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Impact of personal factors on mental health of emerging adults

P Yamini and Dr. Lata Pujar

Abstract
The present study was conducted in the Dharwad district of Karnataka during the year 2020-21 to understand the social media usage of emerging adults. A sample of 160 students was selected from arts and science stream degree colleges of Dharwad. A survey method was employed by using mental health inventory for assessing the mental health level of participants. Results revealed that majority of the participants had poor level of mental health status and some had average mental health status. It was also found that mental health status was affected by number of different individual factors like age, gender, stream and number of social media apps used. So, there is a need to provide intervention to improve mental health of emerging adults by limiting social media usage.

Keywords: Age**,** emerging adults, gender, mental health, no. of apps used

Introduction
Emerging adulthood is a developmental stage that spans the late teens to the twenties, with a concentration on ages 18 to 29 years. It has pushed the start of young adulthood forwards. The rise in the ages of entering higher education, prolonged job instability and marriage reflect the deviations of this new period of life for young people. Having left the dependency of childhood and adolescence, having not yet entered the enduring responsibilities that are normative in adulthood emerging adults often explore a variety of possible directions. Arnett (2000) [2] briefed that individuals in this age have the highest rates of residential instability of any age group and they do not regard themselves as fully mature adolescents or adults. In the course of emerging adulthood, young people explore possibilities and move closer to making enduring choices.

According to World Health Organization report (2004) [12] Mental health is defined as person's psychological, emotional and social state of wellbeing. It affects how we think, feel, act, handle stress and make choices. It also includes depression, anxiety, hopelessness, disappointment, poor decision making, lack of confidence, unable to concentrate on works and occupied with contradictory thoughts. According to Coyne *et al*. (2019) [3] increased usage of social media was linked to online harassment, poor sleep, low self-esteem, body surveillance, rejections, loneliness, depression, anxiety and despair all of which were linked to mental health difficulties. Greater time spent on social media was connected with mental health problems among late teens and emerging adults.

According to WHO's definition of health it contained the positive dimension of mental health in its constitution which affirmed that "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Further, mental health is a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to her or his community. (https://www.who.int/features/factfiles/mental health/en/).

Social manifestations of health include the capacity of social support and mixing with the members of society where person lives with high level of social achievements and productivity and low demands on health care system. Social health means the ability to maintain relationships with other people. It includes having good interpersonal skills, meaningful relationships with friends and family, social maturity, prestige, social status, obeying of the societal norms and social support in times of crisis. It is becoming increasingly clear that mental functioning is fundamentally interconnected with physical and social functioning and health outcomes. The burden of depression is rising, affecting both the working and social lives of individuals.

It is estimated that around 20 percent of the world's adolescents have a mental health or behavioral problem. About half of lifetime mental disorders begin before age of 14 years: the prevalence of mental disorders among adolescents has increased in the past 20-30 years. The authoritative work undertaken by WHO and the World Bank indicates that by the year 2020 depression will constitute the second largest cause of disease burden worldwide (Murray & Lopez, 1996) [8].

University students often claim to experience stress, anxiety, depression symptoms, eating problems and other psychological issues, which have significant negative impact on their academic performance and their mental health (Tosevski et al., 2010) [11]. Other behavioral and development problems like attention and hyperactivity problems, learning disorders, volatile nature etc. are fragile and affect the way an adolescent feels and act. Therefore, awareness about mental stability among adolescence is an essence for today's era to empowering them to deal with various stresses and challenges of daily life which in turn, will contribute to an individual's better quality life because poor mental health results in other health and development concern in adolescence group differently on male and female. The female students have exhibited less mental health and feel more stress, because female students encode and interpret the life events negatively, suggesting greater cognitive vulnerability to depression (Hankin and Abramson. 2001) [6]. There are significant differences between mental health status and stress level of male and female college students (Aram Almas, 2018) [1].

Materials and Methods

The study was conducted in Karnataka state during the year 2020-21. A survey research was employed to know the mental health status of emerging adults. The sample for the present study consisted of undergraduate students both boys and girls studying in arts and science degree colleges, Dharwad. Total sample comprised of 160 emerging adults, out of which 80 students from two colleges of arts colleges studying I year and II year and 80 students from science colleges studying in I year and II year were selected randomly. Mental health inventory (Jagadish and Srivasthava, 1983) [7] tool was used to collect information regarding mental health status of emerging adults. This scale consists of 54 statements with four alternative answers like Always, Most of the times, Sometimes and Never, rated on four point scale. Out of 54 statements 23 are positive and 31 are negative. For positive statements the scoring is 4,3,2,1 and for negative statements it is reverse order (1, 2, 3 and 4).The score ranges between 54-216. The high scores on mental health inventory is an indicator of better mental health and vice-versa. The data was collected from students through google form sent to student's WhatsApp. The collected data were scored, tabulated and analysed using frequency and percentage.

Results and Discussions

Figure 1 presents the overall distribution of emerging adults by their level of mental health. From the figure it can be observed that 55.00 percent of the respondents had poor level of mental health followed by 31 percent had average mental health and 14 percent had good level of mental health.

A close perusal of table 1 depicts association and difference between age and mental health of emerging adults. With regard to age group of respondents, in 18-19 years age group, 58.70 percent were in poor level and 33.70 percent were in average level of mental health. The same trend was observed in 19-20 years age group where 50.00 percent were in poor level and 28.70 percent were in average level of mental health. Significant association (χ^2= 6.144) and difference (t= 1.97, p= 0.048) was observed between age and mental health of emerging adults where, 19-20 years had better mental health mean scores (159.33) compared to 18-19 years (152.91). Droogenbroeck *et al.* (2018) [5] reported that the adolescents and young adults had higher anxiety levels, depression, loneliness and psychological distress when compared to other age groups due to identity confusion and lack of proper balance at that particular age of life.

Table 2 depicts association and difference between gender and mental health of emerging adults. In case of, gender 43.70 percent of boys belonged to poor level of mental health and 37.50 percent belonged to average level of mental health. In girls 65.00 percent belonged to poor level of mental health and 25.00 percent belonged to average level of mental health. Significant association (χ^2= 7.452) and difference (t= 2.29, p= 0.041) was observed between gender and mental health of emerging adults, where boys had better mental health mean score (158.71) compared to girls (151.81). Singh *et al.* (2015) reported that in comparison to boys girls had higher mental health difficulties and depressive symptoms.

Table 3 depicts association and difference between stream and mental health of emerging adults. With regard to arts stream, 63.70 percent were in poor level of mental health and 28.70 percent were in average level of mental health. In science stream 45.00 percent were in poor level of mental health and 33.70 percent were in were in average level of mental health. Significant association (χ^2=8.167) and difference (t= 2.41, p= 0.039) was observed between stream and mental health of emerging adults, where science stream students had better mental health scores (155.70) compared to arts stream students (142.55). Singh (2016) [10] also found a significant difference in the mental health of arts and science stream students where a high frequency of mental distress was observed among the students of arts stream compared to science stream students and good mental health was observed in science stream students.

Table 4 depicts association and difference between number of apps used and mental health of emerging adults. In the case of respondents who used 1-3 apps equal percentage (42.80%) were in poor and average level of mental health. In respondents who used 4-6 apps majority (51.80%) were in poor level and 37.00 percent were in average level. Whereas those who used 7-9 apps majority were in poor level (61.90%) and 21.30 percent were in average level of mental health. No significant association was observed between number of apps used and mental health of emerging adults, however there was significant difference (F=29.18, p= 0.001) between number of apps used and mental health. Post hoc values (Tukeys) clearly suggests that there was significant difference in mental health status of emerging adults who are using 1-3 apps, 4-6 apps and 7-9 apps. The mean value indicates that mental health was better in emerging adults who are using less no. of apps (174.25) compared to those who were using more no. of apps (141.81). Study conducted by Deepa and Priya (2020) [4] revealed that there is a no link between time spent on social media and mental health if more time spent on social networking sites causes anxiety and interpersonal distress in emerging adults . More social media use and quantity of social networking sites used causes melancholy and anxiety in emerging adults.

Table 5 depicts association and difference between time spent and mental health of emerging adults. With regard to time spent on social media, 71.50 percent of respondents who were using for 30-60 min belonged to poor level and 28.50 percent belonged to average level of mental health. Whereas 70.70 percent of respondents who were using for 1-2 hours belonged to poor level and 17.60 percent belonged to average level of mental health. In case of, those who were using for 3-4 hours, 60.70 percent were in poor level and 28.60 percent were in average level of mental health. In those who were using for 5-6 hours, 45.00 percent were in poor level and 36.30 percent were in average level of mental health. No significant association and difference was observed between time spent on social media and mental health of emerging adults.

In conclusion the present study depicted poor mental health status of the emerging adults. Mental health was affected by different factors like age, gender, stream, no. of apps used. Age, gender, stream, no. of apps used are significantly associated with mental health of emerging adults. Time spent had no significant influence on mental health of emerging adults. Various coping mechanism and life skill training enable youth to deal with the situations. So it is necessary to provide them with necessary intervention to promote good mental health. In order to promote good mental health it is necessary emerging adults should build good and healthy relationships with others, involve in other productive works, learn stress management skills and relaxation techniques, and establish healthy habits.

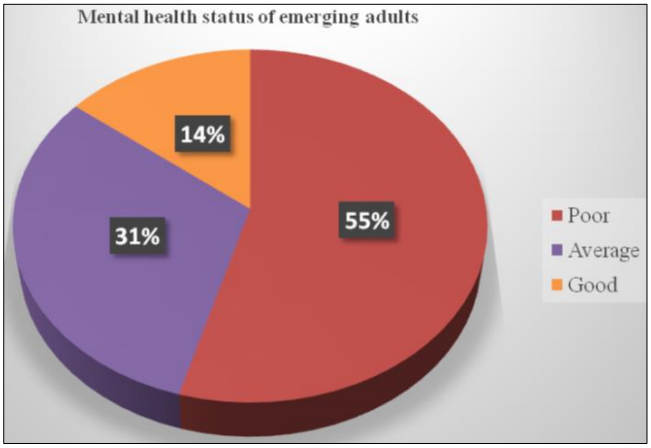

Fig 1: Overall distribution of respondents according to levels of mental health

Table 1: Association and difference between age and mental health of emerging adults

Age (years)	Mental health status				χ^2 Value	Mean ± SD	t- value
	Poor	Average	Good	Total			
18-19	47 (58.70)	27 (33.70)	06 (7.60)	80 (100.00)	6.144**	152.91±19.56	1.97*
19-20	40 (50.00)	23 (28.70)	17 (21.30)	80 (100.00)		159.33±21.9	

Figures in the parenthesis indicate percentages
*Significant at 0.05 level, ** Significant at 0.01 level

Table 2: Association and difference between gender and mental health of emerging adults

Gender	Mental health status				χ^2 Value	Mean ± SD	t- value
	Poor	Average	Good	Total			
Boys	35 (43.70)	30 (37.50)	15 (18.80)	80 (100.00)	7.452**	158.71±15.04	2.29*
Girls	52 (65.00)	20 (25.00)	8 (10.00)	80 (100.00)		151.81±22.35	

Figures in the parenthesis indicate percentages
*Significant at 0.05 level, ** Significant at 0.01 level

Table 3: Association and difference between stream and mental health of emerging adults

Stream	Mental health status				χ^2 Value	Mean ± SD	t- value
	Poor	Average	Good	Total			
Arts	51 (63.70)	23 (28.70)	6 (7.60)	80 (100.00)	8.167*	142.55±20.60	2.41*
Science	36 (45.00)	27 (33.70)	17 (21.30)	80 (100.00)		155.70±21.44	

Figures in the parenthesis indicate percentages
*Significant at 0.05 level

Table 4: Association and difference between number of apps and mental health of emerging adults

No. of apps	Mental health status				χ^2 Value	Mean ± SD	F- value
	Poor	Average	Good	Total			
1-3	15 (42.80)	15 (42.80)	05 (14.40)	35 (100.00)	6.802^{NS}	174.25±15.10^{a}	29.18**
4-6	28 (51.80)	20 (37.00)	06 (11.20)	54 (100.00)		155.79±20.10^{b}	
7-9	44 (61.90)	15 (21.30)	12 (16.90)	71 (100.00)		141.81±23.36^{c}	

Figures in the parenthesis indicate percentages
** Significant at 0.01 level NS - Non Significant

Table 5: Association and difference between time spent and mental health of emerging adults

Time spent	Mental health status				χ^2 Value	Mean ± SD	F- value
	Poor	Average	Good	Total			
30-60 min	5 (71.50)	2 (28.50)	0 (0.00)	7 (100.00)	9.287^{NS}	149.71±12.98	1.109^{NS}
1-2 hours	12 (70.70)	3 (17.60)	2 (11.70)	17 (100.00)		152.74±23.45	
3-4 hours	34 (60.70)	16 (28.60)	6 (10.70)	56 (100.00)		158.43±19.71	
5-6 hours	36 (45.00)	29 (36.30)	15 (18.70)	80 (100.00)		158.61±20.14	

Figures in the parenthesis indicate percentages NS - Non Significant

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