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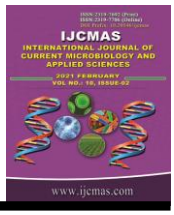

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A Study on Age and Gender Difference in Mental Health of Young Adults

Ruchi Singh and Ragini Mishra*

Dept. of Human Development and family studies, College of Home science, GBPUAT, Pantnagar, Uttarakhnad, India

**Corresponding author*

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A B S T R A C T

The Young adulthood is a period distinctive period in the life span and also a difficult one. The changes and turmoil of This phase also causes for both positive and negative long-lasting effect on lives of young adults. While dealing and adapting said roles, changes and situations, young adults may leads to poor/good adjustments as well as to poor/good mental health. Therefore, the proposed study aimed to assess the mental health status of students of G.B. Pant University of Agriculture and Technology, Uttarakhand. A Total number of 240 students were selected as sample of research through simple random sampling method from three colleges of G.B. Pant University of Agriculture and Technology. To achieve research objective, a tool namely MHB-Mental Health Battery (Physiological Health, Daily Routine Activity, Emotional Status, Emotional Management and Intelligence) was developed and thereafter reliability and validity of the tool was calculated before its application (Singh and Mishra, 2020 and Mishra and Gir, 2013, 2014). Suitable statistical methods i.e. frequency, percentage, p value and correlation were applied on collected data to derive the research results. After analysis and comparing the data, the finding of research reflected that poor mental health was quite evident among majority of young adults. As far as gender was concerned, status of poor mental health was higher among female respondents as compared to male. It was found that majority of young adults between the age group of 18-21 years portrayed poor mental health as compared to young adults between the age-range of 22-25 years. A significant association was found between mental health of young adults and selected causative factors i.e. age, gender.

Introduction

The transition to adulthood is a continuous process of rapid developmental change that starts accelerating at age 16, and for most, is completed by age 30. It is an important and exciting time for all young people. During this period, most individuals take steps to live more independently and to depend less on family support. These steps, which involve completing school and training, launching work lives, and developing relationships with others, can greatly influence much of their future adult life. However, for youth and young adults with serious mental health conditions the changes during this stage of life are challenging and complex. During the transition to adulthood individuals are neither children nor mature adults; their development, functioning, and service needs are different from those who are older or younger (Transitions RTC, 2011).

During this phase of transition, age and gender both are important factor affecting mental health of young adults. Mental health problems are among the most important contributors to the global burden of disease and disability. Mental and neurological conditions account for 12.3% of disability adjusted life years globally and 31% of all years lived with disability at all ages and in both sexes, according to 2000 estimates (WHO, 2002). The most profound social divisions in our culture is the one we make by gender. Whether we are male or female shapes our access to resources and our life choices and options. Clearly, then, this division should affect our internal states and compasses: the way one feel about themselves, how one experience the world, and emotional reactions. Because social practices are fundamentally gendered, mental health and emotional troubles should also differ for men and women (Rosenfield and Smith, 2012). Throughout childhood, boys and girls receive different messages from parents, society, peers and the media which build foundation of their knowledge (Pachauri, 1998). Girls are supposed to be more restricted to social contacts and mobility. Most of the male and female are reluctant to share their problems and thoughts in front of others instead of family. These transitional changes gave rise to the mental stress accompanied by various problems and issues of young adulthood.

Gender (WHO, 2020) and age is a critical determinant of mental health. Mental health problems affect women and men equally, but some are more common among women. Various social factors put women at greater risk of poor mental health than men (RAMH 2020). Research shows that socially constructed differences between women and men in roles and responsibilities, status and power, interact with biological differences between the sexes across their age to con tribute to differences in the nature of mental health problems suffered, health seeking behaviour of those affected and responses of the health sector and society as a whole (Gender and Mental Health, 2002). Therefore the research aimed to assess young adults' mental health with respect to their gender and age. The research describes mental health challenges faced by young adults. It is hoped that the research will be open new vistas for understanding the mental health of young adults in rapidly changing scenario (Mishra and Gir, 2013, 2014).

Materials and Methods

A total number of 240 students were selected as sample of research through simple random sampling method from three colleges of G.B. Pant University of Agriculture and Technology. To achieve research objective, a tool namely MHB-Mental Health Battery (Physiological Health, Daily Routine Activity, Emotional Status, Emotional Management and Intelligence) was developed (Singh and Mishra, 2020). To establish the content validity (Mishra and Gir, 2013, 2014), Mental Health Battery was evaluated by to subject experts and thereafter reliability of the tool was calculated through pilot study (Mishra and Gir, 2013, 2014). Due to Covid-19 pandemic situation, researcher collected the data through online mode. Suitable statistical methods i.e. frequency, percentage, p value and correlation were applied on collected data to derive the research results.

Results and Discussion

Mental health of young adults with respect to gender

Gender perspectives also play a significant role as socio-cultural factor and influences adults' views and their access to information (Mishra and Gir, 2014). Throughout childhood, boys and girls receive different messages from parents, society, peers and the

media which build foundation of their knowledge (Pachauri, 1998). Girls are supposed to be more restricted to social contacts and mobility. Most of the male and female are reluctant to share their problems and thoughts in front of others instead of family. These transitional changes gave rise to the mental stress accompanied by various problems and issues of young adulthood. Therefore, this part focuses on assessment of mental health of young adults on selected aspects and various factors affecting their mental health during early adulthood period.

As far as gender was concerned, table 1 reflects that majority (61.60%) of female young adults' portrayed poor mental health, followed by respondents' with average mental health (38.40%). Similar results were found in young male adults who portrayed poor (57.50%) and average (52.50%) scores on overall mental health computations. No male and female falls in the category of good mental health. Sanchez-Lopez *et al.* (2008) also have explained in his research that Women have poor mental health, twice the amount of men. Drug consumption, physiological and cognitive anxiety and psychoactive drug consumption are risk factors. Self-esteem and family satisfaction are protective factors in women. Reddy *et al*. (2013) in his reach have also given similar explanations in regard to mental disorders male and female.

It is evident from table 1 that a small per cent 1.70 per cent of young male adults and no female were having good physiological health. On other hand majority (63.40% and 72.50%) of female and male young adults portrayed poor physiological health followed by male and female with average physiological health (36.60% and 28.50%) respectively. As illustrated in table 1, the Daily Routine Activity aspect shows that majority of male and female (54.10% and 50.90%) falls in the category of average score on their daily routine activity (such as fixed time for sleep, daily chores, exercise, religious activities, etc.) while 45.90 per cent male and 49.10 per cent female falls in the category of poor scores which reflects that both male and female were found with slightly affected daily routine activity due to self or others. No male or female were found with good performance in their daily routine activity whether affected by self or due to other reasons. Poor sleep and poor diet contribute to other problems associated with depression such as issues with concentrating, thinking, planning and making judgments, and feeling exhausted and hopeless. These difficulties make it very hard to take part in normal activities at school, with friends and at home, and many young people find themselves doing less and less when they are depressed.

Gir et al (2013) concludes in their study that stress is are response which tends to alter the psychological internal environment of the organism. In the modern life style stress has become a fashionable common syndrome. In the aspect overall emotional status, it was observed in table 1 that majority of female (73.40%) and male (67.70%) were having average emotional status followed by poor (25.80% and 23.30%) and good (7.50% and 3.30%) emotional status among male and female respectively. Under the domain of emotional stress, 60.90 per cent of the male and 67.50 per cent of female respondents were found with average emotional stress followed by male and female respondents with poor (29.10% and 22.50%) and good (10% and 10%) level of emotional stress. When the sub-aspect, the sense of self was measured, majority of female and male (80% and 78.30%) respondents were found with average level of sense of self followed by respondents with poor sense of self (20% and 21.70%). It was also evident in table that no male and female young adults were having good sense of self. In the other sub-aspect of

emotional status- the sense of conflictlessness, it was found that 65 per cent of the male respondents and 64.20 per cent of female were fall in average category, followed by poor (35% and 33.30%). Only 2.50 per cent of female and no male respondents falls in the category of good sense of conflictlessness. The table revealed that majority of female respondents were dealing with poor emotional state i.e. stress, sense of self and conflictlessness as compared to male respondents. The table revealed that majority of female respondents were dealing with poor emotional state i.e. stress, sense of self and conflictlessness as compared to male respondents. A large number of studies provide strong evidence that gender based differences contribute significantly to the higher prevalence of depression and anxiety disorders in girls and women when compared to boys and men (WHO, 2020). In four large surveys in the US, women reported higher levels of distress than did men, and were more likely to perceive having an emotional problem than men who had a similar level of symptoms (WHO, 2020). Women may face greater disability than men because of the higher prevalence of depressive and anxiety disorders. Depression could be as disabling or more disabling than several other chronic medical conditions in terms of social functioning, physical functioning, role functioning and days spent in bed (WHO, 2020). Males reported more negative attitudes, as compared to females, a consistent finding in young adults. Results show that attitudes toward mental health treatment in young adult males are the most negative of all groups. As compared to females, males showed more negative attitudes (Gonzalez *et al.* 2005). The results showed that girls fared much worse than boys through mental health and well-being steps, particularly in experiencing negative feelings and low self-concept and life satisfaction, and in self-harming (Hartas, 2019).

In case of Emotional Management, table 1 reflects that majority of young male and female adults (58.30% and 59.10%) were found with poor capacities in dealing with their emotions while 41.70 per cent of male and 40.90 per cent of female respondents were found average capable to manage their emotions. Table also reflects that no respondents were good at managing their emotions. The data of interpersonal awareness, a sub aspect of emotional management shows that majority (67.50%) of young male and female (61.70%) adults falls in the category of poor interpersonal awareness followed by average (38.30% and 32.50%) interpersonal awareness which refers to majority of the respondents being unable to manage their social relationship, communication between family, peer etc. The second sub aspect of emotional management reflects that majority of male and female (62.50% and 52.50%) were lacking in intrapersonal awareness with poor scores followed by male and female respondents who were average (37.50% and 46.70%) capable in managing their intrapersonal emotions. No male and only .80 per cent of female were highly capable of managing their intrapersonal emotions. In adulthood, the prevalence of depression and anxiety is much higher in women, while substance use disorders and antisocial behaviors are higher in men. Gir et al (2013) concludes in their study that Individual as human being can not be immune to stress, they have to experience it but high self esteem provides better mechanism or strategy to fight with negative experiences like stress. On the whole self esteem self esteem play a pivotal role in providing protection against stress and it is powerful resources for combating the effects of stress.

Table 1 reflects that, when intelligence of selected respondents was assessed, majority

of young male and female (50% and 43.40%) adults were found with poor intelligence scores followed by young adults' with good (32.50% and 29.10%) and average scores (17.50% and 27.50%) respectively on aspects of intelligence.

It is also evident from table 1, that the p value given in the table 1 signifies that for all the selected aspects of mental health i.e. overall mental health (.51); physiological health (.12); daily routine activity (.60); emotional status (.653); emotional management (.896) and intelligence (.30) were found to be non-significant. Bangale and Patnam (2013) reported that no significant association of mental well-being between female and male. Waghmare (2019) found that there is no significant difference of intelligence and mental health between male and female college students.

It can be concluded from above results that as far as gender was concerned, majority of female and male young adults portrayed poor mental health.

The percentage of poor mental health was higher among female respondents as compared to male respondents. Non-significant relationship was found when gender of selected respondents was tested with the overall mental health and selected aspects of mental health i.e. overall mental health physiological health, daily routine activity, emotional status, emotional management and intelligence.

Similar results were found in research of (Kumar *et al.* 2017) who reported significant differences in mental health while as no significant differences were found in somatic health among male and female college students having systematic style.

Mental health of young adults with respect to their age

Due limitation of current research, young adulthood was organized into two age categories i.e. 18 to 21 and 22 to 25 years to understand the relationship age and mental health status of young adult studying in various university programs. Therefore, this part focuses on relationship between Age category and mental health of young adults.

In table 2, young adults were divided into two age ranges: 18-21 years and 22-25 years. The above table reflects variation in mental health of young adults on the basis of their age range. It is evident in table 2 that majority of years young adults between the age range of 18-21 years portrayed poor mental health (64.60%) followed by young adults with average (35.40%) mental health as compared to young adults of age-range between 22-25 years. The young adults belonging to the age range of 22-25 years also portrayed poor (51.10%) and average (48.90%) mental health. No age group falls in the category of good mental health. Researches shows that sixty-four per cent of the university student population (and 83 per cent of the undergraduate population) are between 16 and 24 years old, an age group that is particularly vulnerable to mental health issues, as 75 per cent of mental health problems are established by the age of 25. Data from the Adult Psychiatric Morbidity Survey shows an increase in the prevalence of common mental disorders (CMDs) for 16- to 24-year-olds, indicating that today's young adults are more likely to experience mental illness than previous generations.

In table 2, it is evident that a small percentage (2.30%) of young adults between the age of 22-25 years and no age group between 18-21 years were reported good physiological health. Majority (64.40% and 70%) of young

adults between the age group 22-25 years and 18-21 years portrayed poor physiological health followed by young adults between 22-25 years and 18-21 years who demonstrated average physiological health (33.30% and 30%).

As illustrated in table 2, the Daily Routine Activity aspect shows that majority (65.60%) of the young adults between the age range of 22-25 years fell in the category of average score, followed by poor scores (34.40%) in their daily routine activity (such as fixed time for sleep, daily chores, exercise, religious activities, etc.). While majority of young adults between 18-21 years of age were found poor (55.30%) and average (44.70%) category. No male or female were found poorly affected in their daily routine activity due self or other reasons. Paluska and Schwenk (2000) explained that people with depression tend to be less physically active than non-depressed individuals. Regular exercise reduces depressive symptoms significantly, but it does not prevent the onset of depression. Anxieties such as panic disorder improve with regular exercise, and beneficial effects appear to equal meditation or relaxation.

For the overall emotional status, it was observed in table 2 that majority of respondents between age group 22-25 (75.50%) and 18-21 years (66.60%) were having average emotional status followed by young adults with poor (20% and 27.30%) and good (4.50% and 6%) emotional status respectively, which mean majority of respondents had average effect on their emotional health. Under the domain of emotional stress, 72.20 per cent of the young adults between the age group between 18-21 years and 59.30 per cent between 22-25 years, were found having average emotional stress followed by the young adults of age 22-25 and 18-21 years who portrayed poor (22.20% and 28%) and good (5.60% and 12.70%) level of emotional stress. When the sub-aspect, sense of self was measured, majority of the young adults between age group between 22-25 years and 18-21 years (82.20% and 77.30%) reported average level of sense of self followed by respondents with poor sense of self (17.70% and 22.70%). It was also evident in table that no young adults between the age group 22-25 years and 18-21 years were having good sense of self. In another sub-aspect of emotional status- the sense of conflictlessness, it was found that 71.10 per cent adults of age group between 22-25 years and 60.70 per cent adults of age group between 18-21 years falls in the category of average followed by poor (25.50% and 39.30%). Only 3.40 per cent of respondents between the age group 22-25 years and no age group between 18-21 years falls in category of good sense of conflictlessness. Fletcher (2009) have implicated in his research that childhood mistreatment as one of the most important predictors of depression. Researches shows that there was a stronger association between daily stress and negative affect for older as compared to younger adults. Results suggest heightened reactivity to stressors in older adulthood, perhaps due to kindling effects. Changes in the aging brain may explain this effect. Mroczek and Almeida (2004) have explained that researches illuminate the complexities that characterize the set of associations among negative affect, stress, personality, and age, and point to potential aging or cohort effects. The study of Sharp (2013) examining changes in the physical activity, health-related quality of life, and psychological distress of first year university students and his findings showed that the intervention based on the pedometer failed to generate any significant differences in physical activity or psychological distress. These findings support the need for first-year university students to discuss particular health issues and indicate many consequences for

potential interventions. Fletcher (2009) investigated the relationship between childhood mistreatment (sexual and physical abuse) and depression during adolescence and young adulthood.

In case of Emotional Management, table 2 reflects that majority of young adults between the age group 22-25and 18-21 years (56.60% and 60%) were found poor in dealing with their emotions while 43.40 per cent of the young adults between the age group 22-25 (40%) respondents between 18-21 years were found average capable of managing their emotions. Table also reflects that no adult of both age groups were highly capable of managing their emotions. The data of sub aspects interpersonal awareness shows that majority of young adults between the age group of22-25 years and 18-21years (60% and 67.30%) portrayed poor interpersonal awareness followed by young adults with average (40% and 32.70%) interpersonal awareness which refers that majority of respondents are unable to manage their social relationship, communication between family, peer etc. The second sub aspect of emotional management reflects that majority of the age group between 18-21 years (64.60%) were found poor in managing their intrapersonal communication followed by young adults of age group between 22-25 years with average (54.50%) capability of managing intrapersonal emotions. No young adults of age group 22-25 years and only 0.70 per cent of young adults belonging to age group between 18-21 years were highly capable of managing their intrapersonal emotions. Researches shows compared with those aged 25–34, young adults aged 18–25 have higher rates of serious psychological distress, and they are more likely to think about, plan for, and attempt suicide and compared with adolescents, young adults are more likely to commit suicide.

The table 2 represents that when intelligence of selected respondents was assessed majority adults of age 18-21 years and 22-25 years (48.80% and 45.30%) were found with poor intelligence scores followed by average (31.20 and 17.30%) and good scores (20% and 37.40%) respectively. It is also evident in table 2, that the p value shows that there is a significant association found on the overall mental health (.038), daily routine activities (.002), sense of conflictlessness (.02) and intrapersonal awareness (.004) across age. Meanwhile there is non-significant association on the physiological health, emotional stress, sense of self, overall emotional status, interpersonal awareness, overall emotional management and intelligence.

With respect to age and mental health of young adults it can be concluded that majority of young adults between the age group 18-21 years portrayed poor physiological health compared to respondent between age ranges of 22-25 years. A significant relationship was found when age of selected respondents was tested with the overall mental health and selected aspects of mental health i.e. daily routine activities, sense of conflictlessness, and intrapersonal awareness meanwhile there is non-significant association on the physiological health, emotional stress, sense of self, overall emotional status, interpersonal awareness, overall emotional management and intelligence.

In conclusion, mental health can be regarded as an individual resource, contributing to the individual's quality of life. An aspect of good mental health is the capacity for mutually satisfying and enduring relationships. When present research assessed the mental health of young adults with respect to gender and age, majority young adults portrayed poor mental health.

Table.1 Mental Health of young adults with respect to their gender

(N=240)

Aspects of Mental Health		Level of Mental Health	Gender				Chi^2	p-value
			Female (n=120)		Male (n=120)			
			f	%	*f*	%		
Physiological Health		Poor	76	63.40	87	72.50	02.31	0.12
		Average	44	36.60	31	25.80		
		Good	00	00.00	02	01.70		
Daily Routine Activity		Poor	59	49.10	55	45.90	0.26	0.60
		Average	61	50.90	65	54.10		
		Good	00	0.00	00	00.00		
Emotional Status	Emotional Stress	Poor	27	22.50	35	29.10	01.3	0.23
		Average	81	67.50	73	60.90		
		Good	12	10	12	10		
	Sense of Self	Poor	26	21.70	24	20	0.10	0.75
		Average	94	78.30	96	80		
		Good	00	00.00	00	00.00		
	Sense of Conflictlessness	Poor	40	33.30	42	35	0.07	0.78
		Average	77	64.20	78	65		
		Good	03	02.50	00	00.00		
	Overall Emotional Status	Poor	28	23.30	31	25.80	0.202	0.653
		Average	88	73.40	80	66.70		
		Good	04	03.30	09	07.50		
Emotional Management	Interpersonal Awareness	Poor	74	61.70	81	67.50	0.89	0.34
		Average	46	38.30	39	32.50		
		Good	00	00.00	00	00.00		
	Intrapersonal Awareness	Poor	63	52.50	75	62.50	02.45	0.11
		Average	56	46.70	45	37.50		
		Good	01	00.80	00	00.00		
	Overall Emotional Management	Poor	71	59.10	70	58.30	0.017	0.896
		Average	49	40.90	50	41.70		
		Good	00	00.00	00	00.00		
Intelligence		Poor	52	43.40	60	50	01.07	0.30
		Average	33	27.50	21	17.50		
		Good	35	29.10	39	32.50		
Overall Mental Health		Poor	74	61.60	69	57.50	0.43	0.51
		Average	46	38.40	51	42.50		
		Good	00	00.00	00	00.00		

Note: This table shows non-significant relationship.

Table.2 Mental Health of young adults with respect to their age

(N=240)

Aspects		Level of Mental Health	Age					
			18-21 (n=150)		22-25 (n=90)		Chi^2	p-value
			f	%	*f*	%		
Physiological Health		Poor	105	70.00	58	64.40	0.796	0.372
		Average	45	30.00	30	33.30		
		Good	00	00.00	02	02.30		
Daily Routine Activity		Poor	83	55.30	31	34.40	09.84	0.002*
		Average	67	44.70	59	65.60		
		Good	00	00.00	00	00.00		
Emotional Status	Emotional Stress	Poor	42	28.00	20	22.20	0.980	0.322*
		Average	89	59.30	65	72.20		
		Good	19	12.70	05	05.60		
	Sense of Self	Poor	34	22.70	16	17.70	0.815	0.367
		Average	116	77.30	74	82.20		
		Good	00	00.00	00	00.00		
	Sense of Conflictlessness	Poor	59	39.30	23	25.50	04.74	0.02*
		Average	91	60.70	64	71.10		
		Good	00	00.00	03	03.40		
	Overall Emotional Status	Poor	41	27.30	18	20	01.63	0.201
		Average	100	66.60	68	75.50		
		Good	09	06.00	04	04.50		
Emotional Management	Interpersonal Awareness	Poor	101	67.30	54	60	01.32	0.250
		Average	49	32.70	36	40		
		Good	00	00.00	00	00.00		
	Intrapersonal Awareness	Poor	97	64.60	41	45.50	08.40	0.004*
		Average	52	34.70	49	54.50		
		Good	01	00.70	00	00.00		
	Overall Emotional Management	Poor	90	60.00	51	56.60	0.257	0.612
		Average	60	40.00	39	43.40		
		Good	00	0.00	00	00.00		
Intelligence		Poor	68	45.30	44	48.80	0.285	0.593
		Average	26	17.30	28	31.20		
		Good	56	37.40	18	20		
Overall Mental Health		Poor	97	64.60	46	51.10	04.29	0.038*
		Average	53	35.40	44	48.90		
		Good	00	00.00	00	00.00		

Note: * Stands for significant at p<0.05% level of significance.

The percentage of poor mental health was higher among female respondents as compared to male respondents while in age comparisons, young adults between age range of 18-21 years portrayed poor mental health as compared to young adults of age-range between 22-25 years. Non-significant relationship was found between gender and mental health of young adults while significant relationship between the ages of young adults and selected aspects of mental health i.e. daily routine activities, sense of conflictlessness, and intrapersonal awareness. It can be concluded from the research that

young adults are are prone to mental health isuues therefore it is important to promote the concept of 'meaningful assistance' for mental health care needs, including psychosocial counselling and support to cope better with difficult life situations (WHO, 2002)

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