



ANXIETY AND PSYCHOLOGICAL STRESS IN ADOLESCENT COMMUNITIES A COMPARATIVE ANALYSIS OF GEOGRAPHIC LOCATION AND GENDER

Jaibir Singh

Research Scholar

Guru Kashi University, Bathinda

Dr. Rajwinder Kaur

Assistant Professor

Faculty of Physical Education

Guru Kashi University, Bathinda

DECLARATION: I AS AN AUTHOR OF THIS PAPER /ARTICLE, HERE BY DECLARE THAT THE PAPER SUBMITTED BY ME FOR PUBLICATION IN THE JOURNAL IS COMPLETELY MY OWN GENUINE PAPER. IF ANY ISSUE REGARDING COPYRIGHT/PATENT/OTHER REAL AUTHOR ARISES, THE PUBLISHER WILL NOT BE LEGALLY RESPONSIBLE. IF ANY OF SUCH MATTERS OCCUR PUBLISHER MAY REMOVE MY CONTENT FROM THE JOURNAL WEBSITE. FOR THE REASON OF CONTENT AMENDMENT /OR ANY TECHNICAL ISSUE WITH NO VISIBILITY ON WEBSITE /UPDATES, I HAVE RESUBMITTED THIS PAPER FOR THE PUBLICATION.FOR ANY PUBLICATION MATTERS OR ANY INFORMATION INTENTIONALLY HIDDEN BY ME OR OTHERWISE, I SHALL BE LEGALLY RESPONSIBLE. (COMPLETE DECLARATION OF THE AUTHOR AT THE LAST PAGE OF THIS PAPER/ARTICLE

ABSTRACT

Adolescence is a critical developmental stage with increased sensitivity to psychological tension and worry, conditioned by demographic and environmental factors. The objective of the present study was to explore how geographic locality (urban, semi-urban, rural) and gender affect the prevalence and severity of anxiety and subjective stress in adolescents aged 13-18 years. Utilizing a quantitative cross-sectional survey approach, information was gathered from a stratified sample of 680 adolescents via standardized tools—the Generalized Anxiety Disorder Scale (GAD-7) and the Perceived Stress Scale (PSS). Findings indicated that adolescents living in urban areas registered significantly greater levels of anxiety and stress than adolescents living in semi-urban and rural areas. In addition, female adolescents had higher mean scores on anxiety and stress scales compared to males. These findings highlight the important influence of geographic and gender-specific factors in determining adolescent mental health outcomes. The research emphasizes the critical need for context-specific and gender-sensitive mental health interventions, especially in urban areas and among female youth. The results add to the wider knowledge base of adolescent mental health dynamics and provide actionable findings for educators, policymakers, and healthcare providers interested in creating focused initiatives for psychological well-being.

Keywords- Adolescent Mental Health, Anxiety, Psychological Stress, Geographic Location, Urban Adolescents, Gender Differences



1. INTRODUCTION

When we are adolescents, our bodies, feelings, and minds go through many major changes in a single period. Because young people deal with shaping their identity, facing academic pressures, dealing with friends, and feeling unsure about what to do next, they are prone to stress and anxiety during this stage. These mental health issues may be affected by many different qualities like gender and location. To design policies and programs that benefit youth psychological well-being, we must first understand how many variables are connected and lead to mental health changes within adolescents.

1.1. Background of the Study

Over the past few years, there has been more talk about mental health problems happening among teenagers all over the world. Psychological distress and anxiety are becoming more common problems because things like school, social media, hanging out with friends, and family life can all cause stress. But these things don't happen on their own. Geographic place, whether it's a city, a small town, or the countryside, matters a lot when it comes to how easily a young person can get resources, how often they experience stress, and what kinds of ways they have to deal with all of it. Urban youth often have to deal with a lot of pressure to do well in school and might feel left out in everyday life, while rural young people sometimes find it hard to get mental health help and can feel judged by others.

1.2. Objectives of the Study

The study aims to compare anxiety and psychological stress in adolescents, paying special attention to how things differ due to both place of residence and gender. The specific objectives are:

1. To assess the prevalence and levels of anxiety and psychological stress in adolescents from urban, semi-urban, and rural areas.
2. To examine gender-based differences in the experience and expression of anxiety and psychological stress.
3. To explore the interaction between geographic location and gender in influencing adolescent mental health.



4. To provide recommendations for location- and gender-sensitive mental health interventions and policy-making.

2. LITERATURE REVIEW

Prabha et al. (2017) Carried out research to compare the number of teenagers in each setting who are affected by depression and anxiety. The findings show that living in an urban area increased the chances of depression and anxiety among teenagers. According to the study, teens in cities were dealing with more academic stress, painful loneliness, and daily lifestyle worries, which led to the rise in anxiety. The findings of this study were supported by the study, indicating that where an adolescent lived did have an impact on their mental well-being.

Maurya and Ojha (2017) studied how where an individual lives and their gender affect their psychological health in adolescence. It was found by their research that urban and female adolescents had less emotional wellness than males who lived in rural areas. Studies have suggested that differences between the genders come from sociocultural needs, the role men and women play, and the impact of the environment. It was found in both studies that females and urban adolescents tend to experience more anxiety and stress.

Osayomi and Adegboye (2017) explained how psychological distress related to gender can change depending on a person's location and surrounding environment. They found that women tended to experience more psychological distress in different places mainly due to the social roles they were thought to have, the customs in these societies, and various ways people use to cope with stress. This research explained the reasons behind the gender-based results observed in the present study and highlighted the need to add geographical and gender analysis in mental health research.

Anjum et al. (2022) The study looked into the level of anxiety in adolescents living in Dhaka city, semi-urban, and rural areas of Bangladesh. In their study, urban adolescents were found to have the highest rates of anxiety, with those in semi-urban and rural areas coming next. The reasons included academic pressure, the loss of play areas, and demands placed on students by their parents. Exactly as found in this study, the results confirm that



psychological stress varies across places and highlights common urban-related psychological issues for South Asian adolescents.

3. METHODOLOGY

Good knowledge of the mental health issues teens face helps design suitable public health actions. As anxiety and stress levels are rising among this age group, the present study focused on understanding the impact of area type (urban, semi-urban, rural) and gender on them. Data were collected in a planned and checked manner so that the findings held true and were not biased.

3.1. Research Design

This research used a quantitative cross-sectional survey design to investigate differences in mental health outcomes among young people. This design enabled the gathering of quantifiable data from a large sample at one point in time to enable comparison between different subgroups.

3.2. Sample Size

The sample comprised 680 adolescents aged 13 to 18 years, selected using a stratified random sampling technique to ensure balanced representation across geographic locations and genders. The distribution of participants is presented in Table 1: Urban: 250 participants (120 males, 130 females), Semi-Urban: 225 participants (110 males, 115 females), Rural: 205 participants (105 males, 100 females) In total, the sample included 335 males and 345 females.

3.3. Instruments

Two psychometrically tested and standardized tools were employed in data collection: Generalized Anxiety Disorder-7: A 7-item self-report tool applied to screen and measure the severity of symptoms of generalized anxiety. It has a total score ranging from 0 to 21, where higher scores reflect higher anxiety. Perceived Stress Scale: A well-established psychological tool comprising 10 items that assess the extent to which people perceive their life as stressful. Scores can fall between 0 and 40, and higher scores indicate higher levels of stress.



Both measures have shown good reliability and internal consistency across adolescent populations.

3.4. Methods of Data Analysis

Descriptive and inferential statistics were utilized. Descriptive statistics applied to tabulate demographic information (Table 1) and compute mean scores and standard deviations in anxiety and stress in terms of geographic location and gender (Tables 2 and 3). Comparative analysis mean differences between anxiety and stress scores were evaluated with the independent samples to ascertain statistical significance. Visualization of bar graphs and figures (Figures 1–3) were created to display data trends clearly and visually corroborate the statistical results.

3.5. Procedure

Data were obtained over two months using school-based and community-based recruitment. The questionnaires were completed under supervision, with facilitators present to clarify where necessary. Informed consent was requested from all participants, and parental consent for those aged under 18 years. Anonymity and confidentiality were upheld rigorously throughout the data collection and analysis process.

4. DATA ANALYSIS

This research explores the role of gender and geographic location in determining the prevalence of stress and anxiety in teens between the ages of 13 and 18. The sample consisted of 680 participants from urban, semi-urban, and rural settings. Adolescent mental health has become a growing public health concern, and anxiety and psychological stress have emerged as prevalent issues. Quantitative analysis indicated that urban adolescents and females had higher mean scores on the Generalized Anxiety Disorder and Perceived Stress Scale, which indicates the main role of location and gender on adolescent mental health.

Table 1: Demographic Distribution of the Sample

Geographic Location	Male (n)	Female (n)	Total (n)
Urban	120	130	250

Semi-Urban	110	115	225
Rural	105	100	205
Total	335	345	680

Note: Total sample size = 680 adolescents aged 13-18 years.

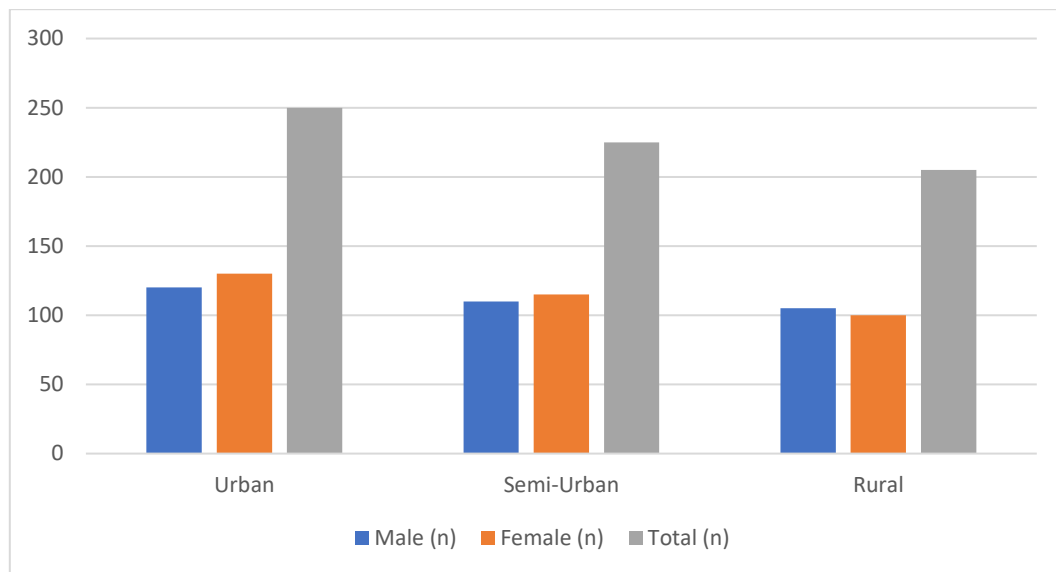


Figure 1: Graphical presentation of Demographic Distribution of the Sample

Table 1 presents the demographic distribution of the 680 adolescent participants aged 13–18 years, categorized by geographic location and gender. The urban group had the highest representation (250 participants), followed by semi-urban (225) and rural (205) areas. Gender distribution was relatively balanced, with 335 males and 345 females across all regions. This diverse and proportionate sampling enhances the reliability of comparisons across geographic and gender categories in the study.

Table 2: Mean Anxiety (GAD-7) and Stress (PSS) Scores by Geographic Location

Location	Mean Anxiety Score (GAD-7)	SD	Mean Stress Score (PSS)	SD
Urban	9.8	4.2	21.5	5.6
Semi-Urban	8.5	3.9	19.2	5.3
Rural	7.4	4.0	17.8	5.0

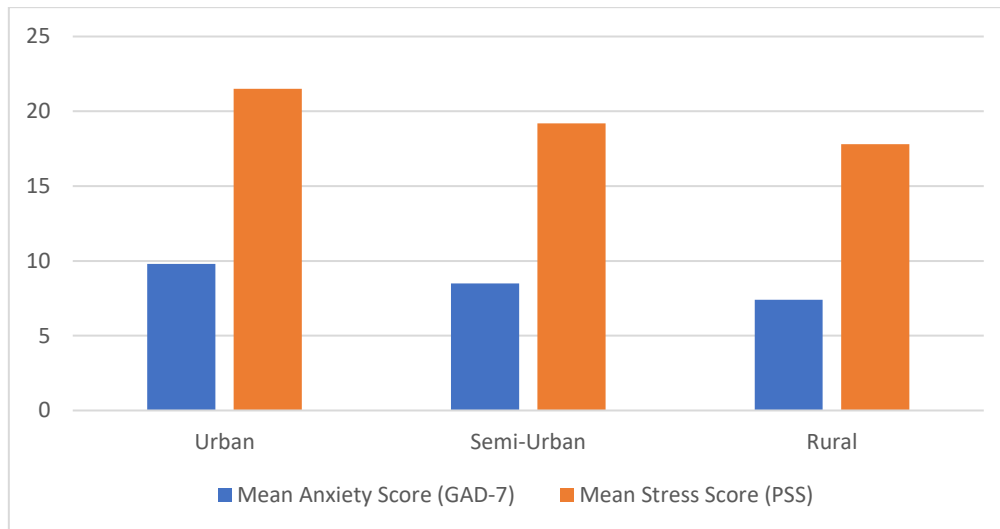


Figure 2: Graphical presentation of Mean Anxiety (GAD-7) and Stress (PSS) Scores by Geographic Location

Table 2 reveals that urban adolescents reported the highest mean scores for both anxiety (9.8) and stress (21.5), followed by semi-urban (anxiety: 8.5; stress: 19.2), and rural adolescents had the lowest scores (anxiety: 7.4; stress: 17.8). This suggests that geographic location significantly influences adolescent mental health, with urban environments being associated with greater psychological distress. The standard deviations indicate moderate variability across all groups.

Table 3: Mean Anxiety (GAD-7) and Stress (PSS) Scores by Gender

Gender	Mean Anxiety Score (GAD-7)	SD	Mean Stress Score (PSS)	SD
Male	7.8	3.7	18.3	5.1
Female	9.5	4.3	20.8	5.5

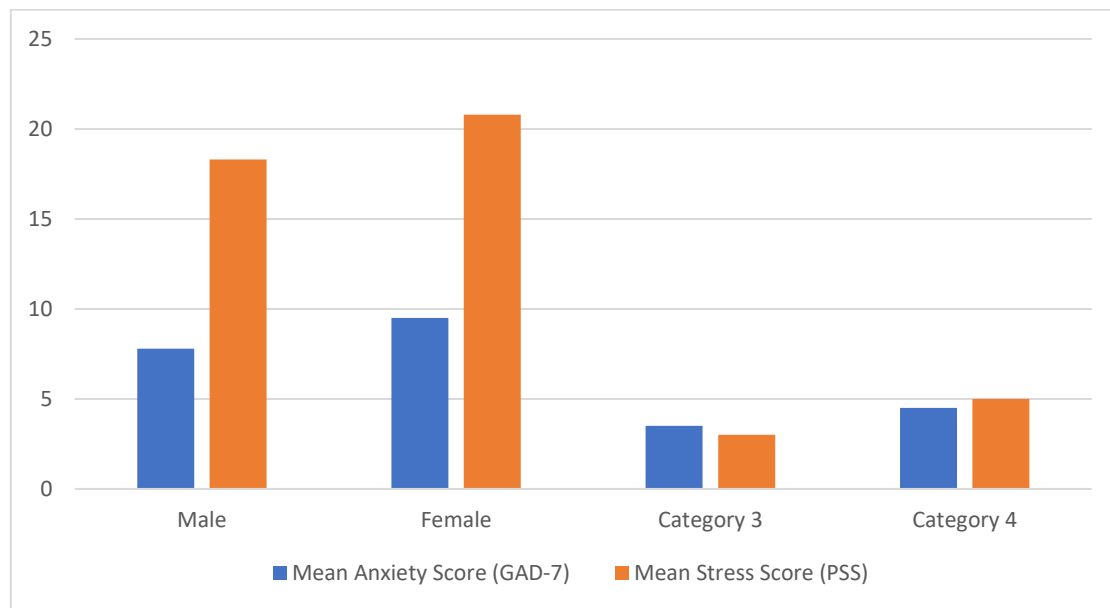


Figure 3: Graphical presentation of Mean Anxiety (GAD-7) and Stress (PSS) Scores by Gender

Table 3 shows that female adolescents reported higher mean scores for both anxiety (9.5) and stress (20.8) compared to male adolescents, who had mean scores of 7.8 for anxiety and 18.3 for stress. This indicates that females experience greater psychological distress than males during adolescence. The standard deviations also suggest slightly more variability in responses among females.

CONCLUSION

It looked into how both geographical location and gender influence the level of anxiety and stress in teens aged 13 to 18 years. With the use of two standard instruments (GAD-7 and PSS), differences in mental health were widely observed among the various surveyed groups. The findings make it obvious that urban teenagers experienced more stress and anxiety than those from semi-urban or rural environments. In the same way, female adolescents scored higher on both anxiety and perceived stress scales than male adolescents. What this research shows is that stresses in the environment, as well as gender-related psychological factors, impact adolescent mental health combined. The findings in this study are significant in many aspects. Initially, it points out that interventions to support good mental health should be tailored to the situation, particularly for young people in big cities facing excessive demands from education, friendships, and technology. Thus, the findings about gender suggest that

gender-sensitive counselling programs and support should be offered to students at the school and health centre levels. It also calls for more mental health education and support services to be included in everyday public health and education programs. Trying to minimize differences in community and gender among teens when they are younger can help their emotional health and overall growth. In the future, researchers could expand on these findings by having a longitudinal focus, including qualitative data, and considering more psychosocial variables like socioeconomic status, the home environment, and use of digital media. On the whole, the research offers valuable information on adolescent mental health and highlights the need for equal and preventive mental health policies in today's public health policy.

REFERENCES

1. Prabha, V. S., Devi, G. S., Rao, V. B., & Kanakabushanam, G. V. (2017). A comparative study of anxiety and depression among adolescents from rural and urban areas. *J Med Sci Res*, 5(1), 29-32.
2. Maurya, P. K., & Ojha, S. (2017). Gender and locale differences in psychological well-being among adolescents. *Indian Journal of Human Relations*, 51(1), 136-146.
3. Osayomi, T., & Adegboye, O. A. (2017). Gender and psychological distress: a geographical perspective. *Papers in Applied Geography*, 3(1), 30-43.
4. Anjum, A., Hossain, S., Hasan, M. T., Uddin, M. E., & Sikder, M. T. (2022). Anxiety among urban, semi-urban and rural school adolescents in Dhaka, Bangladesh: Investigating prevalence and associated factors. *PLoS One*, 17(1), e0262716.
5. Van Droogenbroeck, F., Spruyt, B., & Keppens, G. (2018). Gender differences in mental health problems among adolescents and the role of social support: results from the Belgian health interview surveys 2008 and 2013. *BMC psychiatry*, 18, 1-9.
6. Parodi, K. B., Holt, M. K., Green, J. G., Porche, M. V., Koenig, B., & Xuan, Z. (2022). Time trends and disparities in anxiety among adolescents, 2012–2018. *Social psychiatry and psychiatric epidemiology*, 57(1), 127-137.
7. Biswas, T., Scott, J. G., Munir, K., Renzaho, A. M., Rawal, L. B., Baxter, J., & Mamun, A. A. (2020). Global variation in the prevalence of suicidal ideation, anxiety and their correlates among adolescents: a population based study of 82 countries. *EClinicalMedicine*, 24.

8. Farhane-Medina, N. Z., Luque, B., Tabernero, C., & Castillo-Mayén, R. (2022). *Factors associated with gender and sex differences in anxiety prevalence and comorbidity: A systematic review. Science Progress, 105(4), 00368504221135469.*
9. Ohannessian, C. M., Milan, S., & Vannucci, A. (2017). *Gender differences in anxiety trajectories from middle to late adolescence. Journal of youth and adolescence, 46, 826-839.*
10. Singh, K., Junnarkar, M., & Sharma, S. (2015). *Anxiety, stress, depression, and psychosocial functioning of Indian adolescents. Indian journal of psychiatry, 57(4), 367-374.*
11. Salk, R. H., Hyde, J. S., & Abramson, L. Y. (2017). *Gender differences in depression in representative national samples: Meta-analyses of diagnoses and symptoms. Psychological bulletin, 143(8), 783.*
12. Osborn, T. L., Venturo-Conerly, K. E., Wasil, A. R., Schleider, J. L., & Weisz, J. R. (2020). *Depression and anxiety symptoms, social support, and demographic factors among Kenyan high school students. Journal of Child and Family Studies, 29, 1432-1443.*

Author's Declaration

I as an author of the above research paper/article, here by, declare that the content of this paper is prepared by me and if any person having copyright issue or patent or anything otherwise related to the content, I shall always be legally responsible for any issue. For the reason of invisibility of my research paper on the website /amendments /updates, I have resubmitted my paper for publication on the same date. If any data or information given by me is not correct, I shall always be legally responsible. With my whole responsibility legally and formally have intimated the publisher (Publisher) that my paper has been checked by my guide (if any) or expert to make it sure that paper is technically right and there is no unaccepted plagiarism and hentriacontane is genuinely mine. If any issue arises related to Plagiarism/ Guide Name/ Educational Qualification /Designation /Address of my university/ college/institution/ Structure or Formatting/ Resubmission /Submission /Copyright /Patent /Submission for any higher degree or Job/Primary Data/Secondary Data Issues. I will be solely/entirely responsible for any legal issues. I have been informed that the most of the data from the website is invisible or shuffled or vanished from the database due to some technical fault or hacking and therefore the process of resubmission is there for the scholars/students who finds trouble in getting their paper on the website. At the time of resubmission of my paper I take all the legal and formal responsibilities, If I hide or do not submit the copy of my original documents (Andhra/Driving License/Any Identity Proof and Photo) in spite of demand from the publisher then my paper maybe rejected or removed from the website anytime and may not be consider for verification. I accept the fact that as the content of this paper and the resubmission legal responsibilities and reasons are only mine then the Publisher (Airo International Journal/Airo National Research Journal) is never responsible. I also declare that if publisher finds Any complication or error or anything hidden or implemented otherwise, my paper maybe removed from the website or the watermark of remark/actuality maybe mentioned on my paper. Even if anything is found illegal publisher may also take legal action against me.

Jaibir Singh
Dr. Rajwinder Kaur
