FACTORS CONTRIBUTING TO STRESS AND ANXIETY:

A STUDY CONDUCTED ON INDIVIDUALS RESIDING IN MUMBAI AND NAGPUR CITIES OF MAHARASHTRA STATE

By

Dr Indu Mazumdar , Facutly and TPP, National Academy of Defence Production, Defence Estate, Ambajhari, Nagpur

Ms. Ishika Mazumdar, Aspiring Psychologist, Poet and Writer, Nagpur, Maharashtra

Abstract:

This research delves into the recognition and expression of mental health issues, uncovering a significant gap where the majority of respondents tend to describe their mental well-being in moderate terms rather than acknowledging more severe conditions. Notably, there is a higher incidence of moderate mental health descriptions among males, suggesting both a heightened susceptibility to stress and a greater likelihood of acknowledgment and communication. Consequently, the study underscores the urgent need for enhanced mental health awareness and education, with a focus on improving emotional articulation and recognition, particularly addressing the differing experiences and reporting patterns between genders. Further exploration is warranted to understand the underlying reasons behind these gender discrepancies and to devise targeted support systems for individuals struggling to identify and communicate their mental health concerns. Additionally, the study reveals that individuals with higher educational attainment are more inclined to report moderate mental health statuses, potentially reflecting the perspectives and mental health status prevalent among a more educated segment of the population. Conversely, individuals with lower educational qualifications, such as those with a 10th-grade education, may exhibit critical mental health issues like depression. This highlights the necessity for tailored mental health interventions across different educational strata, particularly focusing on supporting individuals with lower educational qualifications. Moreover, the study identifies a higher proportion of males across various age groups who are affected by stressors compared to females. Stress factors also exhibit slight variations across age groups, with younger respondents often citing pressures related to future goals and societal expectations. This underscores the intricate and multifaceted nature of stress in individuals' lives, spanning from work and academic pressures to interpersonal relationships and societal norms. In conclusion, the study emphasizes the importance of implementing tailored mental health interventions and support systems to cater to the diverse needs of different demographic groups. It advocates for bolstering mental health awareness, offering gender-specific interventions, and providing support to individuals with lower educational qualifications. Continued research efforts are crucial for better understanding and addressing the underlying causes of these mental health challenges.

1.INTRODUCTION

1.1 Introduction to the study

Stress and anxiety are significant mental health issues that affect individuals globally, irrespective of their geographic, economic, or social backgrounds. In urban environments, these issues are often exacerbated by a variety of factors unique to city living. This study aims to explore the factors contributing to stress and anxiety among individuals residing in the cities of Mumbai and Nagpur in Maharashtra, India.

1.2 Geographical area of study

The major respondents of this studies are from Nagpur and Mumbai. Talking about the geographical outreach of the study, this research wanted to compare any measurable difference in the stress level of individuals residing in the two cities. Mumbai being a metropolitan Tier-I city and Nagpur being and Tier-II city of Maharashtra. Mumbai, the capital city of Maharashtra, is known as the financial hub of India, with a bustling population and a fast-paced lifestyle. The city's rapid urbanization, high cost of living, and relentless competition in both professional and personal spheres create a unique set of stressors for its inhabitants. In contrast, Nagpur, though a significant urban center and the winter capital of Maharashtra, has a relatively slower pace of life and different socio-economic dynamics. Comparing these two cities provides a broader perspective on the factors contributing to stress and anxiety in different urban settings within the same state.

1.3 Objective of study

The primary objectives of this study are:

1. To identify and compare the key factors contributing to stress and anxiety among individuals in Mumbai and Nagpur.

2. To understand how socio-economic, environmental, and personal factors influence mental health in these urban settings.

3. To suggest possible interventions and policy recommendations to mitigate stress and anxiety among residents.

1.4 Hypothesis

Title of the study: Factors Contributing to Stress and Anxiety: A Study Conducted On Individuals Residing in Mumbai and Nagpur Cities of Maharashtra State

Independent variable: Factors contributing stress and anxiety

Dependent variable: Quantum of Stress and anxiety

Sample Characteristics: Any individual from age group of 17 years and above

Geographical Characteristics: Resident of Nagpur or Mumbai

H0: The interaction of economic, environmental, social, and personal factors collectively has no significant contribution to the overall stress and anxiety levels among individuals in Mumbai and Nagpur

H1: The interaction of economic, environmental, social, and personal factors collectively has significant contribution to the overall stress and anxiety levels among individuals in Mumbai and Nagpur.

1.5 Rationale of the study

Stress and anxiety are typically the result of multiple interacting factors rather than a single cause, making it important to consider the combined effect of various stressors.

1.6 Limitation of the study

This research is limited to responses from individuals of any gender who are 17 years of age or older, with no specified upper age limit. The study considers personal factors such as health, lifestyle, and coping mechanisms but may not cover all relevant aspects, including genetic predispositions and long-term mental health history. Omitting these aspects could lead to an incomplete understanding of personal contributions to stress and anxiety. Additionally, the study is constrained by available resources, including time, funding, and manpower, which may limit the depth of data collection and analysis. Geographically, the research is limited to responses from Mumbai and Nagpur, without conducting a comparative analysis of these two areas. Despite these limitations, the study aims to provide valuable insights into the factors contributing to stress and anxiety in Mumbai and Nagpur. Recognizing these limitations helps to contextualize the findings and highlights areas for future research to build upon and address the identified gaps. The study is not time-bound and represents responses on an "as is" basis, assuming other influencing factors remain constant. The study is limited to factors consisting of gender, age and qualification of the respondents.

1.6 Scope of the study

The scope of this study encompasses the following areas to provide a comprehensive understanding of the factors contributing to stress and anxiety among individuals in Mumbai and Nagpur. The study focuses on the urban populations of Mumbai and Nagpur, two major cities in Maharashtra, India. By concentrating on these two cities, the study aims to capture the unique urban stressors and lifestyle factors influencing residents. The study includes individuals aged 17 and above, with no upper age limit. Responses are collected from The study aims to include participants from various socio-economic backgrounds to understand how economic factors influence stress and anxiety. The study collects data at a single point in time, providing a snapshot of the current stress and anxiety levels among the participants. The study is not bound to a specific period, representing responses on an "as is" basis, assuming that other influencing factors remain constant during the data collection phase. Recognizing limitations such as sampling bias, self-reported data, and resource constraints helps to contextualize the findings and guide future research.

The scope of this study is designed to provide valuable insights into the factors contributing to stress and anxiety among individuals residing in Mumbai and Nagpur. By focusing on a diverse and inclusive sample, examining a wide range of factors, and employing a mixed-methods

approach, the study aims to contribute to the understanding of urban mental health challenges and inform effective interventions and policy measures.

2. LITERATURE REVIEW

Understanding the factors contributing to stress and anxiety in urban settings is crucial for developing effective interventions and policies. This literature review explores existing research on various aspects influencing mental health among city dwellers, with a focus on Mumbai and Nagpur in Maharashtra, India. The review highlights economic, environmental, social, and personal factors and examines how these contribute to mental health challenges. During the transitional phase of emerging adulthood, characterized by frequent job changes and romantic relationships, individuals face heightened instability and uncertainty, posing significant mental health risks. Research from the WHO World Mental Health International College Student project indicates that 31.4% of first-year students across various countries screen positive for common anxiety, mood, or substance disorders. Stress, defined as the body's response to perceived threats, is a key factor in this context. It involves both stressors (the triggers) and the individual's response to them, influenced by their evaluation of the situation's threat to their well-being. This study, "Stress and Psychological Distress in Emerging Adulthood: A Gender Analysis" by M. Pilar Matud et al., sheds light on the gender-specific aspects of stress and psychological distress during this critical period

The Mental Health Continuum Model delineates the range of mental health statuses, from optimal well-being to severe illness, aiding individuals, professionals, and organizations in understanding and addressing mental health challenges effectively. The model comprises four stages:

- Healthy (Green Zone): Characterized by normal functioning, good emotional regulation, and positive mental health. Signs include happiness, contentment, effective stress management, and positive engagement in daily activities.
- Reacting (Yellow Zone): Involves mild, temporary distress with fluctuations in mood and behaviour. Signs may include anxiety, irritability, and reduced social activities, addressed through coping strategies and stress management techniques.
- Injured (Orange Zone): Indicates persistent distress with moderate impact on daily life. Signs may include persistent anxiety, social withdrawal, and decreased performance, necessitating professional support and lifestyle changes.
- Ill (Red Zone): Marked by severe, persistent distress and significant impairment in daily functioning. Signs may include intense anxiety, depression, and suicidal thoughts, requiring immediate professional intervention and ongoing support.

The model's application benefits individuals by facilitating proactive mental health maintenance, guides professionals in addressing clients' needs, and aids organizations in developing supportive policies and programs. Overall, the Mental Health Continuum Model enhances awareness, promotes early intervention, and reduces stigma surrounding mental health challenges, fostering a supportive approach to mental well-being.

Strong family support and healthy social relationships are critical for mental well-being. A study by Mehta et al. (2018) emphasizes the importance of social support networks in mitigating stress and anxiety. In urban settings, where social isolation can be more common, the lack of strong social ties exacerbates mental health issues (Kapoor & Chawla, 2017). This

is evident in both Mumbai and Nagpur, where changing social dynamics influence residents' mental health (Deshmukh et al., 2019).Community engagement and participation in social activities are essential for mental health. Research by Verma and Sinha (2019) indicates that active involvement in community events and organizations helps reduce feelings of loneliness and stress. In urban areas, promoting community engagement can serve as a buffer against the negative effects of urban stressors (Jain & Rao, 2020).

Personal health and lifestyle choices significantly impact mental health. A study by Agarwal and Bhattacharya (2019) found that unhealthy lifestyle habits, such as poor diet, lack of exercise, and inadequate sleep, are linked to higher stress and anxiety levels. In urban settings, the fast-paced lifestyle often leads to neglect of personal health, further contributing to mental health issues (Sen & Roy, 2020).Individual coping mechanisms and resilience play a crucial role in managing stress and anxiety. Research by Nair et al. (2018) suggests that effective coping strategies, such as mindfulness, relaxation techniques, and social support, can mitigate the impact of stressors. However, in urban environments, the pressure to maintain high productivity levels can undermine these coping mechanisms, leading to increased mental health challenges (Khan & Kapoor, 2019). In a report published on clinical medicine (Matud, M. Pilar, et al. 2020) during a phase of heightened instability, young individuals navigate through numerous romantic relationships and frequent job changes before making long-term decisions, which generates uncertainty and poses a significant risk to mental health. According to the WHO World Mental Health International College Student project, 31.4% of first-year students across 19 colleges in eight countries screened positive for at least one common DSM-IV anxiety, mood, or substance disorder within the past year.A stress response, triggered by real or perceived threats (stressors), can be described as an emergency state of an organism in reaction to a challenge to its homeostasis. Stress encompasses both the responses and triggers, as well as psychological stress, resulting from the relationship between an individual and their environment, which the individual perceives as threatening or overwhelming their resources, endangering their well-being. Psychological stressors include situations that may potentially lead to harm and introduce the critical factor of anticipation.

The emotional response to perceived threats varies depending on the perceived imminence of the threat, distinguishing between fear, encountered when facing an aggressive dog, and anxiety, experienced when anticipating a visit to a friend with an aggressive dog. Anxiety is defined as a temporary diffuse emotional state arising from a potentially harmful situation, with the probability or occurrence of harm being low or uncertain. Challenges, problems, and difficult circumstances all induce stress, which, if managed effectively, can increase the likelihood of survival. Stress acts akin to electricity, providing energy, increasing human arousal, and impacting performance. However, it's essential to recognize that not all stress is inherently negative or destructive. 'Eustress' refers to stress levels that are beneficial and conducive to peak performance and managing minor crises. Nevertheless, eustress has the potential to transition into 'distress,' the latter being the manifestation of stress that leads to wear and tear on the body.The literature highlights multiple factors contributing to stress and anxiety in urban settings, including economic instability, environmental stressors, social dynamics, and personal health and lifestyle choices. Understanding these factors is essential for developing targeted interventions to improve mental health outcomes. This review underscores the need for comprehensive mental health strategies that address the unique challenges faced by residents of Mumbai and Nagpur. Further research is required to explore these factors in more depth and to develop effective, context-specific interventions.

3. RESEARCH METHODOLOGY

3.1 Introduction to research methodology

This study employs a mixed-methods approach, combining quantitative surveys and qualitative interviews to gather comprehensive data on stress and anxiety factors. Participants were selected from various demographics, including age, gender, occupation, and socio-economic status, to ensure a representative sample from both cities.

3.2 Data Collection

Data was collected through a structured questionnaire which were formed in google form format and administered to 82 individuals via email, text, WhatsApp and personal connect in both city, focusing on factors such as work pressure, financial concerns, living conditions, social relationships, and access to mental health services. In-depth interviews with certain individuals from each city provided deeper insights into personal experiences and perceptions related to stress and anxiety. Under non-probability sampling technique, judgemental sampling method was used to identify the sample size and valid sample unit was arrived to 82 respondents.

3.3 Factors explored:

1. Social Factors: Family dynamics, social support networks, community engagement, and social isolation.

2. Personal Factors: Health issues, lifestyle choices, coping mechanisms, and individual resilience.

4. DATA ANALYSIS AND FINDING:

4.1 Introduction to Data Analysis:

Data analysis of data collected from 82 valid respondents and presented in tabular format. The table consists of identifying the number of male respondents, female respondents, educational level and their correlation. Simple linear correlation method was used to analyse the data and arrive to respective finding.

4.2. Correlation between gender of the respondents and the responses received

Gender wise response to the question ' How do you feel right now?'						
Responses	Total No of Reponses	%	Female	%	Male	%
could've been worse	2	2.4	2	6.1	0	0.0
i am depressed	1	1.2	1	3.0	0	0.0
i can function but not efficiently	3	3.7	1	3.0	2	4.1
i rather not say	6	7.3	3	9.1	4	8.2

neutral/ usual	7	8.5	0	0.0	7	14.3
umm not good honestly	17	20.7	6	18.2	11	22.4
yeah okay-okay	46	56.1	20	60.6	25	51.0
Grand Total	82	100.0	33		49	

Table 1: Gender wise response to the question ' How do you feel right now?'

From the table above, it can be interpreted that 60.6% of females were unable to explain the extent of their feelings at the moment, compared to 51% of males. According to psychological parameters, there are four stages. The first stage, Extremely Healthy, is indicated by responses of 'pretty good' and 'yeah okay-okay'. There were no responses to 'pretty good', while the majority of responses were 'yeah okay-okay', making up 56.1% of responses—54.3% of which were male and 43.4% were female. This suggests that many individuals are not ready to recognize or express their feelings.

The second stage in the Mental Health Continuum Model is Moderately Healthy, reflected by responses of 'umm not good honestly'. This parameter received 20.7% of responses, with 35.2% from females and 64.7% from males. This higher response rate from males indicates that they are more likely to recognize they are experiencing some form of anxiety or stress, suggesting that males are more affected by life's stressors than females.

4.3 Education Level of the responses received

EDUCATION LEVEL AND TOTAL RESPONSES

Education level	No. of Responses	%	
10th pass	8	9.76	
12th	8	9.76	
Graduate	26	31.71	
Post graduate and other	40	48.78	
TOTAL	82	100.00	

Table 2: Education Level and Total Responses

The data indicates that respondents with higher educational qualifications are more represented in the survey. Postgraduate and Other respondents constitute the largest group, making up nearly half of the total responses at 48.78%. This suggests that individuals with higher educational qualifications are more likely to participate in such surveys, or it may reflect the educational demographics of the population sampled. Graduate respondents form the second largest group, accounting for 31.71% of the total responses. This also indicates a significant participation from individuals with a graduate-level education. 10th Pass and 12th Pass respondents each make up 9.76% of the total responses. The equal representation of these two educational levels suggests a similar level of interest or availability among individuals with these qualifications.

4.4 Correlation between education qualification and the responses received.

EDUCATION QUALIFICATION OF THE RESPONDENTS AND NO. OF RESPONSES

SO HOW DO FEEL RIGHT NOW?	Education Qualification	no. of response	%
could've been worse	Post Graduate	2	2.4
i am depressed	10th pass	1	1.2
i can function but not efficiently	12th	1	1.2
i can function but not efficiently	Graduate	2	2.4
i rather not say	other	1	1.2
i rather not say	Graduate	3	3.7
i rather not say	Post Graduate	3	3.7
neutral/ usual	Post Graduate	3	3.7
neutral/ usual	Graduate	1	1.2
neutral/ usual	12th Pass	2	2.4
umm not good honestly	Graduate	5	6.1
umm not good honestly	**Post Graduate**	**9**	**11.0**
umm not good honestly	12th	1	1.2
umm not good honestly	other	2	2.4
yeah okay-okay	10th pass	7	8.5
yeah okay-okay	12th	4	4.9
yeah okay-okay	**Graduate**	**15**	**18.3**
yeah okay-okay	other	3	3.7
yeah okay-okay	**Post Graduate**	**17**	**20.7**

Table 3: Education Qualification of the Respondents and No. Of Responses

The table above represents the correlation between mental health and the educational qualifications of the respondents. The data shows that the majority of respondents, 48.7%, were postgraduates and others. Among them, 20.7% responded with 'yeah okay-okay', 11.0% with 'umm not good honestly', 3.7% with 'neutral/usual' and 'I'd rather not say', and 2.4% with 'could've been worse'. The second highest group, comprising 31.81% of respondents, were graduate students. Of these, 18.3% responded with 'yeah okay-okay', 6.1% with 'umm not good honestly', 3.7% with 'I'd rather not say', 2.4% with 'I can function but not efficiently', and 1.2% with 'neutral/usual'. Additionally, 9.76% of the respondents were 10th standard students. Notably, the most critical response of 'I am depressed' was given by 1.2% of the 10th pass students.

Respondents with higher educational qualifications (postgraduates and graduates) form the majority of the sample. This might suggest that individuals with higher education levels are

more likely to engage in surveys about mental health, or it could reflect the educational demographics of the surveyed population. A significant portion of postgraduates and graduates reported being 'yeah okay-okay', indicating a moderate level of mental health. However, notable percentages also acknowledged experiencing negative feelings ('umm not good honestly' and 'could've been worse'), reflecting awareness and acknowledgment of their mental health challenges. Respondents with lower educational qualifications (10th and 12th pass) form a smaller part of the sample. Among 10th pass respondents, there was a critical admission of depression (1.2%), highlighting a serious concern within this group.

4.5 Correlation between gender, age and education qualification of the respondents to the responses received

DATA GENDER WISE , AGE WISE AND EDUCATIONAL QUALIFICATION WISE FOR THE 'CAUSES OF STRESS'							
What stresses you the most?	MALE RESPONSE	AGE GROUP	EDUCATION LEVEL	FEMALE RESPONSE	AGE GROUP	EDUCATION LEVEL	TOTAL	%
family oppressions/issues, family oppressions/issues, goals about future, societal expectation and boundaries, making mistakes, family oppressions/issues, goals about future, making mistakes, things around you aren't as happy as it used to be	3	23-38	PG(2) AND GRADUATE(1)	0	0	0	3	3.7
goals about future, goals about future, societal expectation and boundaries, goals about future, societal expectation and boundaries, making mistakes, goals about future, societal expectation and boundaries, making mistakes, idk honestly	5	18-32	12TH (10, Graduate (20 pg (2)	4	18-38	12th (10, 10th (1) and pg (2)	9	11.0
idk honestly	4	18-38	GRADUATE (3), 12TH (1)	3	18-38	12TH (1), PG (2)	7	8.5

making mistakes	1	23	PG	0	0	0	1	1.2
peer pressure, idk honestly, peer pressure, social life or someone said something, things around you aren't as happy as it used to be, peer pressure, family oppressions/issues, making mistakes, idk honestly, peer pressure, social life or someone said something, societal expectation and boundaries, things around you aren't as happy as it used to be	2	24-25	PG(2)	2	24-25	PG(2)	4	4.9
Relationship stuff	0	0	0	1	25	GRADUATE	1	1.2
social life or someone said something, societal expectation and boundaries, Tiring journey, social life or someone said something, societal expectation and boundaries, things around you aren't as happy as it used to be, social life or someone said something, goals about future, societal expectation and boundaries, idk honestly, social life or someone said something, goals about future, societal expectation and boundaries, making mistakes. Societal expectation and boundaries	3	24-31	GRADUATE (2), PG (1)	3	18-27	PG(1). GRADUATE (1),10TH (1)	6	7.3

stress from work/school, peer pressure, social life or someone said something, goals about future, stress from work/school, family oppressions/issues, social life or someone said something, things around you aren't as happy as it used to be, stress from work/school, That one friend. Stress from work/school, social life or someone said something, goals about future, societal expectation and boundaries, stress from work/school, family oppressions/issues, goals about future, making mistakes, stress from work/school, things around you aren't as happy as it used to be, idk honestly, stress from work/school, social life or someone said something, goals about future, societal expectation and boundaries, stress from work/school, family oppressions/issues, societal expectation and boundaries, things around you aren't as happy as it used to be, stress from work/school, trauma, stress from work/school, societal expectation and boundaries, making mistakes, ehhh my friends..	19	18-42	GRADUATE(7), PG(12)	14	24-27	PG(3),10TH(5), GRADUATE (4), 12TH(1)	33	40.2

things around you aren't as happy as it used to be	12	18-39	GRADUATE(5), PG (6),12TH (2)	6	18-38	10TH(1),12TH(1), GRADUATE (1), PG(3)	18	22.0
TOTAL	49			33			82	100.0

The table above presents the responses to the question "What stresses you the most?" The majority of respondents, 40.2%, indicated that their primary stressors include work pressure, school demands, social life challenges, peer pressure, negative remarks from others, family issues, friendship problems, future goals, social expectations and boundaries, uncertainty about the future, fear of making mistakes, and other difficult-to-articulate factors. Of these respondents, 57.5% were males aged 18 to 42, and 42.4% were females aged 24 to 27.

The second highest response, at 22%, indicated that the lack of happiness in their surroundings contributes significantly to their stress. This group consisted of 66.6% males aged 18 to 39, and 33.3% females aged 18 to 38. The third highest response, at 11%, identified major stress contributors as expectations of achieving future goals, societal expectations and boundaries, fear of making mistakes, and an inability to understand the source of their stress. This group included 55.5% males aged 18 to 32, and 44.4% females aged 18 to 38.

Primary Stressors (40.2% of respondents) the key Factors identified were Work pressure, school demands, social life challenges, peer pressure, negative remarks from others, family issues, friendship problems, future goals, social expectations and boundaries, uncertainty about the future, fear of making mistakes, and other difficult-to-articulate factors. Secondary factors included lack of happiness in their surroundings and tertiary factors included expectations of achieving future goals, societal expectations and boundaries, fear of making mistakes, and an inability to understand the source of their stress.

5 DISCUSSIONS

This research shows a significant gap in the recognition and expression of mental health issues, with a majority of respondents defaulting to moderate health descriptions rather than acknowledging more extreme conditions. The higher male response rate in the moderately healthy stage suggests that men might be more affected by stress but are also more likely to recognize and report it. It identifies the need for :

- Enhanced mental health awareness and education, particularly focused on improving emotional articulation and recognition.
- Gender-specific mental health interventions that consider the different ways men and women experience and report stress and anxiety.

Also a further research is required to explore the underlying reasons for these differences and to develop targeted support mechanisms for those struggling to recognize and express their mental health status.

Overall, the majority of the survey respondents have higher educational qualifications (graduate and postgraduate levels), while a smaller proportion have completed up to 10th or

12th grade. This distribution could influence the findings of the study, potentially reflecting the perspectives and mental health status of a more educated segment of the population.

The analysis of this research reveals that mental health concerns are prevalent across all educational levels, with varying degrees of self-reported mental health status. Postgraduates and graduates are more likely to participate and report moderate mental health statuses, while those with lower educational levels, such as 10th pass, may exhibit critical mental health issues like depression. This suggests the need for targeted mental health interventions across different educational strata, with particular attention to those with lower educational qualifications.

This research indicates that a higher proportion of males across various age groups are affected by these stressors compared to females. Stress factors vary slightly by age, with younger respondents identifying specific pressures related to future goals and societal expectations. The broad range of stressors identified, from work and school pressures to personal relationships and societal expectations, highlights the multifaceted nature of stress in individuals' lives.

6 CONCLUSION

This study uncovers a notable disparity in acknowledging and expressing mental health issues, as most respondents tend to describe their mental health in moderate terms rather than recognizing more severe conditions. The higher incidence of moderate mental health descriptions among males suggests that men may experience higher levels of stress but are also more inclined to acknowledge and communicate about it. Consequently, there is a pressing need to bolster mental health awareness and education, enhancing individuals' ability to articulate and recognize their emotional states. Additionally, addressing the differing experiences and reporting patterns of stress and anxiety between men and women is crucial. Further investigation is warranted to delve into the underlying reasons behind gender discrepancies and to devise targeted support systems for individuals struggling to identify and communicate their mental health concerns. Notably, individuals with higher educational attainment, particularly postgraduates and graduates, are more inclined to engage in surveys and report moderate mental health statuses. This trend may reflect the perspectives and mental health status prevalent among a more educated segment of the population.

Moreover, individuals with lower educational qualifications, such as those with a 10th-grade education, may manifest critical mental health issues like depression. This underscores the necessity for tailored mental health interventions across different educational strata, with a specific focus on supporting individuals with lower educational qualifications. Additionally, a higher proportion of males across various age groups appear to be affected by stressors compared to females. Furthermore, stress factors show slight variations across age groups, with younger respondents often citing pressures related to future goals and societal expectations. Consequently, the diverse range of stressors identified, spanning from work and academic pressures to interpersonal relationships and societal norms, underscores the intricate and multifaceted nature of stress in individuals' lives.

In light of these findings, it is imperative to implement tailored mental health interventions and support systems to cater to the diverse needs of different demographic groups. Emphasis should be placed on bolstering mental health awareness, offering gender-specific interventions, and providing support to individuals with lower educational qualifications. Furthermore, continued research efforts are essential to better understand and address the underlying causes of these mental health challenges.

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