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UNPACKING YOUTH DEPRESSION: THE MEDIATING POWER OF STRESS AND ANXIETY

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Abstract

The main objective of the present study was to find out the current scenarios of Depression in Bangladeshi urban young adult people. The specific goals are to: (i) To investigate whether there is any relationship among Depression, Stress, & Anxiety. (ii) To find out whether anxiety predicts depression individually. (iii) To see whether Stress predicts Depression individually. In this study the target population was the Bangladeshi urban young adult people. 380 both male and female young adult people who live in urban areas and 18–39 age range were selected following the purposive sampling method as respondents in the present study. This present study required i) Personal Information Form ii) Bangla Version of Depression, Anxiety, Stress Scale (DASS 21) developed by Lovibond and Lovibond (1995) which measures depression, anxiety and stress of the respondents. The findings indicate that the correlation among Stress, Anxiety, and Depression variables were positive. According to additional research, stress was the best predictor, accounting for 48.5% and 49.5% of the variation in depression, respectively. It seems that the result fits the model. Finally, It concluded that Significant relationships were found between stress, anxiety, and depression among the study participants, highlighting the intertwined nature of these mental health conditions. Anxiety and stress both identified as a significant predictor of depression, emphasizing its role in influencing mental health outcomes in the research population.

Keywords: *Stress, Depression, Anxiety, Urban Adult People.*

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1. INTRODUCTION

Depression, sometimes known as depressive disorder, is a prevalent mental health condition. It is typified by chronic sadness, loss of pleasure or indifference to activities. Normal changes in mood or everyday sensations are not the same as a state of depression. It can affect relationships with friends, family, and the community, among other aspects of life. It could result from or be an underlying cause in problems at place of employment and in the classroom. Depression can strike anyone at any time. Depression is more widespread in people who have been victimized to abuse, major losses, or other stressful circumstances. Women experience depression at a higher rate than males do (World Health Organization(WHO), 2024).

Mental health conditions have become an important issue worldwide. Globally, the prevalence of depression is estimated to be close to 264 million people (James et al., 2018). Depression is also a significant issue in Bangladesh. It is a major problem in the country, confirming recent research findings. Research has proven that depression is a common problem in all demographic categories. Depression is prevalent among the university's students due to social pressure, academic pressure, and the consequences of post-breakups lockups (Nasrin et al., 2023).

Based on a study, students applying to undergraduate courses in Bangladesh showed indicators of severe stress, sadness, and anxiety. Females, science background students, and possessing a past mental health condition are significant positive predictors of this mental health concern. Likewise, there was a significant association found between students' inclination to attend public colleges and their low family income and their chance to struggle with anxiety, stress, and depression (Rabby et al., 2023). Given that suicide ranks as the second leading cause of death for individuals between the ages of 15 and 29, depression is connected with a somewhat high rate of mortality. According to the results of a study carried out by the WHO, there are approximately 6.4 million people in Bangladesh who suffer from depression disease (van Ommeren et al., 2005). Hossain (2014) stated that the prevalence of mental problems in adults in Bangladesh ranges from 6.5 to 31.0%. (Hossain et al., 2014).

A variety of factors can have an impact on a person's psychological state and Covid-19 is one of them. Covid-19 is considered a pandemic and at that time people must stay at home which affects their mental health. A survey to examine the mental health status during covid-19 and found that 51.9% of adults were suffering from poor mental health by staying at home during this time which is higher than before the pandemic (Ali et al., 2020).Human mental health condition affects human behavior, emotion, and overall function. Not all people face the same level of mental illness. Following sorrow (45.3%), anger (40.5%), confusion (27.7%), worthlessness (21.8%), exhaustion (21.5%), and sleeplessness (18.0%), confusion (27.7%), and worthlessness (21.8%) were found to be the most prevalent depressive symptoms in a study that was carried out in Bangladesh on individuals (Ria et al., 2022). A total of 2898 respondents from 31 trials were included in the analysis. In randomized controlled trials, the three community intervention categories investigated the largest number of projects. The majority of studies came from high-income nations and they also had the highest proportion of communities compared to people with IHD. They had poor study.

Dropout from the included trials around 1 % indicated low dropout percentages while withholding less than 1 in every 100 patients. The determination of potential mechanisms of action was hindered by the insufficient description of interventions (Buechner et al., 2023). Another two significant mental health issues are Stress and Anxiety.

Stress: Several people have provided various descriptions of stress. The topic has aroused the interests of social scientists, anthropologists, psychologists, health care providers, and even zoologists. It suspects analyzing it from several angles is going to be exceedingly useful, enabling us a thorough grasp of the phenomenon and its historical roots (Selye, 1956). In the twenty-first century, stress is a result of all situations and is associated with psychopathology and urbanization. Stress can be brought on by threats and urban factors such long commutes, work-home imbalances, bad behaviors, pollution, traffic, crime, employment insecurity, and problems connecting. Urban living can be detrimental to mental health since it raises the risk of cancer, heart disease, and metabolic disorders. Cities are more likely to have higher rates of diabetes, stroke, hypertension, respiratory conditions, alcoholism, drug addiction, chronic infections (including HIV), and common mental illnesses. Urban dwellers' mental health is negatively impacted by a number of factors, including pollution, volatility, unsteady economic conditions, and limited access to natural areas (Ventriglio et al., 2021).

Anxiety: One of the most common psychological disorders is anxiety, which is a collection of mental illnesses marked by excessive concern, excessive (often unjustified) dread, obsessive thoughts, and disturbed sleep as a result of fear or uneasiness. (Khan & Khan, 2020). According to the 2017 Global Burden of Disease Study, 284 million people worldwide or 3.8% of the world's population struggle with anxiety disorders of some kind. This is an increase of 32.3% between 1990 and 201. Mental health disorders become a major global concern (James et al., 2018).

The movement of people from rural areas to urban areas is an inevitable part of the process of urbanization. In addition to this, the economy of the society transitioned from one centered on agriculture to one based on advanced industrial production (Lipi & Hasan, 2021). The United Nations Development Program predicts that by the year 2050, nearly two-thirds of people will live in cities. However, not all forms of urbanization are effective if they are not planned. The rapid population increase has repercussions for the urban environment, the policy framework, environmental difficulties, urban poverty, and urban health. New problems relating to mental health are emerging because of rapid urbanization and growing urban populations. There is some evidence that urbanization is linked to problems with mental health. Numerous social, economic, and environmental elements have an impact on mental health in urban environments. In metropolitan locations, prevalent mental illnesses are more common (Lipi & Hasan, 2021).

Urban mental health is negatively impacted by socioeconomic disparity, instability, pollution, and a lack of access to nature.(Ventriglio et al., 2021). This cross-sectional study found that during the COVID-19 epidemic, a sizable portion of Bangladeshi teenagers, both urban and rural, suffered from stress, anxiety, and depression. It has been demonstrated that several significant risk variables, including age, sex, place of residence, parenting style, and food insecurity, affect teenagers' mental health. Because mental health problems during

adolescence increase the likelihood of adult mental pain, responsible authorities must act quickly to prevent a mental health epidemic in the post-COVID period (Haque et al., 2023).

Bangladesh's urban adult population's mental health is now in poor shape (Alam, et. al, 2021). Diverse studies shed light on the requirements and values of urban adolescents in Bangladesh, which can inform the creation of beneficial initiatives that improve their well-being (Amin & Sajeda, 2015).The rate of urbanization on a worldwide scale has accelerated in recent decades. The population is also growing, and people are migrating from rural areas to urban areas because of the many push forces that influence people to settle in urban metropolitan centers. The state of mental health can improve if economic situations are improved. However, many other obstacles can influence a person's mental health condition (Chandra et al., 2018). Therefore, understanding the impact that urban settings have on people's mental health is crucial. According to the findings of a study conducted in Bangladesh, maintaining positive mental health is essential to living a happy life, despite the prevalence of mental disease in the country. In addition to this, it is exacerbated among some communities, and it is an essential component for urban adults to have to enjoy a prosperous existence (Hasan et al., 2021a). The research was conducted in India, and they tried to find out the relationship between socioeconomic conditions and mental illness. It found that mental illness significantly varies according to gender and females suffer more than men (Böge et al., 2018).The medium and income families people have more mental health problems than the rich (Karim et al., 2006). Bangladesh provides inadequate treatment for mental illness due to several factors, including a lack of public mental health facilities, a scarcity of trained mental health practitioners, inefficient financial resource allocation, poorly managed mental health policy, and prejudice (Hasan et al., 2021; Islam & Biswas, 2015).

In a developing nation such as Bangladesh, there is insufficient data about the mental health condition of the adult. The study will help investigate the mental health condition and the factors affecting the mental health condition of urban adults. It will also be helpful to policymakers to take the necessary steps to prevent the problem of the urban adult. The Southeast Asian developing nation is Bangladesh (Rabbani et al., 2015).In a developing country like Bangladesh, mental illness is ignored by both government and NGOs (Islam & Biswas, 2015).

It's interesting to note that while more current research seems to support the reverse, older studies frequently show that Adolescents in cities are more prone to struggle with mental health difficulties. It has been observed, for example, that the prevalence of mental health problems among teens from rural areas is increasing to the point where it is either greater or equal to that of teenagers from metropolitan areas (Maggi et al., 2010). Prior studies that concentrated on different particular difficulties have been carried out. For example: Examination-related depression. This study shows Students' mental health suffers from exams in terms of stress, anxiety, and depression (Arusha & Biswas, 2020). Another study focuses on depression in-school adolescents. This research concluded that depressive symptoms are prevalent among urban and semi-urban adolescents in Dhaka, Bangladesh. Therefore, urgent initiatives should be taken to curb the spread of depression among

Bangladeshi adolescents (Anjum et al., 2022). In this case, my interest grows to investigate this phenomenon in a general way and over a wide population.

Research Question: What is the scenario of depression in Bangladesh's urban young adult people?

Rationale of the study

The swift urban growth in Bangladesh has formed a high-pressure atmosphere in which young adults encounter a distinct "urban paradox": unmatched physical closeness alongside significant social isolation. As conventional community support networks decline due to overwhelming busyness and economic rivalry, the mental well-being of this group has hit a crucial turning point; however, the absence of concrete data hinders successful intervention by government and healthcare organizations. This research is crucial for scientifically charting how urban daily stressors translate into chronic anxiety and ultimately develop into clinical depression. By pinpointing these mediating pathways, the study delivers essential evidence to shift from reactive care to proactive, data-informed mental health policies that safeguard both the welfare of the youth and the nation's long-term economic stability

2. OBJECTIVE

2.1. OBJECTIVES

The main objective of the present study was to find out the current scenarios of Depression in Bangladeshi urban young adult people.

The specific goals are to:

1. To investigate whether there is any relationship among Depression, Stress, & Anxiety.
2. To see whether stress predicts depression individually.
3. To find out whether anxiety predicts depression individually.

3. METHOD

3.1Target Population

The study was conducted to know about depression in Bangladeshi urban young adult people. The age of young adults was usually considered 18-39. Those ages above 18 and less than 39 were considered as the population of this study (Edward, 1980).

3.2 Sample Size and Sampling Technique

In this study, 402 data were collected from Dhaka and Sylhet and were selected purposively. The people who were living in Dhaka and Sylhet city, and the sample was selected convenient sampling technique.

3.3 Research Design

A cross-sectional survey design was used in the present study. According to this design, data was collected at a single point in time.

3.4 Research instruments

For data collection, the following instruments were used in this study:

1. *Personal Information Form (PIF)*

The first section is used for primary data collection related to demographic information about the respondents. This PIF involved information about the respondent's self and family history. These will include the respondent's age, socio-economic and marital status, designation, salary, number of family members, and educational qualifications.

2. *Bangla Version of Depression, Anxiety, Stress Scale (DASS 21)*

Lovibond & Lovibond (1995) developed DASS-21. This DASS version, which consists of 1 valid set of 3 self-report scales with 21 items, was created to assess the negative emotional states of stress, anxiety, and depression. The frequency or severity of each participant's experiences over the last week is measured on a 4-point Likert scale, emphasising states over attributes. These scores vary from 0, which indicates that the client thought the item didn't apply to them at all, to 3, which suggests that the client thought the item was used by him or her either frequently or very often. At the same time, the first and second sections were in the middle of each other. Furthermore, the instructions emphasise that there is no right or wrong answer. Each subscale consists of 7 questions. The severity rating index evaluates each participant's total score or the seven questions they answered correctly on each of the four sub-scales. The Bangla DASS-21 was adapted, and Cronbach's Alpha for Depression, Anxiety, and Stress subscales were 0.987.0.957 and 0.964, respectively. (Alim et al., 2014) Adapted by Morshed, & Naz (2024), and Cronbach's alpha Anxiety, Stress, and Depression were 0.823, 0.798, and 0.861, respectively.

3.5 Procedure

First, consent was obtained to gather data and build relationships with participants to collect precise data from them. Once they had established a rapport, the researcher went over the investigation's objectives while assuring them that their responses would remain confidential. Subsequently, the participants were directed to carefully examine the scale components and provide prompt answers on questionnaires. Comparatively, the respondents were instructed to quickly answer the questionnaire and carefully read the scale items. They were instructed to select the corresponding box. They also asked not to leave out any questions on the questionnaire and to be informed that there was no right or wrong response. They ensured the information would be kept private and used exclusively for research. When they completed the work, they received a lot of praise. On average, an estimated 20 minutes were needed for each respondent to receive all of the instruments. The collection of all data will take three months.

4. RESULTS

Table 1. Correlation matrix among Stress, Anxiety and Depression

Variables	1	2	3
1. Stress	-		
2. Anxiety	.729**	-	
3. Depression	.697**	.703**	-

** Correlation is significant at the 0.01 level (2-tailed).

To begin with, the correlation matrix of Table 1 is presented the sample correlation of Independent variables with each dependent variable. To assess the size and direction of the linear relationship between the scores of Stress, Anxiety and Depression, correlation coefficient (r) was calculated. The bivariate correlation among these Stress, Anxiety and Depression variables were positive, r (380) = 1, p < .001., .729, p < .001, and .697, p < .001.

Table 2. Selected Statistics from Regression of Depression on Stress

Variables	R	R^2	R^2 change	P
Predictor Variable: Stress	.697	.485	.484	.000

Dependent Variable: Depression

Results of Table 2 indicate that the strongest predictor was Stress which alone explained 48.5% variance in Depression.

Table 3. Simple Regression of Depression on Stress

Model	Unstandardized Coefficients B	Std. Error	Standardized Coefficients B	t	P
(Constant)	1.158	.424	.697	2.734	.007
Stress	.798	.042		18.879	.000

Dependent Variable: Depression

The results presented in Table - 3 suggest that unstandardized B is .798, this value indicates that as Stress increases by one unit, Depression increases by .798 units. This interpretation is true only if the effects of other variables are held constant. The value of standardized beta indicates that as Stress increases by one standard deviation, Depression increases by .697 standard deviations.

Table 4. The Overall F-Test for Regression of Depression on Stress

Sum of variations	SS	df	MS	F	P
Regression	4407.998	1	4407.99	356.427	.000
Residual	4674.792	378	12.367		
Total	9082.789	379			

The findings in the table above demonstrate that stress is significantly predicted by depression.

Table 5. Selected Statistics from Regression of Depression on Anxiety

Variables	R	R^2	R^2 change	P
Predictor Variable: Anxiety	.703	.495	.493	.000

Dependent Variable: Depression

According to the above table, anxiety was the best predictor, explaining 49.3% of the variation in stress (R2 = 0.495). This indicates a strong and significant correlation between the two variables, with anxiety alone accounting for almost half of the variability in stress levels.

Table 6. Simple Regression of Depression on Anxiety

Model	Unstandardized Coefficients B	Std. Error	Standardized Coefficients B	t	P
(Constant)	3.216	.323	.703	9.950	.000
Depression	.774	.040		19.232	.000

Dependent Variable: Stress

The results presented in Table - 6 suggest that unstandardized B is .774, this value indicates that as Anxiety increases by one unit, Depression increases by .774 units. This interpretation is true only if the effects of other variables are held constant. The value of standardized beta indicates that as Depression increases by one standard deviation, Depression increases by .703 standard deviations.

Table 7. The Overall F-Test for Regression of Depression on Anxiety

Sum of variations	SS	df	MS	F	P
Regression	4492.103	1	4492.103	369.883	.000
Residual	4590.686	378	12.145		
Total	9082.789	379			

In above table shows that Anxiety is a good predictor. This result fits the model. It is also said that ANOVA tells us depression is statistically significant.

5. DISCUSSION

The main objective of the present study was to find out the current scenarios of Depression in Bangladeshi urban young adult people. The specific goals are to: (i) To Investigate whether there is any relationship between Depression, Stress, & Anxiety. (ii) To

find out whether anxiety predicts depression individually. (iii) To see whether Stress predicts Depression individually.

To explore the connection among Stress, Anxiety, and Depression, correlation analysis was performed. The study revealed that the correlation analysis was significant at the 0.01 level (2-tailed). The correlation table shows the correlation coefficients for Stress, Anxiety, and Depression variables, revealing the strength and direction of their interrelationships. The relationship between Stress and Anxiety shows a strong positive correlation, meaning that as stress levels rise, anxiety levels also significantly tend to rise. Likewise, stress and depression show a significant positive correlation between the two variables, suggesting that increased stress levels are linked to elevated depression levels among the participants of the study. Furthermore, Anxiety and Depression demonstrate a robust positive relationship between the two variables, indicating that higher levels of anxiety are likely to result in a significant rise in levels of depression.

The findings from the regression analyses and correlation coefficients in the research consistently demonstrate a strong and significant relationship between anxiety and depression among young adults in urban Bangladesh. Higher anxiety and depression levels are correlated, demonstrating how intertwined these mental health conditions are in the research population.

The regression analyses in the research consistently show that anxiety is a significant predictor of depression among young adults in urban Bangladesh. Higher levels of anxiety are associated with higher levels of depression, highlighting the predictive power of anxiety in determining the mental health outcomes of the study participants. The findings from this research support the significant relationship between anxiety and depression, highlighting the predictive power of anxiety in influencing mental health outcomes in the study population.(Nasrin et al., 2023) The study by Alam et al. may provide complementary insights or corroborate the importance of anxiety as a predictor of depression among young adult populations.(Alam et al., 2021b). The regression analyses and correlation coefficients in the research consistently demonstrate a strong and significant relationship between stress and depression among young adults in urban Bangladesh. Higher stress levels are linked to higher depression levels, demonstrating how intertwined these mental health conditions are in the research group. The regression analysis in the research highlights that stress is a strong predictor of depression, with higher levels of stress leading to higher levels of depression among the participants. This underscores the importance of addressing stress management as a potential intervention for preventing or reducing depression in young adults in urban Bangladesh.

The study conducted by Rabby et al., (2023) is detailed in this reference, along with an analysis of how stress predicts depression in young adults living in metropolitan Bangladesh on an individual basis. The results of this study demonstrate the predictive capacity of stress to impact the mental health outcomes of the study population and indicate the strong association between stress and depression (Rabby et al., 2023). The study by Alam et al. (2021) may provide complementary insights or corroborate the importance of stress as a predictor of depression among the young adult population (Alam et al., 2021b).

Recent studies in the literature have highlighted the importance of anxiety as a predictor of depression among young adults, indicating that anxiety symptoms play a crucial role in determining mental health outcomes. Studies have shown a strong correlation between anxiety and depression, indicating that these two mental health conditions are closely intertwined. Higher levels of anxiety are often associated with higher levels of depression among young adults in urban environments. Recognizing the predictive power of anxiety in determining mental health outcomes, interventions aimed at preventing or reducing depression among young adults should also focus on addressing anxiety symptoms. By targeting anxiety early on, mental health professionals can potentially mitigate the risk of developing depression. The emphasis on anxiety as a predictor of depression underscores the need for comprehensive mental health interventions that consider both anxiety and depression symptoms. Tailored interventions that address anxiety management strategies may be particularly beneficial for young adults in urban Bangladesh (Alam et al., 2021b; Nasrin et al., 2023).

Existing research suggests that demographic factors such as gender, socioeconomic status, and cultural background can significantly influence the prevalence and severity of depression among young adults in urban settings. Studies have shown that gender plays a role in the manifestation of depression, with women often experiencing higher rates of depression compared to men. This gender disparity in depression prevalence highlights the importance of considering gender as a demographic factor in mental health research and interventions. Socioeconomic status has been identified as a crucial determinant of mental health outcomes, including depression. Individuals from lower socioeconomic backgrounds may face additional stressors and barriers to accessing mental health resources, potentially increasing their risk of developing depression. Cultural beliefs and practices can also impact mental health outcomes, including the experience and expression of depression. Understanding cultural factors is essential for developing culturally sensitive interventions that effectively address depression among young adults in urban environments. It is important to recognize that these demographic factors often intersect and interact with one another to shape mental health outcomes. For example, the intersection of gender and socioeconomic status can create unique challenges and vulnerabilities that may contribute to the development of depression in young adults.(Hasan et al., 2021; James et al., 2018).

Another point regarding challenges in mental health care, as highlighted in the existing literature, can be further explained as follows: Firstly, Lack of Public Mental Health Facilities: Research indicates that there is a shortage of public mental health facilities in countries like Bangladesh, which can limit access to essential mental health services for individuals in need. The lack of adequate mental health infrastructure hinders the delivery of timely and effective care to those experiencing mental health issues. Secondly, Shortage of Qualified Professionals: Another significant challenge identified in the literature is the shortage of qualified mental health professionals. The scarcity of trained professionals, such as psychiatrists, psychologists, and counselors, can impede the provision of quality mental health care services to individuals seeking help for depression and other mental health conditions. Thirdly, Inadequate Financial Resources: Insufficient financial resources allocated to mental health care pose a barrier to the development and maintenance of mental

health services. Limited funding for mental health programs and initiatives can restrict the availability of affordable and accessible treatment options for individuals struggling with depression in urban areas. Fourthly, Poorly Managed Policies: The literature also points out the impact of poorly managed policies regarding mental health care. Inadequate policy frameworks, regulations, and guidelines related to mental health services can lead to fragmented and ineffective mental health care systems, hindering the delivery of comprehensive and integrated care for individuals with depression and other mental health disorders. Lastly, Consequences of Inadequate Mental Health Care: The challenges in mental health care, including the lack of facilities, professionals, financial resources, and effective policies, can result in suboptimal treatment outcomes, increased stigma surrounding mental illness, and a higher burden of untreated mental health conditions in urban populations. Addressing these challenges is crucial for improving mental health care delivery and outcomes for individuals with depression.

By recognizing and addressing these challenges in mental health care, stakeholders can work towards enhancing the accessibility, quality, and effectiveness of mental health services for individuals experiencing depression in urban settings. Efforts to strengthen mental health infrastructure, increase workforce capacity, secure adequate funding, and improve policy frameworks are essential for addressing the mental health needs of urban populations effectively.(Hasan et al., 2021b; Islam & Biawas, 2015; Ventriglio et al., 2021b).

LIMITATIONS

Several limitations of this study need to be mentioned.

1. The data was gathered exclusively from the cities of Sylhet and Dhaka. The information would be more trustworthy if it could also be gathered from other cities. So, it can be extended the sample size of this research.

2. The present study was conducted without funds. If it is possible to add funds, it will be possible to focus more precisely on in-depth areas.

RECOMMENDATIONS

1. Undertake more investigation to examine the occurrence of depression among urban young people from Bangladesh in a wider age range, encompassing those who are not in the 18–39 age group. This would offer a more thorough comprehension of the prevalence of depression across various age groups in the urban population.

2. Expand the breadth of the depression evaluation by adding more items from the Bangla DASS-21 scale or by employing additional validated measures to gain a more sophisticated understanding of depression in child caretakers. This in-depth assessment could lead to a better comprehension of the mental health problems this demographic encounters.

3. Examine how different socioeconomic and cultural factors affect the prevalence of depression among young adults living in metropolitan Bangladesh. Future research can offer a more comprehensive understanding of the factors that contribute to depression in this community by looking at variables such cultural beliefs, mental health resource accessibility, and socioeconomic position.

6. CONCLUSIONS

This research indicates that stress, anxiety, and depression are prevalent among urban young adults in Bangladesh, with significant correlations found between these mental health issues. Anxiety plays a crucial role in influencing stress levels, explaining a substantial portion of the variance in stress among the study population. Depression is also a significant predictor of stress, indicating a positive relationship between the two mental health conditions. The study highlights the impact of urban factors like work-home imbalance, long commutes, and employment uncertainty on stress levels in Bangladeshi cities. Future research should consider exploring other cities, age groups, and external factors like socioeconomic status for a more comprehensive understanding of stress in the urban Bangladeshi population.

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