and dietary habits. In some cases, technology exposure might be lower; in other cases, life is sure to be at a more moderate pace. Suburban participants fill in this gap and provide some insight into the middle ground of how the blending of urban and rural influences works for health outcomes (Herrera, 2023).

In most cases, marked health divergences between the urban and the rural setting are found on different levels of exposure to environmental stressors, degrees of availability of resources, and lifestyle choices. The hectic life pace, high levels of stress, and easy access to industrially processed foods that characterize city (urban) living most often result in higher prevalence rates for chronic illnesses such as obesity, diabetes, and cardiovascular problems (Petruk, 2020). Added to these are the continuous pollutant, noise, and lack of green spaces that further worsen these health challenges into a sedentary, stressful way of living. According to Shin, (2020), it is reported that Doctors recommend daily physical activities to help the body refresh its systems and stay healthy.

Conversely, the rural setting, though often viewed as serene, offering a close association with nature, has its share of health issues. Such factors may comprise reduced access to healthcare facilities, lower socioeconomic status, and less education regarding modern health practices. The more rural lifestyle, such as agricultural activities, might balance out some of the noxious effects seen in sedentary existence in the city; however, they also bring other perils, such as trauma and hazards of occupation-based activities (Herrera, 2023).

Thirdly, the greater middle represented by suburban areas provides a unique mix of urban and rural influences. In general, compared to their rural counterparts, suburban residents often enjoy access to quality healthcare and technology, while they also enjoy space and lower stress levels than urban dwellers. This hybrid way of life may temper some of the dangers associated with purely urban or rural living and therefore offer interesting insights into how a more balanced approach might aid in better health prospects (Herrera, 2023).

Prevalence of Chronic Diseases

If one needed to identify a core issue within the paradigm of dysevolution, it would likely concern chronic illnesses (Barber, 2022), often derived from lifestyle changes that have happened at a pace far faster than our biological "catch-up." According to these data, there is a high level of chronic conditions present: 40% have diabetes and 32% have hypertension.

The Rise of Diabetes and Hypertension

Eerily, diabetes and hypertension are probably two of the most common NCDs. They are usually traced back to one's lifestyle, dietary intake, exercise, and stress levels. On the global front, the World Health Organization recognizes poor diet and physical inactivity as important risk conditions driving the NCD epidemic (Ryan, 2022).

Chronic illnesses such as diabetes and hypertension are not merely the result of individual lifestyle choices but are deeply intertwined with socioeconomic factors, environmental influences, and genetic predispositions. The rapid pace of lifestyle changes in urban areas, driven by technological advancements and the globalization of unhealthy diets, has outpaced our biological adaptation, leading to what some scholars describe as a 'dysevolution'—a maladaptive response to modern environments (Barber, 2022).

These are especially relevant factors in urban settings, availability of high-calorie and low-nutrient foods, and the opportunity for physical activities is endangered by sedentary jobs and urban environments not conducive to exercise (Joassart-Marcelli, 2022).

Dysevolution and the Compounding Effect of Multi-Morbidity

The data shows that many respondenets have more than one chronic condition, described as multi-morbidity. It has often been seen that multimorbidity is an outcome of the possible inter-relationship between lifestyle factors that encourage dysevolution. One important dysevolution driver, obesity, is very closely linked to sedentary behaviour and poor diet and is itself a key risk factor for diabetes and hypertension (Stearns, 2024).

Furthermore, the compounding effect of these lifestyle factors is reflected in the rise of multimorbidity—where individuals suffer from multiple chronic conditions. For instance, obesity, a condition closely linked to poor diet and sedentary behaviour, is a major risk factor for both diabetes and hypertension. This interrelationship suggests that addressing chronic illnesses requires a multifaceted approach that considers not just individual behaviours but also the broader social and environmental contexts that shape these behaviours (Stearns, 2024).

Socioeconomic Factors and Access to Healthcare

Socioeconomic status plays a significant role in the prevalence and management of cases with chronic illnesses (Kivimaki, 2020). For instance, participants from lower-status socioeconomic conditions might have less access to health care, healthy nutrition, and activity-friendly facilities, emphasising dysevolution tendencies. This calls for intense challenging of the social determinants of health to reduce the burden of chronic diseases and as well offsetting the impacts of dysevolution.

Furthermore, policies need to address these disparities by improving access to healthcare, promoting education about healthy lifestyles, and creating environments that support healthy choices. Without addressing these underlying social factors, efforts to combat chronic illnesses will be insufficient and will continue to place a significant burden on individuals and healthcare systems alike (World Health Organization, 2022).

Current Health Status of Patients with Chronic Illnesses

Even though the burden of chronic illness is high, survey data suggest a distribution of self-assessed health status among the subjects: 40% rated their health as only "fair," while 37% rated it as "good." So presumably many of these respondents with self-reported chronic conditions have not yet viewed this burden as an important aggravating dimension of their general health. This should be likely attributed to efficacious disease management techniques involving the use of medications and the provision of both life changes and proper routine healthcare. However, 15% of the sample rated their health as "poor," indicating for this subgroup, there is a significant burden of disease. The 8% who describe their health as

"excellent" may include people who have effectively adapted their lifestyle or who have less serious forms of disease.

Perceived Health vs. Actual Health

As evidence shows, generally perceived health does not relate to actual health, especially in the case of those who suffer from chronic illnesses (Bardhan, 2020). Some of the participants could say their health was "good" or "fair," having illnesses like diabetes or hypertension, only since they had learned to manage the symptoms well. Some may even underestimate the seriousness of the condition they are in or may be unaware of the long-term risks associated with having their disease (Brouwers, 2020).

Chronic Disease, the Role of Self-Management

Satisfactory chronic illness self-management is highly desirable for maintaining a quality of life (Kalav, 2022). This includes the monitoring of blood sugar levels for diabetes, the management of blood pressure in hypertension, and the regular intake of the medications prescribed (Mathew, 2020). The results suggest that most of the participants are good self-managers of their respective conditions, but if 15% report as being in poor health, then additional needs, resources, and support should be provided for those needing help with their illnesses.

The Impact of Access to Care

Access to care is an important determinant of how well people can manage chronic conditions. Those with more regular access to healthcare services, such as check-ups and access to medications, are more likely to report good health. The data does not answer particularly the question related to access to healthcare, but it is likely the ones reporting "good" or "fair" in health were more likely to have access to health services than the other people who reported "poor" in health.

Usage of Social Media and Its Effects on Health and Lifestyle

Social media has become an indivisible part of modern life, and figures amply prove this: 72.4% of the respondents were active users of social media platforms (Saputra and Al Siddiq, 2020). The pervasiveness of this use begs critical questions about social media's impact on health and lifestyle under conditions of dysevolution. The most common platforms were Facebook 75%, Instagram 69%, Twitter 48%, LinkedIn 34%, and only 27% for TikTok, which is usually popular among younger participants than the sample involved in this study.

Social media's pervasive influence on modern life is undeniable, with platforms like Facebook, Instagram, and Twitter becoming integral to how people connect, share information, and form opinions. However, this influence is not without its downsides, particularly when it comes to health and well-being. On one hand, social media can be a powerful tool for disseminating

health-related information, offering support to those with chronic conditions, and encouraging healthy behaviours through online communities and health-related content (Alghizzawi et al., 2023).

Conversely, social media can promote pseudo-science, fake news and aberrant product claims designed to manipulate the reader to a specific outcome, such as a product purchase.

The Role of Social Media in Shaping Health Behaviours

The kinds of influence dispensed through social media platforms on health behaviours can be both positive as well as negative (Alghizzawi et al.,2023). On the positive side, social media can be a powerful platform for the dissemination of health information, raising public awareness on health issues, and providing social and emotional support to clients faced with problems chronic in nature. On the negative side, it can also foster many unhealthy behaviours by promoting unrealistic body images, encouraging sedentary behaviour, or providing misinformation about health and well-being. The algorithms that drive social media platforms are designed to maximize engagement by promoting content that evokes strong emotional responses (as opposed to factual content). This can lead to a reinforcement of unhealthy behaviours or the exacerbation of mental health issues, particularly among vulnerable populations (Dhiman, 2024).

Social Media and its Effect on Mental Health

The data, therefore, shows mixed evidence regarding the influence of social media on mental health. 41.4% believe it negatively affects emotional well-being, whereas a considerably lower percentage of 26.3% believe it has a positive effect. 28.3% have remained neutral. This highlights the two-edged sword nature of social media—it can either boost or harm mental health. First, this avenue can provide social support, and a sense of community, and allow one to feel connected with friends and family. The data suggest that social media's impact on mental health is heavily influenced by how it is used. On the other hand, it may lead to anxiety, depression, and stress, especially when it promotes a negative social comparison or exposes users to cyberbullying or harassment (Khan and Asim, 2020).

The Impact of Algorithms and Personalization

Social media algorithms are often tailored to receive maximum engagement from users (Reviglio and Agosti, 2020). This often occurs by suggesting content that aligns with their interests or tends to evoke strong emotions in them. On one hand, such personalization makes a user experience smooth, but on the other, it can be just a mode of further enforcing unhealthy behaviour or negative emotions. For instance, individuals who often engage with content related to weight loss or dieting might become algorithmically driven to content that promotes unhealthy eating habits or unrealistic body standards (Gak et al., 2022). Users can become trapped in a vicious cycle when they are continually exposed to content that reinforces negative body image, exacerbates disordered eating patterns, or promotes harmful health practices. Furthermore, this type of content can contribute to mental health issues such as anxiety,

depression, and low self-esteem, especially among vulnerable individuals who are already struggling with body image concerns or eating disorders (Gak et al., 2022).

The Need for Digital Literacy

The sizable impact of social media on health and lifestyle has also made the role and importance of digital literacy programs/provisions grow continuously. This would include educating users on how to critically appraise the information they engage with on the internet, how not to make unhealthy social comparisons, and how to set boundaries around social media use to prevent it from affecting mental health negatively. Furthermore, educating individuals on the long-term effects of social media on mental health, such as its impact on sleep patterns and overall well-being, can help them make more conscious decisions about their online behaviours. Teaching users about the algorithms that drive the content they see can enable them to recognize when they are being targeted with manipulative or harmful material (Khan and Asim, 2020). By fostering a better understanding of these digital tools and their potential pitfalls, users can be empowered to navigate social media in a way that supports their mental and emotional health.

Perception of Technology's Impact on Lifestyle Choices

This indicates that the vast majority of the respondents strongly believe that modern technology greatly influences lifestyle choices since 76% of them agreed with the statement. These days, technology moulds the devices and the platforms we make use of every day, our health behaviours, and our social interactions.

The Role of Technology in Sedentary Lifestyles

Technology promotes sedentary behaviour in the following significant ways: desk jobs, the proliferation of screen-based entertainment such as video games, etc., convenience in online shopping, and food delivery services (Li, 2024). This serves as one of the major causes for the agents of dysevolution underlying such chronic diseases as obesity, diabetes, and cardiovascular disease. As evidenced, participants do understand the presence of this type of influence and many of them report an intention to resist the negative impact of technologies on their health.

Additionally, streaming services and the constant use of mobile devices for various activities further exacerbate this issue by encouraging extended periods of inactivity. This technological shift not only reduces physical activity but also promotes poor dietary choices by making unhealthy food options more accessible. Participants do understand the presence of this type of influence and many of them report an intention to resist the negative impact of technologies on their health (Li, 2024). To counteract these effects, individuals are increasingly seeking ways to integrate more physical activity into their daily routines and make healthier lifestyle choices despite the pervasive influence of technology.

Technology as a Tool for Health Promotion

While technologies support both healthy habits and unhealthy behavioural tendencies, they carry a lot of tools for supporting health promotion and the prevention of diseases. Wearable technologies, including activity or fitness trackers and smartwatches, can track a person's activity, log their food intake, and monitor chronic conditions. Online health promotion programs and relevant mobile applications grant access to needed health information, supporting behavioural changes in health and facilitating remote consultations with care providers.

Advanced health apps can offer tailored fitness plans, dietary recommendations, and mental health resources to users, adapting to their needs over time. Integration with telemedicine services allows patients to communicate seamlessly with healthcare professionals, enhancing the effectiveness of treatment plans. These technologies empower individuals to make informed health decisions and promote a more interactive and responsive approach to health management, enhancing long-term well-being and disease prevention (Bakker et al., 2016).

Digital Health Interventions: The Impact

The potential of digital health interventions—telemedicine, web health coaching, and mobile health applications—to better health outcomes is significant, provided the care becomes more accessible and person-centred. Data suggests that while participants appreciate the role of technology in influencing lifestyle choices, there may be a need to increase awareness and facilitate support in making the best use of digital health.

Telemedicine enables remote consultations with health professionals, breaking geographic barriers and reducing in-person visits—especially useful for underserved populations or rural areas. Web health coaching enables person-to-person guidance and support to set and reach health goals, manage chronic illnesses, and navigate often complex health information. Mobile health applications allow users to monitor various dimensions of their health, such as physical activity, nutrition, mental well-being, and the ability to track and adjust health behaviours in real-time (Chauhan, Bali and Kaur, 2024). Despite these innovations, there is a recognized need for greater awareness and facilitation of support for all in using digital health to the best effect. Many users may lack an understanding of the proper usage of these technologies or simply do not have the technical skills to move through them. Additionally, there could be a digital health disparities effect whereby the tools are less accessible to certain populations based on socio-economic status or access to technology. This would mean investing in digital literacy programs, training of users, and making sure that digital health interventions are culturally accessible and inclusive to diverse populations. Second, increased awareness and support is needed to maximize the full potential of digital health technologies for more equity in health outcomes across different communities (Stearns, 2024).

Technology Use Balancing with Healthy Lifestyle Choices

Hurdled against this is how one can avert their evil effect on lifestyle choices and keep a balance: enjoy the good in technology and not compromise on health. One such strategy is

setting clear boundaries around the use of screens. Placing time limits on the use of devices and introducing time slots for digital detoxing may be very effective in reducing sedentary behaviour and increasing more active pursuits (Liu, 2024). Another important action is the building of physical activity into an individual's routine. This may mean regular exercise through walking, jogging, or playing sports to offset the dangerous effects of spending long hours in front of screens and to gain better health. Of equal importance is ensuring that the use of technology is active and purposeful, rather than passive (Dhiman, 2024). For example, a person using an application that incentivizes physical activity, mindfulness, or healthy eating could make some very positive lifestyle changes. Avoiding passive activities such as excessive scrolling over social media or binge-watching can help ensure, on the negative side, that technology avoids contributing to highly sedentary habits and poor health outcomes (Dhiman, 2024). It suggests that while the subjects are aware of the strategies, they still need more support and resources to apply them properly. Thereafter, it is essential to have access to educational materials, community programs, and tools that track and hence manage screen time and physical activity. Coaching or peer groups can also support systems in a very big way in helping achieve a healthier balance of technology use with lifestyle choices.

Social Media and Chronic Disease Management

Yet, the relationship between social media use and chronic disease management is not so linear since social media, on the one hand, can be a relevant tool in supporting the management of chronic illnesses, as it provides information and peer support in helpful resources for the management of the disease (Karadag et al., 2022). On the other hand, it can expose a person to miscommunication, unhealthy behaviours, and stress that may harmfully influence their manner of managing their chronic disease. Additionally, social media interactions that involve comparison with others' health journeys can lead to increased anxiety or dissatisfaction with one's own management progress. Thus, while social media has potential benefits, users must navigate it carefully to mitigate these risks (Karadag et al., 2022).

Social Media as a Source of Health Information

The use of social media platforms is increasingly becoming a source of health information, with users seeking to understand the symptoms, treatment options, and strategies for managing diseases on these platforms. This is particularly beneficial for individuals who have chronic illnesses, as they may use social media to connect with others who are going through the same thing and learn from peers about resources that might help them better manage their condition.

In this context, dysevolution, which underscores the harmful evolutionary outcomes of modern behaviours and environments, is a concept that makes the public health challenges of the 21st century increasingly relevant. Major modulators of this scope are escalated rates of chronic illnesses and a thoroughly pervasive influence of social media. Hence, this research aims to investigate chronic illnesses and excessive addiction to social media as contributors to dysevolution, understood as detrimental changes to the quality of life, structure of society, and human performance in general.

Dysevolution in the Light of Modern Civilization

The concept of dysevolution can be introduced as a form of evolution that has gone wrong because human biology cannot keep pace with fast environmental changes. This term was first coined by Dr. Daniel Lieberman—that the traits and behaviours, once adaptive, can become maladaptive when exposed to novel environments, yielding chronic health problems and behavioural problems. At the heart of it, the concept is kind of recognizing that human evolution's slow, and species change painfully fast, towards some new adaptive niche they find themselves in (Yang, 2019).

This is underscored by the increasing burden of chronic illnesses such as obesity, type 2 diabetes, and cardiovascular diseases. Diseases that once seemed to afflict people because of their lifestyle are now understood to arise from the forces that cultural, environmental, and individual behaviour place on each other in a vicious cycle resulting in poor health outcomes (Stearns and Medzhitov, 2024). The way it can exaggerate these issues cannot be overstated simply because it does not only affect mental health and social behaviours, but also creates sedentary lifestyles that link back to the prevalence of chronic diseases.

Chronic illnesses as Catalysts for Dysevolution

The prevalence of chronic diseases, mostly in societies that are fast industrializing and experiencing technological advancements, has shot up. 71% of all deaths at the global level are due to chronic illnesses, according to the World Health Organization—a very colossal statistic that goes on to show the magnitude of the problem at hand. In trying to relate the diseases to dysevolution, one will, therefore, be able to realize that the modern environment, which is highly characterized by processed foods, sedentary lifestyles, and the ever-present stress, profiles a very key role (Deaner and Lutwick, 2014).

Furthermore, most of the chronic diseases are driven by biological mechanisms related to inflammation, insulin resistance, and oxidative stress. As stated by Bosma-den Boer, vanWetten and Pruimboom, (2012), most of those are exacerbated by modern lifestyles. For example, the type of food taken in the modern day, being very high in caloric value and very low in nutrients, combined with a lack of physical activity, is a fertile ground for causing metabolic disorders. In an evolutionary perspective, these behaviours were adaptive once, in food scarcity situations, but now they are maladaptive because of the easy access to plenty of foods in today's world (Alt, Al-Ahmad and Woelber, 2022).

Moreover, chronic illnesses do not affect all sociodemographic groups equally. Evidence suggests that existence is felt more in more impoverished and some ethnic minority groups—a grim sign, providing compelling evidence of the synergy of the social determinants of health and dysevolution (White, 2021). This aspect of dysevolution may suggest that it is not a simple biological phenomenon but affected significantly by structure, levels of opportunities within society, and cultural relevance.

Social Media: Another Engine of Modern Dysevolution

Chronic disease-linked issues are a clear example of dysevolutionary products in the physical domain, while social networking on the other hand adds more complexity in its interactions with psychological, behavioural, and social dimensions. Social networking sites have created ease in performance in global settings and changed the way people work and perceive theirs and others world, but on the other end, they have also brought many new challenges. The relentless bombardments of information, social comparisons, and digital interactions bear far-reaching consequences on mental health and well-being (Deaner and Lutwick, 2014).

There are deleterious consequences associated with the use of social media when used in great quantity, such as anxiety, depression, loneliness, unproductivity, and many other negative consequences that come with excessive usage of social media. The most susceptible population is the young , whom have not defined themself and, as of yet do not have a place in the social world (Nagar, 2023). Yet, the influence of social media is not confined only to a certain age. It is broad among a series of different sociodemographic categories and influences subjects based on accessibility, usage patterns, and motivations (Reiners et al., 2019).

The concept of dysevolution can be taken one step further, to describe how it is that social media reshapes human cognition and social behaviour in maladaptive ways. From an evolutionary point of view, human brains are wired for social interaction and cooperation in relatively small groups. The scale and intensity of interactions that come from social media in one's life are way beyond what our brains evolved to deal with, and therefore this leads to many over stimulations, anxieties, and a permanent state of comparison. This puts pressure on traditional social structures and even nurtures alienation, reduced self-esteem, and poor mental health, which arises from the needs for digital confirmation and tendencies to conform to these online identities (Reiners et al., 2019).

Chronic Illnesses and Social Media as it relates to Dysevolution

Evolutionary Mismatch and Chronic Diseases

Evolutionary mismatch—how traits become useful for other environments and, at the same time, become detrimental—provides some explanation of the presence of chronic diseases (Benton et al., 2021). In one way or the other, this recognition of mismatch has become clearly evident in the relationship between chronic diseases and social media (Holt-Lundstad, 2022). Human survival has typically depended on high-calorie diets as well as physical activity. What were traits beneficial during human evolution are nowadays risk factors for obesity, diabetes, and cardiovascular diseases against the backdrop of the modern era, characterized by easy access to high-calorie foods and reduced levels of physical activity (Choukem et al., 2020).

It is this obesogenic setting where highly processed food products high in sugars and fats are widely available in the backdrop of a sedentary digital convenience (Ryan et al., 2021). Such an environment not only nurtures chronic illnesses but also maintains unhealthy behaviours. The persuasive marketing of unhealthy products and ease of sedentary activities fertilizes the problem (Visen et al., 2022).

Another relation of modern life to psychological stressors is with chronic diseases such as are induced by constant connectivity and digital overload (Schmitt et al., 2021). Chronic stress, an indirect result of the rapidity, digital interaction, and movements of today, causes the stresses in the body to be applied too often and for an extended period, causing conditions like anxiety, depression, and heart disease (Salari et al., 2020). This constant misbalance of the stress response dysregulates body homeostasis and fuels the rising rates of incidence of chronic conditions (Sharma and Singh, 2020).

The role of social media in worsening the chronicles of ill health

Though social media is a channel of connection and assistance, it equally intensely offers chronic health issues. These platforms [social media] act like sources of information, but not all information from the sites is accurate nor ethical. Misinformation about health practices and chronic disease management is likely to gain circumference in social media, recruiting people into the acts of harmfulness and carelessly living without proper medical advice (Muhammad et al., 2021).

Besides, it presents an enabling environment for unhealthy comparisons. Accordingly, individuals are prone to comparing statuses regarding health, body image, and lifestyle choices with what is depicted on the internet (Baceviciene and Jankauskiene, 2021). This usually leads to negative perceptions of self and maladaptive behaviours. Especially for those living with chronic conditions, this might be very dangerous because the pressure to live up to these kinds of set standards may lead to the further deterioration of their statuses regarding physical and mental health (Zvolensky et al., 2020).

These problems are exacerbated by the algorithmic structure of social media, encouraging content that inflames prior biases and unhealthy behaviour. Algorithms programmed to increase users' level of engagement have a way of prioritizing sensational and emotionally provocative materials that may bring about or exacerbate feelings and tendencies of anxiety, depression, and other mental health issues (Filimowicz, 2023). The digital validation through likes and shares gives a new form of social currency that can exaggerate mental health disorders, especially in young people and marginalized communities (Granic et al., 2020).

Addressing Digital Literacy and Health Disparities

This means that working on digital literacy and health inequities become very important in fighting dysevolution. Current digital divide determines the clarity in access to health information or support (Hsiao et al., 2021). For instance, access to technological devices, digital literacy, and health resources has been limited in marginalized groups (Yao et al., 2022). This explains the possible reason these groups may not benefit from positive aspects of social media and digital health technologies.

It is in this light that initiatives in public health creations should now focus on closing this gap by increasing digital literacy and fair access to health information. These should involve training people on how to use different digital platforms, making them competent in identifying credible sources of health information and skilled in the use of digital health tools (Patil et al., 2021). Community-based programs offering culturally relevant health information and support can be effective in reducing these inequities and promoting more optimal health outcomes among underserved populations (Whitman et al., 2022).

In addition, traditional health education should be supplemented with digital literacy in public health strategies. These strategies will bolster people's ability to critically appraise any online information to make proper health decisions and thus help mitigate the negative impacts of social media on health literacy (Dadaczynski et al., 2021).

Development of Comprehensive Strategies in Public Health

Management in strategies of public health can be developed to pay attention to both physical and digital dimensions of health. Classical approaches will proceed with a focus on physical behaviours such as diet and exercise; the strategies need to be complemented by the realization of the impact of digital engagement on health (Zhang et al., 2020). This must include ways for the development of interventions that can support balanced social media use and address the psychological impacts of digital interactions.

Health programs based at the community level can go a long way in assisting with this. Such programs should make use of both the digital and the physical networks for behaviour in health and support (Lin and Kishore, 2021). For example, projects that integrate digital tools with community outreach expand the opportunity for engagement and widely reach out through health promotion means (Stellefson et al., 2020). Engaging the local community in health interventions and tailoring programs to their needs results in more sustainable behaviour changes under public health strategies.

Additionally, these policies need to address structural determinants in dysevolution, including regulating food marketing, promoting physical activity, and ensuring equal access not only to health resources but also to digital resources. Consequently, policymakers can help prevent the resultant negative effect of dysevolution by ensuring environments that support healthy behaviour and cut health resource barriers.

Use of Technology to Integrate Health

Technology might both aggravate and alleviate dysevolution. Automation, artificial intelligence, and digital tools reduce physical activity and poor habits (Frabbrizio et al., 2023). On the other side of the coin, technology can provide tools and solutions for better health through telemedicine, wearable devices, and medical applications (Haleem et al., 2021).

Public health strategies should, therefore, maximize the benefits of these technologies against the background of ensuring equitable access and integration into interventions (Wang et al., 2021). This means there should be bridging of the digital divide and reduction of digital illiteracy so that nobody is left in the peripheries reaping these benefits of health technologies. Regulations and ethical reviews of technology, especially social media, must ensure that digital platforms promote well-being and not exploitation (Spiekermann et al., 2022).

Emphasizing Holistic Approaches to Health

The dysevolution needs to be addressed by considering interlinkages between physical, mental, and digital health. Public health strategies should be formulated to foster overall well-being, and this should encompass programs that cultivate active living, healthy eating, and balanced digital engagement (Villarino et al., 2022).

Finally, public health interventions must also respect the proportional dynamics of dysevolution to readjust to an ever-changing canvas of health determinants. Adopting a

comprehensive approach that includes both traditional and digital health strategies—by policy makers, health implementers, and communities altogether—can help create a healthier and fairer future (World Health Organization, 2022).

As such, it paints a multifaceted picture of dysevolution in the modern era: the intersection of chronic illnesses and social media. Both chronic illnesses and social media use represent symptoms of bigger social trends towards a convenient life, technology dependence, and the erosion of traditional lifestyles (Stearns and Medzhitov, 2024). They create a feedback loop by which physical and mental health are further compromised, and maladaptive behaviour is further ingrained.

For instance, persons with chronic conditions often gain support, information, and company for their conditions through social media. Green et al., (2020), states that while becoming important resources, they also easily propagate inappropriate health behaviours for people through misinformation, unhealthy comparisons, and sedentary lifestyle complications instigated by digital technology. On the other hand, by creating one complication after another, whereby poor mental health is caused by the neglect of physical well-being, the mental health effects of social media can affect the physical health of people by reinforcing the development of chronic diseases (Green et al., 2020). More easily seen with some sociodemographic groups and the low access to resources, such as not having effective health care, lack of education, and supportive social networks. This is worsened by the digital divide—an inequity in technologies and digital literacy—where the sectors that would most benefit from accurate health information and support being the least equipped to access it.

Implications for Public Health Interventions

The findings of this study infer the fact that there is an immediate requirement for public health interventions for the physical, as well as the digital sectors of dysevolution. Anti-convention health interventions have first and foremost been pointed towards the provision for physical healthy living, including activities/diet/smoking; however, with this phase of digital communication, it is also imperative for them to provide techniques that help minimize the negative effects through social media (Karadag et al., 2022).

In that sense, public health initiatives can promote balanced use of social media, digital literacy, and the needed skills in the development of critical thinking to help people effectively make their way in the digital environment. Interventions should also be sensitive to sociodemographic challenges, such as programs offering culturally appropriate health information and digital access and providing support for marginalized communities in order to bridge health gaps and break the cycle of dysevolution (Hobbs, 2010).

Further, there should be increasing realization such that mental health and physical health strategies become all-encompassing and integrated. In working towards these goals, it is imperative that successful efforts address the underlying causes and factors of the chronic illnesses with a view to promoting overall well-being, knowing that there is an association between the mind and the body (Karadag et al., 2022). This may be by way of programs that promote more active living and appropriate nutrition practices, while also ensuring that the psychological implications of social media and digital engagement have been catered for.

Toward a Healthier Evolutionary Path

In essence, dysevolution is a potent concept in understanding the maladaptive consequences of modern lifestyles, chronic illnesses, and the use of social media. Humans will deal with the problems coming from rapid technological changes and their health consequences, and it is time for public health strategies to evolve in such a way that further addresses both the biological and digital factors that contribute to dysevolution (Ben-Dor, Sirtoli and Barkai, 2021).

Research on chronic illnesses and social media as mediators of dysevolution calls for efforts toward public health that are integrative and responsive to the unpredictably changing landscape of health determinants. This recognition of the complex interplay between physical and digital environments can move policymakers, healthcare providers, and communities toward a strong and persistent effort toward joint action for those conditions under which healthier behaviours exist, health disparities are reduced, and future generations' evolutionary trajectory is maintained as more sustainable (Karadag et al., 2022).

The Evolutionary Mismatch and the Emergence of Dysevolutionary Pathways

The notion of an evolutionary mismatch is central to the understanding of dysevolution. Human beings evolved in environments where food was in short supply, and there was a need to spend energy in order to survive (Ben-Dor, Sirtoli and Barkai, 2021). The modern world, on the other hand, is filled with an environment of plentiful provisions, with foods high in sugars and fats being easily accessible and bodily exercise no longer having to be engaged in for everyday survival. This has then given room to what may be referred to as dysevolutionary pathways, whereby formerly beneficent traits lead to injurious health outcomes.

Research finds that the human liking for high-calorie food, which evolved as a mechanism for survival under conditions of scarcity, has turned maladaptive in the current context (Hou, 2021). Fast food prevalence and aggressive marketing of unhealthy products have generated an obesogenic environment, mostly in the urban setting (Popkin and Ng, 2022). Sedentary lifestyle patterns, now more and more driven by digital consumption and convenience culture, accentuate this environment. This is where the interplay of these factors leads to the development of the very chronic diseases that epitomize dysevolution in the contemporary world.

However, an evolutionary mismatch characterizes not only physical health. The psychological stressors of living in a fast, 24/7 digitally connected environment also feed into this dysevolutionary cycle. The brain was selected to react against acute short-term stressors—fleeing from predators or seeking out food (Shi et al., 2024). However, this relentless modern stress—driven by work pressures, social media, and incessant overload from information—lengthens the time of activation of the body's response to stress, leading to anxiety, depression, and cardiovascular disease (Sutton, 2022).

Social Media and the Disruption of Social Structures

Social structures and relationships are critical in the understanding of the role of social media in dysevolution. Human societies were typically organized into small, tightly knit communities whereby individuals developed social bonds through face-to-face interactions that established trust, cooperation, and common cultural values. Social media has torn down these structures

by replacing them with digital communities, often transient and superficial, basically driven by self-presentation (Grigsby et al., 2024).

In essence, this means digital validation, mostly assessed through likes, shares, and followers, has turned into a new social currency. This goes on to have deep implications for mental health, particularly within young populations where the process of identity formation is ongoing. The pressure of trying to fit into the portrayals from curated online personas can drive one toward inadequacy, lower self-esteem, and social isolation (Haimson et al., 2021). Moreover, the algorithmic nature of social media sites, which have been designed and optimized for engagement rather than well-being, exacerbates matters by continuously feeding users with reaffirming content that solidifies negative behaviours and beliefs.

The effects of social media are not felt evenly across populations. Research has documented that the detrimental effects of social media disproportionately fall on marginalized communities who typically have limited access to mental health resources (Haimson et al., 2021). For these groups, social media is especially a double-edged sword: on the one hand, it serves as a platform to connect and express oneself; on the other, it exposes people to cyberbullying, discrimination, and other forms of harmful content (Hayton, 2020). This comes with the consequence of a digital setting that, through deteriorating mental health and lowered social cohesion, would foster dysevolutionary cycles.

Technology in Aggravating Dysevolution

Technologies can play an important role both in driving and mitigating the consequences brought by dysevolution. One hand of it is that the technological changes have served to drive sedentary lifestyles and digital consumption behaviours that underpin chronic illnesses and psychological illnesses. For example, automation has meant less call for physical labour and decreased daily activity levels (Parker and Grote, 2022). Meanwhile, the diffusion of electronic devices and connected smartphones has further enabled the display of sedentary activities like scrolling down social media news feeds or binge-watching TV series, two major correlates of poor health.

On the other hand, there is also a place in which technology offers tools and solutions in fighting dysevolution. It offers a chance for people to get health monitoring, information, and choices regarding a healthy lifestyle through telemedicine, wearable fitness devices, and health applications (Albahri et al., 2021). However, these technologies are only efficient if available to everyone and incorporated into public health strategies. There is a fear that there will be an uneven distribution of benefits accruing from health technology, wherein advanced tools will reach more affluent populations and leave the marginalized behind.

In this respect, public health interventions should ensure there are equal opportunities for access to health technologies and digital literacy programs (Kemp et al., 2021). By providing people with the knowledge and tools necessary for making better choices, society can begin to overcome dysevolutionary forces driving this "timebomb". Finally, greater regulation of, and ethical review of, the technologies contributing to dysevolution—especially social media—is required (Grigsby et al., 2024). One of the key steps to a healthier digital environment will be to ensure that digital platforms are designed to promote well-being rather than exploitation.

Public Health Strategies to Counter Dysevolution

Any public health strategy for addressing dysevolution needs to be based on the recognition of interlinkages between physical, mental, and digital health (White, 2021). Combating dysevolution requires going beyond the conventional health interventions focused on traditional physical behaviours, to include approaches that take into account the broader social and technological context. Programs on reducing obesity and other chronic illnesses, for example, should not simply provide healthy eating recommendations and exercise advice but address the role of social media in the shaping of dietary habits and lifestyles.

One avenue for this is through community-based health programming that engages local communities in initiatives relevant to them and specific to their context. This will help programs capitalize on the power of social networks—both digital and physical—to foster healthy behaviours, provide support, and decrease inequities in health (Walker et al., 2022). Integrate digital tools with conventional community outreach, and such public health campaigns can realize a much greater scope of engagement for sustainable behaviour change (Corbin et al., 2021).

Aside from community engagement, there is a related rising demand that public policy needs to shift the structural determinants of dysevolution. Policies on appropriate food marketing, promotion of physical activities, and access to health and digital resources all form the bedrock for creating an enabling environment for health and well-being (Nadakavukaren and Caravanos, 2020). Furthermore, educational efforts at providing a population that is digitally literate and critical will avoid most of the pitfalls awaiting in the online world and reduce the so-called negative effects of social media on mental health (Helsper, 2021).

All-Dimensional Solution to Dysevolution

This means that just as a society will continue to evolve in the future, so too must response to dysevolution be inclusive and adaptive. It is an evolution where the strategies of public health can stay current with an evolution that includes traditional approaches to physical health, as well as new solutions reaching the digital and social dimensions of well-being. By being holistic and respecting their interplay, a pathway will be charted toward a better and sustainable future for the whole of human biology, the environment, technology, and culture.

This would create such conditions wherein positive evolutionary change can be established, where the characteristics and behaviours of humans that had otherwise proved to be so propitious can now be harnessed in service to improve health, resilience, and social cohesion in the contemporary world. This requires not just the effecting of individual behavioural changes; systemic transformations are needed in how societies are structured, how resources are distributed, and how technology is designed and regulated. In the appreciation of complex dynamics, dysevolution at all levels joins forces toward lessening its impacts and creating a far healthier and more equitable world for future generations (Reiners et al., 2019).

Moreover, Dysevolution emphasizes the complex interplay between modern lifestyles, chronic illnesses, and social media. The rapid evolution of technology has caused maladaptive behaviours that affect both physical and mental health. Social media exacerbates issues like anxiety, depression, and unhealthy comparisons, despite offering connectivity and information. Chronic illnesses and digital interactions create a harmful feedback loop, compromising overall well-being (Alt, Al-Ahmad and Woelber, 2022). Addressing dysevolution requires a

comprehensive approach that integrates physical health strategies with digital literacy and mental health support. Public health initiatives must adapt to this changing landscape, focusing on balanced technology use and addressing sociodemographic disparities to promote a healthier, more equitable future.

Conclusions

The rising prevalence of chronic illnesses across developed countries from 2014 to 2024 reflects a multifaceted issue driven by lifestyle changes, aging populations, environmental factors, and socioeconomic disparities. The paper emphasizes how modern lifestyles, characterized by physical inactivity, poor diet, and sedentary behaviour, contribute to obesity and other related cardiovascular complications. Simultaneously, an aging population is increasing the incidence of age-related chronic conditions, while environmental and socioeconomic factors are worsening the burden of these diseases. The detrimental effects on human health are profound, impacting not only physical well-being but also psychological health and overall quality of life.

Long-term diseases are related to further complications, increased disability, and increased mortality rates. At the same time, they significantly decrease life expectancy and functional capacity. In addition, their management has a considerable economic impact on the patient and large healthcare systems. Trends looking ahead—still growing obesity, an escalating mental health crisis, and challenges in an aging population—underscore, more than ever, the need for adaptive healthcare systems and innovative preventive measures. Technological change and policy interventions for healthy lifestyles and reduced socioeconomic disparities will be critical to reduce the burden of chronic illnesses. The research here sets a framework for delving deeper into these issues based on the theory of dysevolution, which researches how mismatches between human biology and the modern environment have added to the increased burden of chronic diseases.

Hence, there is good reason to believe that online communities will continue to play an important role in the self-management of those with chronic conditions because they create a platform where an individual is free to not only share their experiences but also freely ask questions that others who share similar experiences respond to with useful support. The data suggest that a good number of participants are active with their online communities and find them instrumental in managing their health.

While social media can serve in terms of support and information, it can also contribute to stress and anxiety, especially should a user come across offensive or distressing content. Stress and anxiety in people with chronic conditions, on top of their symptoms, may trigger complications in the management of the disease. From the information, it can be inferred that the respondents are aware of the risk to themselves, with many expressing an awareness that they should regulate the use of social media to avoid a negative effect on health.

The growing role of social media in the management of chronic illnesses raises an important point: digital health literacy programs must guide people on how to navigate online health information sources, evaluate the quality of information, and effectively use such information in support of health. This may imply that even though participants may be amenable to utilizing social media to manage their health, extra guidance and support might be needed for effective execution.

Based on the results, 72% of the respondents highly realized the consequences of dysevolution to their lifestyle choices and health. Two kinds of awareness are necessary for changing

behaviour and living a healthier lifestyle. However, it is insufficient to ensure positive action in itself since there is a need for knowledge acquisition, the ability of skills, and facilities to take action.

Thus, this education plays a crucial role in enlightening people on the consequences of dysevolution and inculcating a much healthier lifestyle choice, whereby awareness is created on risk factors regarding sedentary lifestyles, poor diet, and overuse of technology. The data suggests some awareness that the impacts of dysevolution are understood among subjects, but more focused public health education is needed for them to act.

Health literacy is the capacity to understand and act on information in ways that help make appropriate health decisions. Healthier health literacy is often associated with better health-promoting activities in terms of healthy eating habits, exercise, and lowered stress level handling. The data suggests although participants are fairly aware of the effect of dysevolution, they may need further sensitization to be supported to act. This underscores the essence of health literacy programs that equip individuals with the necessary knowledge and skills to live a healthier lifestyle.

Technology can be very instrumental in health education, providing ideas about possible transformations in behaviour. These include online health platforms, mobile health applications, and digital interventions because they can provide recommendations and support directly to the individual. Information supports the fact that learners, in this case, participants, are open to using technology for their health education, but more digital literacy may be needed to exploit the resources to the fullest (Anthonysamy et al., 2020).

Analysing the findings, the demographic insights and willingness towards participation reveal critical intersections between emerging health issues and the concept of dysevolution. Participants, especially those in the 26-35 age group and predominantly female, show substantial interest in the research, indicating a heightened awareness and concern about health-related matters. The gender disparity aligns with broader trends where women typically take a more proactive approach to health management and preventive behaviours. The urban-rural residential distribution highlights the varying impacts of lifestyle and environmental factors on chronic illnesses, with urban settings potentially exacerbating health risks due to sedentary lifestyles and technology dependence.

It was noted above that assuming an average age of 55 years among the respondents, the high burden of diseases like diabetes and hypertension raises strong concerns about the urgency for interventions addressing life space factors and pace, which may have raced well ahead of human biological evolution. At the same time, multimorbidity is one more complication in health management, further stressing the need for robust strategies in self-management and for equal access to health care.

The dual role of social media in influencing both positive and negative aspects of health behaviours emulates the complex influence of the medium on modern lifestyle and disease management. There is an imperative need to enhance digital literacy and find a balance between using technology and other healthy lifestyle options in order to temper the possible ill effects of technology and maximize its benefits. A final message derived from these findings underscores an urgent call to address dysevolution through integrated health strategies and supportive interventions.

Moreover, Dysevolution emphasizes the complex interplay between modern lifestyles, chronic illnesses, and social media. The rapid evolution of technology has caused maladaptive behaviours that affect both physical and mental health. Social media exacerbates issues like anxiety, depression, and unhealthy comparisons, despite offering connectivity and information. Chronic illnesses and digital interactions create a harmful feedback loop, compromising overall well-being. Addressing dysevolution requires a comprehensive approach that integrates physical health strategies with digital literacy and mental health support. Public health initiatives must adapt to this changing landscape, focusing on balanced technology use and addressing sociodemographic disparities to promote a healthier, more equitable future.

Linking with the Objective

The findings of this study are expected to reveal that chronic illnesses contribute to the increased incidence of dysevolution, and that excessive use of social networks affects the quality of life and performance in humans. These findings will build on the reason that ought to prompt public health interventions in an attempt to tackle modern maladaptive outcomes.

As experienced in this study, the concept 'Dysevolution' denotes the idea that particular aspects or practices in today's society that are addressing human evolution can also be the reason leading modern society toward maladaptation. This means that while evolution brought through ages is directed toward bringing positive changes in society in terms of occurrence and impacts by facilitating chances of survival and revolution through technological advantages, improved lifestyle adoptions and practices are at the same time, also leading the society toward the emergence of trends that are harmful for people decreasing their ultimate quality of life for which changes have been enacted. In this context, excessive engagement with social media platforms (such as Facebook, Instagram, Twitter, LinkedIn, and TikTok) and the increasing rate of chronic health diseases (such as obesity, diabetes, hypertension, asthma, cardiovascular diseases and mental health problems) among the population in different socio-economic stages (age group, gender, living areas, access to and active use of social media platforms) are linked and evaluated in this study (mainly in chapter 5: Contents and Results and Chapter 6: Discussion of Results) to address the increased occurrence of dysevolution which necessitates intervention in order to reduce its negative impacts and heal human quality of life.

From the analysis of primary quantitative results, it is experienced that social media usage and chronic health diseases in today's society are actively linked which is evident in the responses of more than half survey participants, almost 67.3%. Social media is the primary reason (agreed by 87% of participants) which acts as the medium of bringing these negative changes in human lifestyle where individuals have become victims of chronic illnesses like obesity, diabetes, hypertension, asthma, heart disease and most importantly mental illness. People, coming from diverse age groups (starting from 18 to above 60) both male and female and others; living in rural, urban and suburban areas are in the majority (72.5%) the active users of different social media platforms have said that though their productive life is improved with their engagement in social media, their emotional-well-being is significantly deteriorated which showcases the negative side of evolutionary changes brought to the society by technological advances. This is the instance of dysevolution where even with their daily and weekly practice of different physical exercises, individuals are still suffering from certain chronic health-related diseases.

These modern lifestyle choices where their daily habits are impacted by social media engagement and checking notifications frequently, have increased the occurrence of mismatch between the intended benefits of evolutions and practical lifestyle leading to experience increased dysevolutionary impacts.

The current and pressing need is to encourage public intervention and education by making people aware that the complex relationship between evolutionary changes and a swiftly changing environment is not all positive. Besides that, the promotion of a traditional lifestyle where there will be more focus on the limited use of social media platforms and a growing emphasis on healthy lifestyle practices (including regular physical exercise and proper dietary intake according to individual needs) should be implemented. If needed, the government and regulatory bodies are to take an active part in restricting the use of social media platforms by putting strict regulations on the same to address the negative impacts of evolution which now turned into dysevolutionary outcomes.

Recommendations

Objective 1: Aiming to implement a nationwide public health campaign to reduce the occurrence of dysevolution targeting social media users of all age groups to improve human quality of life and decrease chronic disease rates by at least 10% for the next two years.

Specific

Educating people about the core idea of dysevolution, its modern impacts and the risks or disadvantages of the overuse of social media platforms while at the same time fostering a traditional healthy lifestyle practice.

Measurable

Targeting a 10% increase in daily or weekly physical activity participation and decreasing at least 15% social media usage rate on the national level.

Attainable

Adhering to partnerships with governmental and non-governmental associations aiming toward improved human health, schools and workplaces to distribute information as well as encourage positive changes or adaptations in lifestyles.

Relevant

Keeping focus and remaining updated with the reduced occurrence or impacts of chronic diseases connected to the dysevolution concept.

Time-bound

The campaign should be launched within the next six months whereas the objective is to be achieved within the next two years the campaign is established.

Objective 2: Governments of different nations should take the initiative to impose regulations to reduce the excessive use of social media considering its negative health outcomes.

Specific

Mandating the inclusion of screen-time management tools as well as digital well-being attributes, government authorities should take the initiative to reduce the screen time presence of users. This will be beneficial in terms of leading users to have breaks thereby, limiting their daily usage rate and active online presence unnecessarily.

Measurable

Within the range of the next two years, aiming to reduce the national average daily or hourly social media usage rate by 20%. Surveys conducted by government authorities every six months and data usage collection by demographics from social media platforms based on regions, will be helpful to recognise the intended consequences of the initiatives.

Attainable

Besides promoting healthier digital habits, an awareness and educational program should be launched across all schooling levels regarding the risks and negative impacts of overusing social media. In case, if possible, the government will also take the step to launch supportive counselling services to manage users' social media consumption.

Relevant

By addressing the overuse of different social media platforms, these government initiatives will directly target reducing occurrences of dysevolution across regions by reducing mental health and chronic disease illness.

Time-bound

The implementation of the goal should and can bring positive impacts within the next three years.

Research Limitation

The primary limitation of this study is that it does not focus on a selected geographical area while evaluating the occurrence or impacts of dysevolution in modern society which could have given the research a specific direction and recommendations can also be established identifying the need for the region. Another limitation is that the study does not integrate secondary data collection and analysis processes which could have increased the reliability and credibility of the analysis with reviewed information.

Another primary limitation of the study lies in its narrow focus on specific demographic factors who witnessed or have been witnessing or experiencing the dysevolution impacts in their lives. For example, only a group of 100 people worldwide have been contracted to collect relevant information about the research aim and questions. This sample size could have been broadened keeping in mind a broad demographic population coming from different socio-economic and cultural backgrounds. This could have enriched research findings and analysis and addressed

research questions more accurately. This could have provided scope for the researcher to capture the broader spectrum of different factors influencing or shaping dysevolution across various time periods, cultures as well as geographic locations worldwide. The emphasis on recent years might have excluded relevant information that could decrease research credibility and a comprehensive understanding of dysevolution occurring earlier could have increased understanding of the topic as well as research value.

Even using the data collection method, the survey itself is an exemplification of a limitation in the study. Though, in the limited time given for the research, it has provided a variety of insights to make the researcher able to precisely address the research objective and subsequent questions, yet participants did not get enough chance to express their views, knowledge and experiences elaborately. This elaborate detailed information could have proven more beneficial for the research as respondents would get the chance to report their health conditions, social media usage, impacts and many more. Besides, the application of the primary quantitative data collection technique as a mono-method choice, if a mixed-method approach was used, then a broad understanding of the research can be obtained. There was scope for integrating this mixed-method research approach because the word count given for the research was enough to involve a primary qualitative data collection technique besides using quantitative methods. This is a limitation of the research.

As the research does not categorically focus on specific populations and sociodemographic groups, therefore, a limitation is observed in not being able to categorically represent the particular population group, their illness, social media usage and occurrence of dysevolution among them. People who took part in the survey came from different age groups, genders and living locations. During the time of analysing acquired primary information, information was not categorised according to different socio-demographic groups. This could have addressed the second research question more precisely - how certain socio-demographic groups' excessive use of social media harms their quality of life and performance. A comparison in different aspects could have been obtained and this inadequacy limits the research credibility to some extent.

Besides that, a limited number of questions were put in front of respondents. If the word count given for the study is considered besides the allotted time, it can be said the researcher could have included more questions in the survey in connection to the research aim, questions and problem of the study. As no other data collection method except primary quantitative data collection was applied, therefore, there was scope to broadly implement this data collection technique considering the vast array of discussion opportunities in line with research questions. All these together limit the research analysis and interpretation which, therefore, leaves scope for further research development in the selected field of dysevolution focusing on social media usage and chronic health diseases.

Future Scope of the research

There is scope for narrowing down the research by precisely focusing on a selected nation or certain geographical parts of the universe, where dysevolution occurrence in terms of decreased health style and chronic diseases has been identified with the increasing use of excessive social media platforms.

Future research should consider the fact of integrating and expanding socio-demographic analysis by including a broader range of variables. There is scope for investigating various cultural, social, and geographically different factors that influence the occurrence and impact of dysevolution. This identification can facilitate a more comprehensive and precise understanding of why certain population groups, or socio-economic groups, or people of a certain culture or geographic location fall prey to social media overuse thereby heralding different unintended health consequences in terms of chronic health diseases like diabetes, obesity, heart disease, hypertension and different mental illnesses.

With the rapidly evolving technological advancements, the role of social media in impacting human lifestyles and health conditions has now become a crucial area of research. With the growing time, social media platforms continue to evolve driving change in human behaviours regarding their use of different social media platforms. Future studies can exploit this opportunity to develop a comprehensive insight into these changes and investigate how these changes have been affecting and can affect the quality of life as well as performance in different socio-demographic groups. For example, including a focused approach on the gradually evolving use of Augmented Reality (AR) and Virtual Reality (VR) technologies in research papers in future can explore the potential of such technologies in influencing dysevolution. This can provide valuable insights into the aspect of human adaptation and maladaptation in the digital atmosphere.

Lastly, the limited focus is placed on addressing accurately different measurements undertaken to reduce the occurrences of dysevolution in the present-day context. This aspect needs to be addressed in future research by not only evaluating measurements undertaken in the present context but also recommending relevant and useful strategic solutions so that dysevolution occurrences can be decreased and human health is improved while also reducing the excessive or unnecessary use of social media platforms by different demographics worldwide. A beneficial research scope is that policymakers could use the findings of this research to advocate and implement regulatory trends that address the underlying causes of dysevolution such as digital media consumption.

Appendices

Appendix – "Questionnaire"

Survey Questionnaire

Q 1. Are you willing to be a part of this research?

    a. Yes
    b. No

Q 2. Select your age group from the below options?

    a. 18-25
    b. 26-35
    c. 36-45
    d. 46-60
    e. Above 60

Q 3. What is your gender?

    a. Male
    b. Female
    c. Prefer not to say

Q 4. In which of the following areas do you live in?

    a. Urban area
    b. Rural area
    c. Suburban area

Q 5. Do you have any chronic health conditions? If yes, select from the below options. [select all that apply]

    a. Diabetes
    b. Asthma
    c. Heart disease
    d. Hypertension
    e. Others [please specify]
    f. None
    g. Prefer not to say

Q 6. In a scale of poor to excellent how would you rate your current health situation

    a. Poor
    b. Fair
    c. Good
    d. Excellent

Q 7. Do you actively use social media platforms?

    a. Yes
    b. No

c. Prefer not to say

Q 8. Please, select from the below options, which social media platform you use the most. [select all that apply]

    a. Facebook
    b. Instagram
    c. TikTok
    d. Twitter (X)
    e. LinkedIn
    f. Others [please specify]

Q 9. Please let me know, how frequently do you check notifications on social media platforms?

    a. Very frequently
    b. Frequently
    c. Neutral
    d. Not so frequently

Q 10. Besides keeping engagement with various social media platforms, do you regularly practise physical exercise?

    a. Yes, daily
    b. Yes, weekly
    c. Yes, few times a month
    d. Rarely
    e. never

Q 11. How would you mark your daily dietary practices?

    a. Healthy
    b. Somewhat healthy
    c. Neutral
    d. Somewhat unhealthy
    e. unhealthy

Q 12. Do you feel that your engagement in different social media platforms impacts your daily productivity?

    a. Yes, positively
    b. Neutral
    c. Yes, negatively

Q 13. Does your engagement with social media impact your emotional health? If yes, select response from below options.

    a. Yes, positively
    b. Yes, negatively
    c. Neutral
    d. No impacts

Q 14. Do you think that lifestyle choices of people in the present day have been increasing the prevalence of chronic health diseases?

    a. Yes, strongly agree
    b. Agree
    c. Neutral
    d. Disagree

e. Strongly disagree

Q 15. How far do you believe that modern people's lifestyle choices are influenced and shaped by modern technology uses than the traditional lifestyle choices?

a. Strongly believe
b. Believe
c. Neutral
d. Do not believe
e. Strongly disbelieve

Q 16. Are you familiar with the concept of dysevolution?

a. Yes
b. Neutral
c. No

Q 17. Do you think that there is a mismatch between human evolution brought by technological uses and opportunities and modern lifestyle?

a. Yes, strongly believe
b. Believe
c. Neutral
d. Somehow believe
e. Do not believe at all

Q 18. From your experience, kindly let me know what drives dysevolution in today's society? [select all that apply]

a. Excessive technology use
b. Sedentary lifestyle
c. Rapid urbanisation
d. Dietary changes
e. Others [please specify]

Q 19. Does the use of social media ever make you change your contemporary lifestyle?

a. Yes, frequently
b. Yes, occasionally
c. Rarely
d. Never

Q 20. Do you think that dysevolution has been increasing the prevalence of chronic diseases?

a. Yes
b. May be
c. No

Q 21. What measures [select from the below options all that apply] do you think can positively address dysevolution?

a. Increased physical activity
b. Promotion of traditional lifestyle
c. Public education and intervention
d. Regulatory restrictions on social media usage
e. Improved access to health services
f. Others [please specify]

Q 22. How important do you think digital detoxes can be in performing against the negative effects of dysevolution?

    a.   Very important
    b.   Important
    c.   Moderately important
    d.   Not important

Q 23. Do you believe that taking the path of practising traditional diets can effectively combat chronic diseases caused by dysevolution?

    a.   Yes
    b.   May be
    c.   no

Q 24. If society is to adapt to technological changes with modern lifestyle, how can it better adapt by maintaining health and well-being? Select options that best fit your view. [select all that apply]

    a.   Promoting digital literacy and balance
    b.   Encouraging social bonds
    c.   Increasing education about physical and mental health from school level
    d.   Initiating government standards
    e.   Others [please specify]

Q 25. Lastly, from your own opinion let me know, will you support the initiatives if taken towards reducing social media usage to improve human health and reduce dysevolution impacts?

    a.   Yes, I will support
    b.   May be
    c.   It depends on the situation
    d.   No, I will not support

Appendix – "Questionnaire" raw data

Table 2: Questionnaire raw data with the following column headers:

- Q 1. Are you willing to be a part of this research?
- Q 2. Select your age group from the below options?
- Q 3. What is your gender?
- Q 4. In which of the following areas do you live in?
- Q 5. Do you have any chronic health conditions? If yes, select from the below options. [select all that apply]
- Q 6. In a scale of poor to excellent how would you rate your current health situation
- Q 7. Do you actively use social media platforms?
- Q 8. Please, select from the below options, which social media platform you use the most. [select all that apply]
- Q 9. Please let me know, how frequently do you check notifications on social media platforms?
- Q 10. Besides keeping engagement with various social media platforms, do you regularly practise physical exercise?
- Q 11. How would you mark your daily dietary practices?
- Q 12. Do you feel that your engagement in different social media platform impacts your daily productivity?
- Q 13. Does your engagement with social media impact your emotional health? If yes, select response from below options.
- Q 14. Do you think that lifestyle choices of people in the present day have been increasing the prevalence of chronic health diseases?
- Q 15. Do you believe that modern people's lifestyle choices are influenced and shaped by modern technology uses than the traditional lifestyle choices?
- Q 16. How far do you human evolution / dysevolution?
- Q 16. Are you familiar with the concept of dysevolution?
- Q 17. Do you think that there is a mismatch between human evolution brought by technological uses and opportunities and modern lifestyle?
- Q 18. From your experience, kindly let me know what drives dysevolution in today's society?
- Q 19. Does the use of social media ever make you change your contemporary lifestyle?
- Q 20. Do you think that dysevolutions has been increasing the prevalence of chronic diseases?
- Q 21. What measures [select from the below options all that apply] do you think can positively address dysevolution?
- Q 22. How important do you think digital detoxes can be in effectively combat chronic diseases caused by dysevolution?
- Q 23. Do you believe that taking the path of practising traditional diets can be in performing against the negative effects of dysevolution?
- adapt to technological changes with modern lifestyle, how can it better adapt by maintaining health and well-being? Select options that best fit your view. [select all that apply]
- your own opinion let me know, will you support the initiatives if taken towards reducing social media usage to improve human health and reduce dysevolution impacts?

Table 2: Questionnaire raw data

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