4 Result and Discussion

In this chapter obtained results have been discussed in the light of relevant research according to the hypotheses laid down. Looking to the objectives and relevant hypotheses and methodology this chapter has been divided into two parts.

- Part A
- Part B

Part A

This part of the present research includes findings regarding effect of employment status, gender and inhabitance on

I. Feeling of security/Insecurity
II. Mental Health
III. Depression

Part B

The another part of this investigation considered those finding which is related to the correlation of feeling of security/Insecurity with

I. Mental health
II. Depression

Part A

I. Feeling of Security/Insecurity
   i. Feeling of Security/Insecurity and Employment Status
   ii. Feeling of Security/Insecurity and Gender
   iii. Feeling of Security/Insecurity and Inhabitance
   iv. Interaction effect of Independent variable On Feeling of Security/Insecurity

II. Mental-Health
   i. Mental-Health and Employment Status
   ii. Mental-Health and Gender
   iii. Mental-Health and Inhabitance
   iv. Interaction effect of Independent variable On Mental-Health

III. Depression
   i. Depression and Employment Status
   ii. Depression and Gender
   iii. Depression and Inhabitance
   iv. Interaction effect of Independent variable On Depression

Part B
I. Feeling of Security/Insecurity and mental health

II. Feeling of Security/insecurity and Depression

Part A

I. Feeling of Security/Insecurity

The feeling of insecurity is traditionally associated with the fear, which is then even more subjective experienced either personally or by family and friends. [Mathieu Chapeau, Bertrand Fincoeur et al. Andre Lemaitre (2008).]

i. Feeling of Security/Insecurity and employment status

Youth unemployment constitutes perhaps the main problem that young people face today. The rate of youth unemployment is one of the highest in almost all contraries and even much higher in relation to the rate of total unemployment. Moreover, the employment quality of those who have work is relatively low. The flexible employment in which young people are obliged to run, the phenomenon of employers’ arbitrariness and of non-effective function of the control mechanisms, as well as the uncertainty of the future of the social security system create a feeling of insecurity among young people. Youth employment is considered the key factor for the promotion or prevention of youth feeling of security/insecurity and autonomy. (Hellenic Report2010)

Hypothesis (a)

“Level of insecurity would be higher among unemployed youth than employed youth”.

167
Table 4.1

Mean values for Employment Status on Feeling of Security/Insecurity

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Employed</th>
<th></th>
<th>Unemployed</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Feeling of Security/Insecurity</td>
<td>63.80</td>
<td>11.02</td>
<td>121.46</td>
<td>11.89</td>
</tr>
</tbody>
</table>

Figure 4.1

Bar Diagram Showing Mean Scores for Employment Status on Security-Insecurity Scale
The above result table 4.1 and figure 4.1 illustrates, the mean and SD of employed and unemployed youth on the measure of mental health. The mean value show that employed youth score (M=63.80) on mental health is lower than unemployed youth score (M=121.46). These mean values show the difference in the feeling of security/insecurity. As higher score on the S/I scale indicating higher the feeling of insecurity it can be said that unemployed youth having higher level of insecurity feeling as compare to employed youth.

**Table 4.2**

**F value for Employment Status on Feeling of Security/Insecurity**

<table>
<thead>
<tr>
<th>F Ratio</th>
<th>Significance Level</th>
</tr>
</thead>
</table>
Above result Table Shows that obtained F value on mental health of male and female adolescent. As obtained F value (13.07) was found significant at .01 level of confidence it can be concluded that both employed and unemployed youth are not parallel on their level of mental health and their difference on mental health is significant.

Unemployment define as being without paid work, seeking work, and in a position to accept a job if one is offered, in line with official definitions of unemployment.

Cohort studies of psychological health and youth unemployment have found deficits in the psychological well-being of unemployed young people, but these are less severe and in some cases different from those experienced by unemployed adults. Warr PB, Jackson P.R.1984 For example, an Australian study found that unemployed middle-aged adults had significantly higher levels of psychological disturbance (as measured by the General Health Questionnaire) and lower levels of life satisfaction, but more job involvement, than young unemployed counterparts. However, perceived levels of social support were lower than in younger people. (Broomhall HS, Winefield A.H. 1990.) Unemployment being causally linked to a 50% increase in risk of psychological disturbance. Morrell S, Taylor R, Quine S, et al 1994 as measured by the 12-item psychological component of the General Health Questionnaire.
Respondents were chosen for analysis in such a way as to minimise a "selection effect" from illness predisposing to unemployment. Survey participants analysed had been employed formerly, had no pre-existing psychological morbidity or physical illness, and reported no other life event or situation to account for their psychological disturbance. Psychologically well young men who became unemployed reported feeling unhappy, insecure and depressed, whereas young women reported loss of confidence; both complained of not having a useful role in their lives. A reverse of the effect was also found; that is, those who initially were psychologically disturbed and unemployed had similar odds of recovery from psychological disturbance at the succeeding survey point, if by that time they had gained employment, as those who developed psychological disturbance because of unemployment. (Morrell S, Taylor R, Quine S, et al. [1994].) Further it was suggested that the psychological health of young people is strongly influenced by their employment status.

A number of longitudinal studies of psychological health in youth and unemployment duration have produced conflicting findings. The effects of unemployment may also have a more generalised influence on the psychological health of populations; that is, the unemployment rate, not necessarily the individual experience of unemployment, could be indirectly responsible for individual psychological ill-health. For example, high unemployment levels can force more people to accept unfavourable working conditions or jobs they would rather not do. An Australian study by Graetz, using data from the ALS, found higher rates of psychological disturbance in employed young people who did not like their job compared with those
who did. Graetz B. 1993 a similar finding emerged from the 10-year cohort study of South Australian school-leavers. Each year young people who were dissatisfied with their jobs were just as psychologically disturbed as those who were unemployed. (Winefield AH, Tiggemann M, Winefield HR, Goldney RD 1993.)

High levels of unemployment also influence feeling of security. The psychological effect of insecurity on youth was investigated in the United Kingdom. (Branthwaite A, Garcia S. 1985) Unemployed young people and young people on Youth Opportunity Schemes (YOS) (who are placed either on specific projects or in temporary work with employers) were compared with employed apprentices; the Beck Depression Inventory and the Eysenk Personality Inventory were used. Young people on specific projects were more disillusioned than the temporary work placement youths, but all the YOS participants showed similar feelings of fatalism to the unemployed group (i.e., insurmountable outside forces leading to perceived lack of control causing stress), but these feelings were not present in the employed apprentices.

The present finding get indirect support from the study of Andrew Clark, Andreas Knabe and Steffen Ratzel(2009). In their paper they stated that the social norm of unemployment suggests that aggregate unemployment reduces the well-being of the employed, but has a far smaller effect on the unemployed. They use German panel data to reproduce this standard result, but then suggest that the appropriate distinction may not be between employment and unemployment, but rather between higher and lower levels of security, at least for men. Men with good job prospects both employed and
unemployed are strongly negatively affected by regional unemployment. However, insecure employed men and poor-prospect unemployed men are less negatively, or even positively, affected. There is however no clear relationship for women.

The obtained result regarding employment and feeling of security/insecurity does not found to be parallel with the study of Kevin Doogan (2005) his paper is concerned with explanations for the paradox of pervasive insecurity and the rise in long-term employment in the 1990s in the UK. The analysis of long-term employment in the UK suggests that insecurity is not explained by compositional changes in the workforce or in terms of labour market restructuring. Instead insecurity is best understood in its institutional and ideological contexts, as the ‘manufactured uncertainty’ that attends the greater exposure of the state sector to market forces, corporate restructuring in the private sector in terms of mergers, acquisitions and sell-offs and the diminution of social protection systems.

Alternative hypothesis considered in the present investigation regarding difference between employed and unemployed youth in their feeling of security/insecurity was proven true as unemployed youth were found to be significantly higher in their feeling of insecurity. Thus the considered hypothesis accepted in the present research.

ii. Feeling of Security/Insecurity and Gender

Hypothesis (b)
“There would be no difference between male and female on their level of insecurity.”

Table 4.3

Mean values for Gender on Feeling of Security/Insecurity

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Feeling of Security/Insecurity</td>
<td>86.28</td>
<td>6.13</td>
</tr>
</tbody>
</table>

Figure 4.2

Bar Diagram Showing Mean Scores for Gender on Security-Insecurity Scale.
Above table illustrates the mean of male and female adolescents on their feeling of security/insecurity. The mean score show difference on youths’ security level in relation to their gender. As shown in above result table male obtained M=86.28 which indicating low level of insecurity and female obtained M= 109.06 which indicating high level of insecurity feeling among youth. On the basis of above finding it can be said that youths’ level of security/insecurity feeling influence with their gender.

Table 4.4

$F$ value for Gender on Feeling of Security/Insecurity
<table>
<thead>
<tr>
<th>F Ratio</th>
<th>Significance Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.89</td>
<td>.01</td>
</tr>
</tbody>
</table>

Above depicted table of F value (7.89) for gender on youths’ feeling of security/insecurity further supports the above conclusion, made on the basis of mean difference as the ANOVA for this mean difference of both group (male and female) was found significant at .01 level of confidence. On this basis it can be concluded that gender has an influencing factor to determine youths’ feeling of security/insecurity.

Insecurity is a feeling which arises due to reasons quite diverse. The feeling of insecurity in women is quite different. Women face many issues in their day to day life. Some could be financial while others remain professional and personal. Being subjected to a negative phase of any of these reasons increases the insecurity feeling. There is always a chance of exception in any of the factors even though the normal explanations are always accepted. Women are predominantly considered fragile compared to their opposite gender. Feeling of insecurity in women creeps in at the moment when they feel things are not going the way they wanted. They are not able to feel or convince themselves that they can change what is happening and usually prefers to go by its flow. Compromise is a factor that they always look upon which ends in the feeling of insecurity in women. The feeling of insecurity in women is not restricted to just a few personal matters. Just
like men, even the professional factors also keep them in tensed moments of insecurity.

However it is really hard to understand the main cause of this. Feeling insecure about husband or partners is just a tip of the iceberg. In relations, women need to be pampered and encouraged. They always seek attention and when it is not meted out they tend to feel negative. Women generally wishes to feel that their partner is occupied with them and thinking otherwise would always make them feel insecure. Insecurity feelings arising because of the financial stability cannot be ignored.

Witnessing a troubled financial lifestyle would make her rethink her options. If she finds her husband or partner struggling financially, it sends her red signals and suspicion about her protection in her later years and thus acts as a driving factor of feeling of insecurity in women. Physical harm doesn't count less here as factor as women living a lonely life always have an insecure feeling about the security. Realizing themselves as a weaker sex is one of the main reasons for this. Even in many countries it still remains a taboo for women to go out alone in the late evening or early morning time. The reasons are much predictable as its not encouraging for women to do this considering the safety factor and women seems to understand it quite well thus bringing the feeling of insecurity in women. A quick look in any of the news show us about different incidents involving attacks on women. Watching those horrifying moments happening around them it acts as a catalyst to this feeling. They tend to be reminded that they belong to the weaker sex. It is interesting to note that factors that are
not entirely or directly related could also act as a factor favouring the feeling of insecurity in women.

Aforementioned reasons for insecurity feeling in female well as finding of the present investigation does support the fact that female having higher feeling of insecurity as compared to male. On this basis null hypothesis regarding effect of gender on youth feeling of insecurity has been proven wrong thus it is rejected here.

iii. Feeling of Security/Insecurity and Inhabitance

Hypothesis (c)

“There would be no significant effect of inhabitance on youths’ level of insecurity.”

Table 4.5

Mean values for Inhabitance on Feeling of Security/Insecurity

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Feeling of Security/Insecurity</td>
<td>104.05</td>
<td>6.97</td>
</tr>
</tbody>
</table>

Figure 4.3
Above table shows the mean of urban and rural group of youth on their feeling of security/insecurity. As shown in above result table youth who belongs to urban area obtained $M=104.05$ which indicating high level of insecurity among them and youth who live in rural community obtained $M=99.03$ which indicating low level of insecurity feeling among them. On the basis of above finding it can be said that youths’ level of security/insecurity feeling influence with their surrounding environment.

*Table 4.6*
**F value for Inhabitance on Feeling of Security/Insecurity**

<table>
<thead>
<tr>
<th>F Ratio</th>
<th>Significance Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.07</td>
<td>.05</td>
</tr>
</tbody>
</table>

Above depicted table of F value (5.07) for inhabitance on youths’ feeling of security/insecurity further supports the above conclusion, made on the basis of mean difference as the ANOVA for this mean difference of both group (urban and rural) was found significant at .05 level of confidence. On this basis it can be concluded that inhabitance has an influencing factor to determine youths’ feeling of security/insecurity.

It is well known that feeling of insecurity, common in many urban populations. This perception crystallises all the fears of the population (insecurity with respect to employment, health, the future of children, domestic violence, and the risk of impoverishment etc.). It arises from an impression of abandonment, powerlessness and the incomprehension in the face of shocking crime and the multiplication of minor acts of delinquency or vandalism. Because of its emotional character this perception blows facts out of proportion, encourages rumour and can even causes social conflicts. The feeling of generalised fear can create a climate that may threaten the democratic foundation of a community or society.

At the urban level, perception of insecurity has resulted in the abandonment of certain neighbourhoods, the development of an
"architecture of fear", the stigmatisation of districts or communities, the withdrawal or the refusal to invest in some cities, and spontaneous forms of justice leading to lynching. More positively, however, it has also led to the development of forms of self-defence and new social practices. While all social classes are affected by insecurity, research shows that insecurity affects the poor more intensely because they do not have the means to defend themselves. Consequently, due to this vulnerability, urban violence erodes the social capital of the poor, and dismantles their organisations, thus preventing social mobility and particularly that of the youth (Franz Vanderschueren; 2000).

The present finding gets indirect support from the study of Monique Robin, Annie Matheau-Police and Caroline Couty (2007). They examined seven dimensions (feelings of insecurity, inconveniences associated with using public transport, environmental annoyances and concerns for global ecology, lack of control over time related to using cars, incivilities associated with the sharing of public spaces between different users, lack of efficiency resulting from the density of the population, and an insecure and run-down living environment) of perceived environmental annoyances in urban settings according to the sex, age, occupational category and geographical location of respondents.

Overall on the basis of present finding the null hypothesis regarding effect of inhabitance on youth feeling of insecurity has been rejected as urban and rural group of youth were found to be differ on their feeling of insecurity.

iv. Feeling of Security/Insecurity and interaction effect
In recent years, it has been widely witnessed that a surprising number of youth populations feel insecure. On this point, negative thought pattern in youth are only now being considered crucial factors in the health status of youth and important public and social issues. In this regard in order to advance the knowledge about youths’ feeling of insecurity so that it can be reduced not only various factor separately as well as their interaction with each other also be studied.

**Hypothesis (d)**

“Following Interaction effect of independent variable would be significant on youths’ feeling of insecurity.”

- Employment Status * gender
- Employment Status * Inhabitance
- Gender * Inhabitance
- Employment Status * Gender * Inhabitance
**F value for interaction effect between independent variable on Feeling of Security/Insecurity**

<table>
<thead>
<tr>
<th>Interaction of Independent Variable</th>
<th>F Value</th>
<th>Significance Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Status * gender</td>
<td>11.07</td>
<td>.01</td>
</tr>
<tr>
<td>Employment Status * Inhabitance</td>
<td>9.65</td>
<td>.01</td>
</tr>
<tr>
<td>Gender * Inhabitance</td>
<td>4.82</td>
<td>.05</td>
</tr>
<tr>
<td>Employment Status * Gender * Inhabitance</td>
<td>19.77</td>
<td>.01</td>
</tr>
</tbody>
</table>

A glance at above result table, where interaction effect of considered independent variable is shown, illustrates that interaction effect among considered independent variable namely employment status, gender and inhabitance were found significant on feeling of insecurity among youth population. This table revealed that F value for interaction of various independent variable considered in the present investigation namely employment status * Gender, employment status * inhabitance, Gender * Inhabitance, employment status* Gender * inhabitance have been found 11.07, 9.65, 4.82, and 19.77 respectively. These F values for interaction effect were found significant for all interaction effect. It can be concluded on the basis of the obtained F value that overall feeling of insecurity in youth influenced by not only from any particular variable where as all variable also work together to determine their feeling of insecurity.
The present result is in line with the study of Berth H, Forster P, Braehler E. (2003) in Germany. They have worked on “Unemployment, job insecurity and life satisfaction that is indicator of stress.” Based on research about the psychosocial aspects of experiencing unemployment, the present study analyses the effects of actual unemployment and the impact of being at risk of becoming unemployed and the influence of perceived job insecurity on life satisfaction. In the 17th wave of the Saxon Longitudinal Study (Sachsische Langschnittstudie) in 2003, 419 people (193 male, 226 female, mean age 30.05 years) were examined with a life satisfaction questionnaire. This questionnaire addresses eight areas of life satisfaction: friends, leisure time, health, income, job, housing, family, partnership. Result showed that two-thirds of the participants have had experiences with unemployment so far. People who had been unemployed several times were significantly more dissatisfied with their income, housing, profession and health. Still, considering people employed at the time of survey, the subjective job insecurity and the perceived risk of becoming unemployed had noticeably negative effects on life satisfaction. This could be also shown for areas which are not directly connected to occupation, such as friends and family life. The study emphasizes the known results regarding the connection between unemployment and (poor) life satisfaction. Evidence was provided that even the anticipated loss of the workplace causes a decrease in life satisfaction, affecting many areas of subjective evaluation.
Studies in the 1980s and 1990s also found psychological morbidity associated with unemployment in previously psychologically healthy young people, Feather NT, O'Brien GE. 1986. Self-esteem has been shown to be lower in unemployed and underemployed young people, compared with those in full-time employment, after controlling for known confounders such as job satisfaction, education levels and aptitude, sex, ethnicity, and geographic location. (Prause J, Dooley D. 1997.)

The result of the present investigation as well as aforementioned research studies support the considered hypothesis regarding interaction effect of following factors on feeling of security/insecurity and thereby it has been accepted here.

- \textit{Employment Status * gender}

- \textit{Employment Status * Inhabitance}

- \textit{Gender * Inhabitance}

- \textit{Employment Status * Gender * Inhabitance}

II. \textit{Mental Health}

Mental health is a term used to describe either a level of cognitive or emotional well-being or an absence of a disorder. From perspectives of the discipline of positive psychology or holism mental health may include an individual's ability to enjoy life and procure a balance between life activities and efforts to achieve resilience. Mental health is the capacity to express our emotions and adapt to a range of demands.
The World Health Organization defines mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". It was previously stated that there was no one "official" definition of mental health. Cultural differences, subjective assessments, and competing professional theories all affect how "mental health" is defined.

i. Mental health and Employment Status

Health is an indispensable quality in human being. Health is a broader concept including physical, social and mental health. Mental health has been reported as an important factor influencing individuals’ various behaviours, activities, happiness and performance. Mental health is associated with number of factors including biological, psychological social etc.

Unemployment and economic inactivity are associated with increased risks of developing mental health problems. Unemployment, particularly long term unemployment, is associated with other related factors such as social exclusion, poverty, poor housing conditions, low educational attainment, and risk taking behaviours (e.g. alcohol and drugs misuse). Although unemployment can be both a cause and a consequence of mental health problems. Economic or financial disadvantage increases stress, including everyday pressures to pay bill or to purchase food and clothing. It limits access to activities which enhance independence and wellbeing. There is evidence to suggest that people who are socially or economically disadvantaged may be
somewhat reluctant to report mental health complaints to health care workers. Mental Health and Economic Inactivity Those classified as economically inactive or unemployed, the long term sick and disabled, and/or people looking after a family or home (e.g. carers and others with dependants). Evidence suggests that many of these people experience can mental health difficulties. Depressive affect is probably the most frequently studied psychological variable among unemployed people (Murphy, Gregory C.; Athanasou, James A. 1999).

**Hypothesis (e)**

“**Unemployed youth would face more behaviour problem related to mental health than the employed youth**”.

**Table 4.8**

*Mean values for Employment Status on Mental health*

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Employed</th>
<th>Unemployed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Mental Health</td>
<td>19.05</td>
<td>21.02</td>
</tr>
</tbody>
</table>
The above result table 4.1 and figure 4 illustrates, the mean and SD of employed and unemployed youth on the measure of mental health. The mean value show that employed youth score (M=19.05) on mental health is lower than unemployed youth score (M=34.94). These mean values show the difference in the level of mental health in favour of employed youth as less the score on mental health measure indicate good mental health.
Table 4.9

F value for Employment Status on Mental-health

<table>
<thead>
<tr>
<th>F Ratio</th>
<th>Significance Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.03</td>
<td>.01</td>
</tr>
</tbody>
</table>

Above result Table Shows that obtained F value on mental health of employed and unemployed. As obtained F value (8.03) was found significant at .01 level of confidence it can be concluded that both employed and unemployed youth are not parallel on their level of mental health and their difference on mental health is significant.

In other words the result shows that the mean score on the Mental Health is significantly different for the unemployed and employed youth. The difference can be attributed on the fact that economic matters play a significant role in our lives, unemployment is a strainful situation and when youth finds trapped in such a situation he does not have matching coping strategies to deal with it effectively. He gets himself mentally strained. This mental strain is generally reflecting in symptoms like anxiety, tension and hopelessness. Employed youth on the other hand are better adjusted and their mental health is characterized by mental peace, harmony and contentment, which can be easily identified by the absence of disabling, mental and somatic symptoms in the person.
Further in reference of relation between unemployment and mental health it can be state that Since work is an essential part of participation in society, the loss of paid employment can have serious psychosocial, as well as economic, effects. Unemployment and poverty are urgent concerns of all Canadians. The presence of either or both may cause anxiety, depression and other emotional and family problems. Unemployed persons may lack the money to fulfil their own or their dependents' requirements for food, clothing and shelter; such circumstances are stressful. Few people emerge from this psychologically unscathed. (CMHA; 1995)

In support of present finding regarding Unemployment and young people's health Stephen L Morrell, Richard J Taylor and Charles B Kerr (1998), reviewed the evidence of an association between unemployment and psychological and physical ill-health in young people aged 15-24 years. Aggregate data show youth unemployment and youth suicide to be strongly associated. Youth unemployment is also associated with psychological symptoms, such as depression and loss of confidence. Effects on physical health have been less extensively studied; however, there is some evidence for an association with raised blood pressure. Finally, the prevalence of lifestyle risk factors (cannabis use and, less consistently, tobacco and alcohol consumption) is higher in unemployed compared with employed young people further DHSSPS (2004) reported that Unemployed people were more likely to have a potential psychological illness (30%) than those who were either economically inactive (25%) or employed (16%).
On the basis of present finding alternative hypothesis regarding difference between employed and unemployed youth in their level of mental health was proven true as unemployed youth were found to be significantly poor mental health as compare to employed youth.

ii. Mental health and Gender

Health is an indispensable quality in human being. Health is a broader concept including physical, social and mental health. Mental health has been reported as an important factor influencing individuals’ various behaviours, activities, happiness and performance. Mental health is associated with number of factors including biological, psychological social etc. Gender is a critical determinant of mental health and mental illness. Research on mental health has consistently found a gender gap in levels of psychological distress beginning in adolescence. Rates of psychiatric disorder (mental illness) are almost identical for men and women but striking gender differences are found in the patterns of mental illness.

Hypothesis (f)

“There would be no significant effect of gender on mental health.”

Table 4.10

Mean values for Gender on Mental health

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Mental Health</td>
<td>17.05</td>
<td>02.02</td>
</tr>
</tbody>
</table>
Figure 4.5

Bar Diagram Showing Mean Scores for Gender on Mental-Health

The above result table 4.8 and figure 4.4 illustrates, the mean and SD of male and female on the measure of mental health. The mean value show that male score (M=17.05) on mental health is higher than female score (M=28.94). These mean values show the difference between male and female in their level of mental health and revealed that male having good mental health as compare to female as higher the score on mental check list indicating poorer the mental health.
Table 4.11

F value for Gender on Mental-health

<table>
<thead>
<tr>
<th>F Ratio</th>
<th>Significance Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.07</td>
<td>.05</td>
</tr>
</tbody>
</table>

Above result Table Shows that obtained F value on mental health of male and female adolescent. As obtained F value (5.07) was found significant at .05 level of confidence it can be concluded that both male and female are not parallel on their level of mental health and the difference on mental health is significant.

The present finding consistent with the previous research regarding gender difference on mental health like National Longitudinal Study of Adolescent Health (1999) in which the gender disparity in mental health explain by examining how experiences within four domains – physical development, school, psychological resources, and interpersonal relationships – impact adolescents’ perceived self worth and depressive symptoms. Findings suggest that experiences in all of these realms have consequences for adolescents’ psychological well being, and differences in these experiences help to explain some of the gender difference in mental health. In another study of Martin P. Bakker, Johan Ormel, Frank C. Verhulst and Albertine J. Oldehinkel (2009) also found difference in male and female on their level of mental health.
In reference of gender difference on mental health Weisman and Klerman (1977) argue, women are more likely than men to be depressed. Yet Tarvis (1992) and Gilligan (1982) argue that it is not certain whether this is because women really are more depressed or because of a gender bias in the way depression is measured. It may well be that depression measures are only sensitive to the way in which women express depression. In this regard Australian Institute of Family Studies (2002) explain three important things about gender and the risk of mental disorders. First, there seem to be “female disorders” and “male disorders”. Women are more prone than men to mood and anxiety disorders while men are more prone to alcohol and drug disorders. Second, for each disorder the gender difference is statistically significant. Women are almost twice as likely as men to suffer mood and anxiety disorders while men are roughly twice as likely as women to suffer substance use disorders. Third, men and women are equally at risk of having a disorder. Although men and women have different types of disorders they are just as likely as each other to have at least one disorder – 16.6 per cent of men and 16 per cent of women had all the symptoms of at least one classified disorder.

Margaret Denton, Steven Prus and Vivienne Walters (2003) examine the extent to which these inequalities reflect the different social experiences and conditions of men's and women's lives. They address four specific questions. Are there gender differences in mental and physical health? What is the relative importance of the structural, behavioural and psychosocial determinants of health? Are the gender differences in health attributable to the differing structural (socio-economic, age, social support, family arrangement) context in which
women and men live, and to their differential exposure to lifestyle (smoking, drinking, exercise, diet) and psychosocial (critical life events, stress, psychological resources) factors? Are gender differences in health also attributable to gender differences in vulnerability to these structural, behavioural and psychosocial determinants of health? Multivariate analyses of Canadian National Population Health Survey data show gender differences in health (measured by self-rated health, functional health, chronic illness and distress). Social structural and psychosocial determinants of health are generally more important for women and behavioural determinants are generally more important for men. Gender differences in exposure to these forces contribute to inequalities in health between men and women; however, statistically significant inequalities remain after controlling for exposure. Gender-based health inequalities are further explained by differential vulnerabilities to social forces between men and women. Our findings suggest the value of models that include a wide range of health and health-determinant variables, and affirm the importance of looking more closely at gender differences in health.

Null hypothesis considered in the present investigation regarding difference between male and female in their level of mental health was not proven true as male and female students were found significantly differ on their criteria of mental health. Thus it was rejected in the present research.
### iii. Mental health and Inhabitance

The identification of mental health problems early in life can increase the well-being of children and youth. Several studies have reported that youth who experience mental health disorders are also at a greater risk of developing psychopathological conditions later in life, suggesting that the ability of researchers and clinicians to identify mental health problems early in life may help prevent adult psychopathology. (Stefania Maggi, Aleck Ostry, Kristy Callaghan, Ruth Hershler, Lisa Chen, Amedeo D'Angiulli and Clyde Hertzman; 2010)

Considerable theoretical debate has focused on the relationships between the development of mental health problems among youth and the role played by environmental stressors such as acute traumatic events, chronic strain and adversity, accumulation of stressful life events, and daily challenges (Chalk R, Phillips DA, 1997). The most notable factors known to have a profound impact on youth mental health include exposure to neighborhood violence (Kliwer W, 1997) parental chronic illness (Worsham NL, Compas BE, Sydney EY, 1997) and poverty and economic hardship (Garmezy N, 1983) as well as parental unemployment, which may add further stress in the form of increased parental alcohol intake, home violence, and child abuse (Chalk R, Phillips DA, 1996).

Much evidence shows that several of these stressors may vary according to where individuals live. That is, the economy and social environment of the communities where youth live may be associated with the degree to which parents are able to find jobs, rely on the
necessary networks of social support to cope with challenging times, and provide their children with opportunities for healthy development (Shonkoff JP, Philips DA: 2001). Since the extent to which these stressors are present may differ between rural versus urban communities, we explore whether exposure to urban or rural environments places youth and young adults at greater risk for poor mental health outcomes.

**Hypothesis (g)**

“There would be significant effect of inhabitance on youths’ mental health”.

**Table 4.12**

*Mean values for Inhabitance on Mental health*

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Mental Health</td>
<td>36.28</td>
<td>3.13</td>
</tr>
</tbody>
</table>
Above table illustrates the mean of youth belongs to urban and rural communities on their mental health. The means show difference on youths’ level of mental health as urban group obtained M=36.28 and rural group obtained M= 19.06. As far mean as difference is concerned it can be said that youth who belongs to urban community having poor mental health and rural belongs youth are found with good mental health as on considered mental health measure indicating higher the score poorer the mental health.
Table 4.13

F value for Inhabitance on Mental-health

<table>
<thead>
<tr>
<th>F Ratio</th>
<th>Significance Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.09</td>
<td>.01</td>
</tr>
</tbody>
</table>

Above depicted table of F-value for inhabitance on youths’ mental health further supports the above conclusion, made on the basis of mean difference as the ANOVA for this mean difference of both group (Rural & Urban) was found significant at .01 level of confidence. On this basis it can be concluded that youths’ living and surrounding environment (inhabitance) has an influencing factor to determine their mental health.

Research shows that youth and young adults often struggle with mental health problems such as depression, anxiety, and stress-related conditions. A recent World Health Report estimated that 10%-20% of youth worldwide experience one or more mental health disorders (Boyle MH, Offord DR, Hofmann HG, Catlin GP, Byles JA, Cadman DT, Crawford JW, Links PS, Rae-Grant NI, Szatmari P; 1987). Several studies have also reported that youth who experience mental health disorders are at greater risk of developing psychopathological conditions later in life e.g., (Ruiz BS, Stevens SJ, McKnight K, Godley SH, Shane P; 2005). These results suggest that in addition to increasing the well-being of children and youth, the
ability of researchers and clinicians to identify mental health problems early in life may help prevent adult psychopathology.

One of the issues that have stimulated much research on the impact of community-level influences on mental health is whether people living in urban environments are at greater or lesser risk than people living in rural environments. The question may have been motivated by the social construct of the rural idyll - a notion that has been consistently influential since the 1960s (Atav S, Spencer GA; 2002)- that is, the underlying discourse that rural areas promote a peaceful and harmonious lifestyle, whereas cities are generally associated with chaos, noise, stress, and challenging living conditions typical of large metropolitan areas (Galliher RV, Rostosky SS, Hughes HK; 2004). Accordingly, one common expectation is that exposure to peaceful rural environments should positively impact people's mental health.

Several studies have investigated whether or not the features of rural communities that tend to evoke images of tranquillity - such as beautiful landscapes, privacy from neighbours, and harmony with nature - actually minimize mental health disorders (Mullick MSI, Goodman R; 2004). Interestingly, older studies tend to report that urban youth are at higher risk for mental health problems, while more recent studies seem to suggest the opposite. For example, it has been reported that mental health disorders among adolescents from rural communities are increasing to the point of equalling or exceeding those of urban youth (Xue Y, Leventhal T, Brooks-Gunn J, Earls FJ; 2005), especially with respect to drug and alcohol use and abuse (Newby H; 1979). Similarly, Gordon and Caltabiano (2003) have
shown rural-urban differences with regard to self-esteem of adolescents (with rural youth scoring lower than their urban counterparts) and engagement with deviant leisure behaviours such as drug and alcohol use (with rural youth being more likely to engage in such behaviours than urban youth). Despite some results indicating differences in the mental health of youth from rural and urban communities, many other studies have not detected significant differences (McGee R, Stanton W, Feehan M; 1991).

The contradictory results may be partly attributable to the fact that what constitutes "rurality" versus "urbanity" is rarely explicit in studies (Gordon WR, Caltabiano ML; 1996). In addition, most studies are cross-sectional, focus on a limited number of mental health conditions, or rely on self-report measures. These problems reflect the practical difficulty of considering communities as complex entities and, also, of dealing with the dynamic time component involved in the development of mental health outcomes.

Far from this debate regarding community effect on mental health the present finding revealed that youth having rural surroundings having good mental health as compare to those who are belongs to urban community. Aforementioned research studies as well as finding of the present investigation support the alternative hypothesis regarding effect of inhabittance on youths’ mental health. Thus the hypothesis has been proven true in this investigation and therefore it is accepted here.
iv. **Mental health and interaction effect**

In recent years, it has been widely witnessed that a surprising number of adolescents suffer emotional and mental health problems, and such turmoil is very often carried over into adolescents and youth. On this point, mental health problems are only now being considered crucial factors in the health status of adolescents and youth and important public and social issues. It is also true that studies concerning the link between youths’ mental health problems and their influencing factors are limited but it is true that all factors are independently as well as interacting with each other to influence ones’ mental health.

**Hypothesis (h)**

“**Following Interaction effect of independent variable would not be significant on youths’ mental health.**

- **Employment Status * gender**
- **Employment Status * Inhabitance**
- **Gender * Inhabitance**
- **Employment Status * Gender * Inhabitance.”**
Table 4.14

_F value for interaction effect between independent variable on mental health_

<table>
<thead>
<tr>
<th>Interaction of Independent Variable</th>
<th>F Value</th>
<th>Significance Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Status * gender</td>
<td>5.89</td>
<td>.05</td>
</tr>
<tr>
<td>Employment Status * Inhabitance</td>
<td>6.05</td>
<td>.05</td>
</tr>
<tr>
<td>Gender * Inhabitance</td>
<td>5.76</td>
<td>.05</td>
</tr>
<tr>
<td>Employment Status * Gender * Inhabitance</td>
<td>9.04</td>
<td>.01</td>
</tr>
</tbody>
</table>

A glance at above result table, where interaction effect of considered independent variable is shown, illustrates that interaction effect among considered independent variable namely employment status, gender and inhabitance were found significant on youths’ mental health. This table revealed that F value for interaction of various independent variable considered in the present investigation namely employment status * Gender, employment status * inhabitance, Gender * Inhabitance, employment status* Gender * inhabitance have been found 5.89, 6.05, 5.76, and 9.04 respectively. These F values for interaction effect were found significant for all interaction effect. It can be concluded on the basis of the obtained F value that mental health of youth influenced by not only from any particular variable where as all variable also work together to determine their mental health.
The result conform the fact that there are complex interactions between the determinants of health, behaviours and mental health at all stages of life. A body of evidence indicates that the social and biological factors associated with mental health are also associated with alcohol and drug use, crime and dropout from school. An absence of the determinants of health and the presence of noxious factors also appears to have a major role in other risk behaviours, such as unsafe sexual behaviour, road trauma and physical inactivity. For example, a lack of meaningful employment may be associated with depression and alcohol and drug use. This may in turn result in road trauma, the consequences of which are physical disability and loss of employment (Walker, Moodie & Herrman, 2004).

The present finding gets direct or indirect support from the following empirical studies;

Anu Molarius, Kenneth Berglund, Charli Eriksson, Hans G Eriksson, Margareta Lindén, Eva Nordstrom, Carina Persson, Lotta Sahlqvist, Bengt Starrinand Berit Ydreborg (2009) studied the prevalence of self-reported mental health symptoms among men and women in different age groups in the general population and to disentangle the associations between socio-economic conditions, lifestyle factors and mental health symptoms. As a starting point, we used a model of mental health indicators which has been established in a working group in the European Union (Korkeila J, Lehtinen V, Bijl R, Dalgard AS, Kovess V, Morgan A, Salize HJ;2003), and which includes e.g. social relations, economic factors, working conditions and critical life events. We extended the model by including domestic work and lifestyle factors in the study. Results support the notion that
a ground for good mental health includes balance in social relations, in domestic work and in employment as well as in personal economy both among men and women. In addition, physical inactivity, underweight and risk consumption of alcohol are associated with mental health symptoms independent of socio-economic factors.

Young-Ho Kim (2002) in which he has investigated mental health problems of adolescents, to reveal factors affecting their negative mental health and to explore a possible relationship between mental health problems and psychological variables. Results indicated that adolescents showed high prevalence in interpersonal sensitivity, depression, anxiety and hostility. In addition, the findings revealed that there were significant differences in adolescents’ mental health problems between gender and age. Furthermore, results revealed that the adolescents’ mental health problems were statistically correlated with psychological variables.

In other study of Martin P. Bakker, Johan Ormel, Frank C. Verhulst and Albertine J. Oldehinkel (2009) in which they tested two hypotheses about gender-specific mental health during early adolescence: (1) boys and girls are sensitive to different types of stressors, and (2) stress is associated with different mental health problems in boys and girls. They concluded that stress is unlikely to be associated with different mental health problems in boys and girls. Instead, boys and girls are more likely to be susceptible to different types of peer stressors.
Pamela K. Schraedley, Ian H. Gotlib and Chris Hayward (1999) also study to determine: (a) what demographic and psychosocial factors are associated with elevated levels of depressive symptoms in adolescence; (b) whether girls and boys show different profiles of correlates and probable risk factors for depressive symptoms. Results revealed that depressive symptoms were differing by gender, age, socioeconomic status, and ethnicity. In addition, life stress, social support, and coping were associated with depressive symptoms. Importantly, stress and social support appear to be particularly salient aspects of depression among girls. Finally, high levels of depressive symptoms were associated with increased use of both mental and physical health care resources among boys and girls. They further concluded that the correlates of depression in this adolescent sample closely resemble those seen in adult samples, including demographic and psychosocial variables. Some psychosocial variables, such as stress and social support, may have a greater impact on depressive symptoms for girls than for boys.

The result of the present investigation as well as aforementioned conclusion does not support the considered null hypothesis regarding interaction effect of following variables on youths’ mental health so it has been rejected here;

- Employment Status * gender
- Employment Status * Inhabitance
- Gender * Inhabitance
- Employment Status * Gender * Inhabitance.
III. Depression

Adolescent depression is an important public health problem that affects up to 20% of adolescents. Depression may take a number of forms, all of which can have varied effects on personal satisfaction, family and peer relations, and school achievement. The presence of depression is correlated with teenage substance use, risky sexual activity, and dangerous behaviours. Accidents and suicide, especially, are major sources of morbidity and mortality in the teenage years.

Emotional, behavioural, cognitive, and social characteristics of adolescents who suffer from depression have been found in empirical studies of adolescents with depression when compared to other adolescents or generated from assumptions about functioning found in depressed adults. Among a number of documented differences between youth with and without depressive qualities, adolescents with depression are less effective than others in emotion regulation. They have trouble managing tension and anxiety; have weak problem-solving skills; engage in fewer enjoyable activities and limit their social contacts; and have thinking patterns that are generally negative in viewing themselves, their surroundings, and their future prospects. They engage in rumination and do not seek out the counsel of others to challenge their thinking patterns. In interpersonal relationships, adolescents that are depressed are considered to be poor at resolving conflicts or obtaining full satisfaction in relationships. This leads to them being distressed, unsupported, and unhappy about their social circumstances. Poor social relations or problems in an important social relation are assumed to contribute to the emergence of depression, but are also believed to persist during the course of the illness. The
treatments that are evidence based may emphasize one of these characteristics, but usually these treatments incorporate interventions that address several characteristics.

i. Depression and Employment status

Hypothesis (i)

“Unemployed youth would be higher on their level of depression as compare to employed youth.”

Table 4.15

Mean values for employment Status on Depression

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Employed</th>
<th>Unemployed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
</tr>
<tr>
<td>Depression</td>
<td>13.87</td>
<td>3.2</td>
</tr>
</tbody>
</table>
Above table illustrates the mean of employed and unemployed youth on their level of depression. The means show difference on youths’ level of depression as unemployed group of youth were found to be higher on their level of depression as compare to employed youth. mean difference revealed that employment gives financial security to youth for their basic and other needs when they are not in earning position they feel insecure and get depressed.
Above depicted table of F value (9.63) for employment status on youths’ depression further supports the above conclusion, made on the basis of mean difference as the ANOVA for this mean difference of both group (employed and unemployed) was found significant at .01 level of confidence. On this basis it can be concluded that youths’ employment status or financial security has an influencing factor to determine their level of depression.

Present findings of this research was found to be parallel with the study of Roudquist and Sletto (1936), they found higher degree of depression in unemployed persons than the employed ones. Later studies also confirmed this finding conducted in different countries (Radloff, 1975; Frese, 1979)

In study of Frees M, Mohr G. (1977) in which prolonged unemployment and depression in older workers also shown that prolonged unemployment leads to depression, reduce hope, and financial problems, although none of these factors leads to prolonged unemployment. Being employed leads to a reduction of depression and financial problems. Problems associated with the daily hassles of unemployment, such as financial problems and disappointed hope play a role in the development of depression with prolonged unemployment.
Eysenck and Esyenk (1964) on a study of mental health life events and social support found that 69 percent of the variance accounted only to the cause of health, which indicates that the life events base on mental health of the individual or vice versa. The early studies of unemployed persons located worries, nervousness, disappointments and depression (Rundquist and Sletto, 1986), psychological distress (Israeli, 1995) and mental illness (Eisenberg and Lazarfeld, 2003). The later works also exchanged it by well being (Jahoda, 2004 Maslow, 1995) and affective states (Bradburn and Capority, 1994).

Idle youth is a costly group, the report says, noting that an inability to find employment creates a sense of vulnerability, uselessness and redundancy and in turn depression. There are costs, therefore, to youth themselves, but also to economies and societies as a whole, both in terms of a lack of savings, loss of aggregate demand and less spending for investment as well as social costs for remedial services such as preventing crime and drug use. (The Hindu 2006).

Aforementioned studies as well as finding of the present research support the alternative hypothesis regarding effect of employment status on youths’ level of depression thus it has been accepted here.

ii. Depression and Gender

Hypothesis (j)

“There would be no significant effect of gender on youths’ level of depression.”
Table 4.17

Mean values for Gender on Depression

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Depression</td>
<td>13.44</td>
<td>2.09</td>
</tr>
</tbody>
</table>

Figure 4.8

Bar Diagram Showing Mean Scores for Gender on Depression
Above table illustrates the mean of male and female youth on their mental health. The means show very slight difference on youths’ level of depression in relation to their gender as male obtained M=13.44 and female obtained M= 12.05.

Table 4.18

**F value for Gender on Depression**

<table>
<thead>
<tr>
<th>F Ratio</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.09</td>
<td>NS</td>
</tr>
</tbody>
</table>

Above depicted table of F-value (3.09) for gender on youths’ level of depression further supports the above conclusion, made on the basis of mean difference as the ANOVA for this mean difference of both group (male and female) was not found significant. On this basis it can be concluded that youths’ level of depression does not fluctuate with their gender criteria.

A present finding of this research was not found to be parallel with the following empirical studies regarding gender effect on depression of youth;

Renee D. Goodwin, Ph. D, MPH (2006). They have examined the association, among youths, between coping behaviour when angry and depression. Data were drawn from the Health Behaviour in School-Aged Children in the United States survey (n=9938). Factor analyses and multivariate logistic regression analyses were used to
determine the association between self-reported coping behaviour when angry and depression. Gender-specific models were run. Results revealed that factor analysis of 11 coping behaviours indicated a 4-factor solution: substance use, physical activity, emotional coping behaviour, and aggressive behaviour. Substance use, emotional coping, and aggressive behaviour coping were associated with increased likelihood of depression, whereas physical activity was associated with decreased likelihood of depression. Male youths were more likely to engage in physical activity and were less likely to feel depressed.

In this regard two studies tested for gender differences in rates of depression among undergraduates using three conceptualizations of depression (mood, syndrome, disorder). The first sample consisted of 325 non-referred undergraduate students, who completed pencil-and-paper measures of depressed mood, depressive syndrome and a depressive disorder analogue. The second sample consisted of 894 undergraduate students seeking counselling services, who participated in clinical intake interviews assessing depressed mood and depressive disorder. Results of analyses provide no evidence of gender differences in rates of depressed mood in either samples or of depressive syndrome in the non-referred sample. However, in both samples, gender differences in rates of depressive disorder were found, with male students more likely than female students to be depressed. (Kathryn Grant, Patricia Marsh, Gina Syniar, Megan Williams, Elisa Addlesperger, Mi Hyon Kinzler And Shaun Cowman (2002).

Although the gender gap in depression among adults is well established, the age at which this phenomenon appears during adolescence is less clear. To address this, Terrance, J.Wade John
Cairney and David J. Pevalin (2001) presented a cross-national examination of the emergence of the gender gap in depression during adolescence using national longitudinal panel data from Canada, Great Britain, and the United States. The two-wave, 1994–1996 Canadian National Population Health Survey uses a diagnostic measure across a 24-month interval, providing 12-month prevalence rates of major depressive disorder. The British Youth Panel measures depressive symptomatology across five annual waves beginning in 1995. The two-wave, 1995–1996 National Longitudinal Study of Adolescent Health uses a measure of depressive symptomatology across a 12-month interval. Results revealed that Females have significantly higher rates of depression for each sample overall. When samples are decomposed by age, the gender gap in depression consistently emerges by age 14 across all three national samples, irrespective of the measure used or whether categorical cut-offs or untransformed scale scores are used to assess depressive symptomatology. Overall they Concluded that there is a consistent pattern in the onset of the gender gap in depression at age 14 across all three countries and measures. This consistency provides important etiologic clues concerning underlying causes of depression and identifies at what age diagnosis, treatment, and intervention strategies should be directed.

Though there are number of findings in which some are aforementioned which were not in line with the present result but as far as present finding is concerned gender was not found as a influencing factor for youths’ level of depression thus the considered null hypothesis has been accepted in this investigation.
iii. Depression and Inhabitance

Hypothesis (k)

“Youths who belong to rural and urban community would not be significantly differ on their level of depression.”

Table 4.19

Mean values for Inhabitance on Depression

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Depression</td>
<td>16.57</td>
<td>3.02</td>
</tr>
</tbody>
</table>

Figure 4.9

Bar Diagram Showing Mean Scores for Inhabitance on Depression
Above table illustrates the mean of rural and urban belonging youth on their level of depression. The means show difference on youths’ level of depression as youth who belongs to urban area obtained M=16.57 and who belongs rural area obtained M= 12.89. As far as this mean difference is concerned it can be said that youth living in urban community are more depressed as compare to youth who living in rural community.

**Table 4.20**

**F value for Inhabitance on Depression**

<table>
<thead>
<tr>
<th>F Ratio</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.49</td>
<td>.05</td>
</tr>
</tbody>
</table>

Above depicted table of F-value for inhabitance on youths’ level of depression further supports the above conclusion, made on the basis of mean difference as the ANOVA for this mean difference of both group (Rural & Urban) was found significant at .05 level of confidence. On this basis it can be concluded that youths’ living and surrounding environment (inhabitance) has an influencing factor to determine their level of depression.

A present finding of this research was found to be parallel with the study of Stefania Maggi, Aleck Ostry, Kristy Callaghan, Ruth Hershler, Lisa Chen, Amedeo D'Angiulli and Clyde Hertzman (2010). They examined depression level among adolescents (15 to 19 years old), young adults (20 to 30 years old), and adults (30 years old
and older) who grew up in rural or urban communities or migrated between types of community (N = 8,502). They conducted a nested case-control study of the impact of rural compared to urban residence on diagnosis of mental health. Conditional logistic regression models were run with the following International Classification of Diseases, 9th Revision (ICD-9) mental health diagnoses as the outcomes: neurotic disorders, personality disorder, acute reaction to stress, adjustment reaction, depression, alcohol dependence, and nondependent drug abuse. Analyses were conducted controlling for paternal mental health and socio-demographic characteristics. Results revealed that adolescents and young adults who were born in and grew up in the same rural community were at lower risk of being diagnosed with acute reaction to stress (OR = 0.740) and depression (OR = 0.881) compared to their matched controls who were not born in and did not grow up in the same rural community.

Stefania Maggi, Aleck Ostry, Kristy Callaghan, Ruth Hershler, Lisa Chen, Amedeo D'Angiulli and Clyde Hertzman (2010) provides some compelling evidence of the protective role of rural environments in the development of some mental health conditions (i.e., depression, adjustment reaction, and acute reaction to stress) but not others (e.g., nondependent drug abuse).

The present findings show that growing up in a rural environment which may protect against some mental health conditions, namely, acute reaction to stress, adjustment reaction, and depression. More specifically, youth and adults who grew up in the same rural community were at lower risk of being diagnosed with depression and adjustment reaction than individuals who did not grow up in the same
rural community in which they were born, and children migrating between rural communities were at lower risk of being diagnosed with acute reaction to stress than participants who did not migrate between rural communities.

The present finding regarding inhabitance effect on depression does not support the considered null hypothesis of this study so it has been rejected here.

iv. **Depression and Interaction effect**

**Hypothesis (I)**

“Following Interaction effect of independent variable would not be significant on youths’ level of depression.

- Employment Status * gender
- Employment Status * Inhabitance
- Gender * Inhabitance
- Employment Status * Gender * Inhabitance”
Table 4.21

F value for interaction effect between independent variable on Depression

<table>
<thead>
<tr>
<th>Interaction of Independent Variable</th>
<th>F Value</th>
<th>Significance Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Status * gender</td>
<td>7.05</td>
<td>.01</td>
</tr>
<tr>
<td>Employment Status * Inhabitance</td>
<td>5.00</td>
<td>.05</td>
</tr>
<tr>
<td>Gender * Inhabitance</td>
<td>4.98</td>
<td>.05</td>
</tr>
<tr>
<td>Employment Status * Gender * Inhabitance</td>
<td>6.98</td>
<td>.01</td>
</tr>
</tbody>
</table>

A glance at above result table, where interaction effect of considered independent variable is shown, illustrates that interaction effect among considered independent variable namely employment status, gender and inhabitance were found significant on youths’ level of depression. This table revealed that F value for interaction of various independent variable considered in the present investigation namely employment status * Gender, employment status * inhabitance, Gender * Inhabitance, employment status* Gender * inhabitance have been found 7.05, 5.00, 4.98 and 6.98 respectively. These F values for interaction effect were found significant for all interaction effect. It can be concluded on the basis of the obtained F value that depression among youth influenced by not only from any particular variable where as all variable also work together to determine their level of depression.
The result conform the fact that there are complex interactions between the factors in order to determine youth level of depression. It was found that those in employment stress in the workplace can lead to psychological problems such as depression and anxiety. Mental health or distress is a major cause of sick-absence from work, reduced productivity and staff turnover. Under-employment can lead to boredom, apathy, loss of energy and motivation. Whilst excessive work-related stress can lead to fatigue, impaired judgement and serious physical and mental health problems (Mental Health Foundation, 20003).

The present finding also gets direct or indirect support from the following studies;

**Young-Ho Kim (2002)** in which he has investigated mental health problems of adolescents, to reveal factors affecting their negative mental health and to explore a possible relationship between mental health problems and psychological variables. Results indicated that adolescents showed high prevalence in interpersonal sensitivity, depression, anxiety and hostility. In addition, the findings revealed that there were significant differences in adolescents’ mental health problems between gender and age. Furthermore, results revealed that the adolescents’ mental health problems were statistically correlated with psychological variables.

**Pamela K. Schraedley, Ian H. Gotlib and Chris Hayward (1999)** also study to determine: (a) what demographic and psychosocial factors are associated with elevated levels of depressive symptoms in adolescence; (b) whether girls and boys show different profiles of
correlates and probable risk factors for depressive symptoms. Results revealed that depressive symptoms were differing by gender, age, socioeconomic status, and ethnicity. In addition, life stress, social support, and coping were associated with depressive symptoms. Importantly, stress and social support appear to be particularly salient aspects of depression among girls. Finally, high levels of depressive symptoms were associated with increased use of both mental and physical health care resources among boys and girls. They further concluded that the correlates of depression in this adolescent sample closely resemble those seen in adult samples, including demographic and psychosocial variables. Some psychosocial variables, such as stress and social support, may have a greater impact on depressive symptoms for girls than for boys.

The result of the present investigation as well as aforementioned research studies does not support the null hypothesis regarding interaction effect for following variables on youth level of depression and thus it has been rejected here:

- Employment Status * gender
- Employment Status * Inhabitance
- Gender * Inhabitance
- Employment Status * Gender * Inhabitance”
Part B

To study the relation of youths’ feeling of insecurity with mental health and depression of youth, correlation among both variables were worked out for the pooled sample. Coefficients of correlation were calculated by the method of Pearson’s Product Moment. Obtained correlation coefficients have been presented in following table and its significant has been discussed.

I. Feeling of Security/Insecurity and mental health

Hypothesis (m)

“Feeling of insecurity would be reversibly related with good mental health.”

Table 4.22

<table>
<thead>
<tr>
<th>Correlation Coefficient</th>
<th>Level of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>-0.76</td>
<td>.01</td>
</tr>
</tbody>
</table>

Above result table show the correlation between feeling of insecurity and mental health which was found to be -0.76. As this correlation value was found significantly negative it can be revealed
that youth who is having higher feeling of insecurity also having poor mental health.

On the basis of result it can be concluded that Insecurity potentially has a impact on people’s lives and well-being or mental health; this is the reality of everyday life for many millions of people. The nexus of security, insecurity and health (mental & physical) is as complex as it is important. People’s security has been described as “a basic value because it is an essential requirement, or condition, of a successful and fulfilling existence: it liberates people (both physically and mentally). It is also peace of mind: liberation from the anxiety and apprehension associated with fear of those who are in a position to harm us.” Whereas feeling of insecurity: “Means emotional instability, feeling of rejection, inferiority, anxiety, isolation, jealousy, hostility, irritability, inconsistency, and tendency to accept the worst general pessimism or unhappy”.

Further the definition of health encompasses a state of complete physical, mental and social well-being, it is both logical and intuitive that people’s security, whether viewed collectively or at an individual level, is necessary but not sufficient for their health.3 this observation is not new. In 1651, Thomas Hobbes wrote that without security, “…there is no place for industry... no arts; no letters; no society; and which is worst of all, continual fear, and danger of violent death; and the life of man, solitary, poor, nasty, brutish and short.”

The result of the present investigation was found consistent with the study of Antonio Chirumbolo and Alessandra Areni (2010). They investigated the moderating effect of the need for closure
in the relationship between job insecurity, job performance and mental health. The need for closure refers to a motivated need for certainty, intolerance of ambiguity and preference for predictability. It was argued that the need for closure may function as a psychological moderator in dealing with job insecurity. Participants comprised 287 workers, who were administered a self-reported questionnaire. Results confirmed the negative relationship between job insecurity, performance and mental health. The need for closure was positively related to job performance and unrelated to mental health. More interestingly, the need for closure exhibited multifaceted patterns of interactions with the different components of job insecurity. Higher need for closure revealed a buffering effect in conditions of higher quantitative job insecurity. In this case, individuals high (vs. low) in the need for closure reported better job performance and mental health. Conversely, when qualitative job insecurity was higher, individuals high (vs. low) in the need for closure reported an impaired job performance and mental health.

The present finding get indirect support from the empirical study of Berth H, Forster P, Brahler E. (2001) Medizinische Psychology. Their study was concerned to the effect of unemployment and job insecurity in a large sample of young adults in relation to their health. They used standardized psychological questionnaires to assess the state of health (SCL-9, HADS, GBB, SWE). Results showed that 120 (29%) persons were repeatedly unemployed, 143 (34%) once, and only 157 (37%) had never been unemployed. The period of unemployment lasted 1 to 76 months. According to the experience with unemployment they found differences in subgroups: persons having more experience
with unemployment report on higher global distress, more anxiety and depression, feel less efficacious and are in a subjectively poorer state of health. Nearly one-third of the participants think they have an insecure job. Persons who perceive an insecure job feel significantly greater anxiety, depression, body complaints, mental distress and feel less efficacious. Thus this study concludes that unemployment is a big social problem for young and well-qualified persons. The experience of unemployment decreases the identification with the current social system and has a strong negative influence on the state of health. Specific offers of medical and psychosocial support are required. Even the feeling of job insecurity has explicitly negative effects on health. Further longitudinal research is necessary.

In another study of Elizabeth, et. al., (2003) in which they compared the prevalence of anxiety and affective disorders among employed and unemployed patients and compared the type of treatment received between the two groups for these disorders. A secondary analysis of Survey of mental Health and Well being of Adults cross-sectional study was undertaken. Unemployed adults were more likely to have symptoms of anxiety Unemployed participants with symptoms were less likely to have seen a general practitioner for treatment but when they did they received similar care to employed participants.

Further it was studied By Jennifer Warner and Brunilda Nazario, M (2003) that working under difficult job conditions can take its toll on workers' mental and physical health. Jennifer Warner studied the impact of the fear of job loss on health and the findings suggest that job insecurity can have potent health effects, both alone and in combination with other types of job stress. "The results of this study
raise concerns about the adverse health effects in people who might be experiencing both high job strain and high job insecurity," in this regard Rennie M. D'Souza of the National Centre for Epidemiology and Population Health at The Australian National University, and colleagues write. "As the labour market becomes more globalized and competitive, employees are more likely to encounter these two work conditions simultaneously. "When Jennifer Warner and Brunilda Nazario looked at how these types of job stress (job loss and insecurity) related to workers' mental and physical health, they found job strain and insecure employment had a major impact. They found passive and high-strain jobs were linked to depression, anxiety, and lower self-reported health. Even after adjusting for other factors such as gender, marital status, education, employment status, and major life events, the negative association between job strain and mental health remained significant. Overall they revealed that Job insecurity was strongly associated with all four mental and physical health measures, regardless of the other risk factors. The effect was most pronounced on depression and self-reported health. For example, workers with high job insecurity were four times as likely to suffer from depression.

On the basis of present finding regarding insecurity feeling and mental health relation it can be concluded that "Insecurity are associated with physical and mental health of youths”. So the hypothesis regarding correlation between feeling of security/insecurity and mental health of youth has been proven true as the result revealed.
II. Feeling of Security/Insecurity and Depression

Hypothesis (n)

“Feeling of insecurity and depression would be significant positive related among youth.”

Table 4.23

Correlation Coefficient between Feeling of Insecurity and Depression

<table>
<thead>
<tr>
<th>Correlation Coefficient</th>
<th>Level of Significance</th>
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<td>+ 0.68</td>
<td>.01</td>
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Above result table show the correlation between feeling of security/insecurity and mental health which was found to be +.68. As this correlation value was found significantly positive it can be revealed that youth who is having higher feeling of insecurity also having higher level of depression.

On the basis of result it can be concluded that Youth’s depression is an important public health problem that affects up to 20% of youth population. Depression correlated with feeling of insecurity in a way that depressed person perceived his or her environment, the way he or she assesses favourable or adverse conditions of their daily life. The greater the level of depression the greater the likelihood of distorted perception that heighten additional specific fear, which