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Relationship between Self Esteem, Depression, Anxiety and Stress among Highschool student's

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ABSTRACT

Confidence is our emotional view of our general worth or worth is known as confidence (Aboalshamat et al., 2017). It depictsyour degree of fearlessness in your abilities and characteristics, similar as selfconfidence does (Athulua, Sudhir and Philip, 2016).Stress results from a lopsidedness among assets and requests. At the point when an individualmissesthe mark onmeansto live upto assumptions, theywillbattle genuinely, intellectually, and inwardly, which will prompt physiological and mental dysfunctions (Bajaj, Robins and Pande, 2016). Uneasiness is a mental problem that causes pressure, hustling considerations, and actual disease. A difficult condition unfavorably influences an individual's mental, conduct, and mental wellbeing (Bhardwaj and Agrawal, 2013). An extremely common disorder, sorrow can influence individuals of any age, sexes, financial situations with, strict convictions (Block and Robins 1993). Late examinations show that high school sorrow and nervousness are turning out to be more normal (Dharshana et al., 2016). Specialists accept that pressure might addto uneasiness and melancholy(Eisenberg et al., 2005). Confidence is urgent in assisting individuals in their initial grown-up years with adapting to pressure, tension, and misery (Eriksson et al., 2020).The present review is exceptionally fascinating finding on the outcomes, the confidence assumes significant part to decrease pressure, nervousness, and despondency among early adulthood people.

KEY-WORDS: *Self esteem, Depression, Anxiety, Stressand Highschool students.*

INTRODUCTION

Self Esteem Regard - As indicated by J. Crocker in the Global Reference book ofthe Social and Conduct Sciences, distributed in 2001, confidence in adulthood Confidence is one's very own overall evaluation worth or worth. The emotional personal satisfaction and persuasive directions like self-security and self-upgrade are both firmly corresponded with confidence. During this time, individuals carry on with critical life advances and experience quick self-awareness. Your self-esteem depends on your relationships with your family members, including your parents, siblings, peers, teachers, and other significant contacts. Many of your current self-perceptions are a result of messages you've heard from thesepeople over the years (Lloyd& Miller, 1997). You are more likely to see yourself asvaluable and have healthier self-esteem if your relationships are solid and you consistently receive positive feedback.The biggest influence on self-esteem may come from your own thoughts, which you can change. Working to change your tendency to focus on your shortcomings or flaws can help you create a more accurate, balanced view of who you are. Through out time, self-esteem is prone to change depending on your situation (Loeberand

Hay, 1997). Going through periods of feeling good about you and periods of feeling badabout yourself is common. However, self-esteem typically remains within a range thatreflects how you feel about yourself generallyand gradually rises with age (Mcgee, Williams & Raja, 2001). Depression - Despondency(significant burdensome problem) is a typicaland serious clinical sickness that adversely influences how you feel, the manner in which you think and how you act. Luckily, it is likewise treatable. Melancholycauses sensations ofpity or potentially a deficiency of interest in exercises you once delighted in. It can lead to a variety of emotional and physical problems and can decrease your ability to function at work and at home (Mossakowski, 2015).Depression is more than just a case ofthe blues, and you can't just "snap out" of it. Long-term treatment may be necessary for depression. But resist giving up. With medication, psychotherapy, or both, the majority of depressed people experience improved symptoms (Mushtaq and Akhouei, 2016).Depression is a mood disorder that leaves sufferers with a lingering sense of sadness and disinterest. You mightfind it difficult to carry out your regular daily tasks, and you might occasionally think lifeisn't worth living (Rizwan et al., 2022). Feelings of helplessness, increased irritability, a loss of pleasure, difficulty concentrating or sleeping, or suicidal or death thoughts are all warning signs of severe depression (Sarkar et al., 2016). Stress - Stress can be characterized as a conditionofstressor mentalpressurecreated bya toughspot. Stress isacharacteristichuman reaction that prompts us to address difficulties and dangers in our lives. Everybodyencounters pressure somewhat. Everybodyencounterspressure (Shrestha et al., 2021). While some stress is healthy, excessive stress can wear you down and cause physical and mental illness (Crocker, 2000).The body's response to harmful circumstances, whether actual or imagined, is stress. When we are threatened, your body experiences a chemical reaction that enables youtotakeactionto avoidharm. This isreferredtoasthestressresponseortheflight orfight response (Whiteman, Mchale&Crouter, 2011). Yourbreathing becomes more rapid, your muscles tighten, and your blood pressure rises during this. Different people associate different things with stress.It's usually not a problem if you feel stressed for a few days, but if you experience symptoms for at least two weeks, you should probably take action, it is common for someone to experience both at the same time (Zaidi et al., 2017). Tension - Nervousness can be typical in distressing circumstances like public talking or stepping through an examination. Uneasiness is just a sign ofbasic infection when sentiments become unreasonable, all-consuming and slow down everyday living. Uneasiness is your body's normal reaction to push. It's a sensation of dread or trepidation about what's to come.For example, going to a job interview or giving a speech on the first day of school may cause some people to feel fearful and nervous. It’s normal to feel anxious about moving to a new place, starting a new job, or taking a test. This type of anxiety is unpleasant, but it may motivate you to work harder and do a better job. Ordinaryanxietyis a feeling that comes and goesbut doesn’t interferewith youreverydaylife. “Lowself-esteemwasa majorcontributing factor when suicide causes among college students were examined. According to a Will Redmond paper about low self-esteem and suicide that was published on September 7th, 2022, the number of suicides among boys due to low self-esteem was higher than that of girls.”

REVIEWOFLITERATURE

Khalid Aboalshamat et al.: (2017) has distributed a paper in the Diary of Worldwide Medication and Dentistry which investigates the relationship of Confidence with sadness, uneasiness and stress among Dental and Clinical Understudies in Jeddah, Saudi Arabia. Inthis cross sectional review, 645

clinical and understudy dental and clinical understudies in Jeddah were enrolled to evaluate their Confidence, Sorrow, Tension and Stress .Self detailed poll of 21 thing Melancholy, Nervousness and Stress Scale and the Rosenberg Confidence Scale (RSES) was utilized. Information was broke down utilizing straight relapse, t test, and One way ANOVA tests run with SPSS Insights programming. A critical backwards relationship was tracked down between confidence and misery, tension and stress. The commonness of sorrow was high at 67.4%, uneasiness was 79.7%, stress was 64%, and low confidencewas23.4%. Wretchednessandstresswerethe most elevatedamongSaudis. Stress was higher among non-wedded and clinical year understudies than for wedded understudies andassistants. Understudieswithhigher earningshad lower confidence. Therewasnocritical relationship with respect to contrasts in orientation, dental or clinical examinations, and administrative or confidential undergrads. So an end was arrived at that Low confidence is connected with gloom, uneasiness, and stress. Among dental and clinical understudies in Saudi Arabia, there is an elevated degree of mental pain, and a significant level of understudies report low confidence. More interventional programs are prescribed to assist with supporting the confidence and mental prosperity of these understudies.

HufsaChandniRizwanet al.; (2022) conducted a studyonrelationship ofSelfEsteem withdepression, anxietyand stress. The studywas conductedat Shalamar medicaland dental college (SMDC) from August to September 2016. 273 students participated in this study which was approved the ethical review board at SMDC. Depression, anxiety and stress scale (DASS) was used to asses stress, anxiety and depression and Rosenberg self-esteem scale (RSES)wasusedto assessself-esteem.Asignificant inverserelationshipwas found between self-esteem and the prevalence of anxiety depression and stress i.e. higher levels of self-esteem tended to correlate significantly with lower prevalence of anxiety, depression and stress in our study population. It is important to assess self-esteem among individuals who present withsymptomsofanxietyand depression. Training onhowto boostone'sself-esteem can be one of the strategies used to treat and prevent depression and anxiety, especiallyamong students and young adults. Through this study they have concluded that there is a relationship between selfesteemstress and anxiety as wellas depression in medical students.

Shrestha B.et al: (2021) did a study on the self esteem among the undergraduates of the medical school in Kathmandu, Nepal. Across sectional studywas conducted from first to fifth year medicalstudents. The samples were selected instratified randomsampling method. This studyused the Rosenberg SelfEsteemScale. AGoogle Formsquestionnairewas sent to the participants via email. Then, the data obtained were entered in the Google sheet and later analyzed using SPSS 27. AChi-square test was used to identify potentialdifferences in self-esteem scores among different variables. A p-value of < 0.05 was considered statistically significant. The study concluded that the majority (74.4%) of medical students had normal self-esteem. However, 18.9% studentshadlowself-esteem, among which, third-year students suffered the most (30.77%). Likewise, female sex hibited higher prevalence of low self-esteem compared to males. Interventions to boost the level of self-esteem should be carriedout to help medical students become confident and efficient doctors.

S.Nadaraja et al: 2001 wrote about self-esteemand hopelessness in childhood. Inthis study both individual and family characteristics in the childhood years may lead toaster suicidal ideation in early adulthood is examined.These results support our contention that childhood levels of hopelessness, low self-esteem, and thoughts of self-harm are ofetiological significance for later suicidal ideation in adulthood.

LloydandMiller(1997) implicated low parental care and parental overprotection as risk factors for depression in adulthood. The present study further examined the association between perceived parental style and depression in two samples of medical students. In general, both low maternal and paternal care were associated with depression. Furthermore, maternaloverprotection in theU.S. sampleand paternaloverprotection intheScottish sample were also associated with depression. However, when results were analyzed separately for menand women, clear gender differences emerged, indicating that the observed relationships were occurring chiefly in the men, although there were some indications that low paternal care was associated with depression in women. Because such gender differences have not been previously reported, women medical students may be a unique group with respect to these relationships. Also, intriguing was that although parental style characteristics demonstrated significant associations withself-esteem, this was clearlytrueonlyfor menand not for women. Finally, the study provided the first partial support for the hypothesis that self-esteem mediates the relationship between parental style and depression.

Dr Suparna Jain and Dr Prerna Dixit 2014 did a study on Self Esteem: A Genderbased Comparison and Causal Factors reducing it among Indian Youth. The study revealsthat there are varied causes for reducing self esteem in Indian youth. Findings reveal thatthere is no gender difference among Indian college students in their levels of self-esteem.This reveals a bright side of developing India as girls becoming more independent in their personal and career choices have risen in their levels of self-esteem. This could be said so because earlier research often depicted males having higher levels of self-esteem than females. However, the results also reveal academic pressure as a major cause of reducingself-esteem among Indian students. Thus, it is required that a holistic approach is developed which puts the emphasis on an atmosphere of care in the schools and at home to allow children to address their fears and cope with stress.

Jayakumar Atulya et al: 2016, This study was aimed at examining procrastination, perfectionism, coping and their relationship with distress and self-esteem in college going students. One hundred and ninety-two participants were assessed on measures of procrastination, perfectionism, coping, distress and self-esteem. The conclusion was that maladaptive perfectionism was significantly associated with distress and lower self- esteem, while adaptive perfectionism was associated with lower procrastination. Ourfindings highlight the need for interventions that focus on adaptive perfectionism to enhance self-esteem and reduce maladaptive aspects of perfectionism.

METHODOLOGY

Approach is the foundationofanyexaminationTry. It is the blue print ofthe scientist will look at and investigate the factors of revenue. It assumes a main part in doing the exploration concentrate deliberately and impartially. Procedure alludes to efficientexploration and arranging. Logical examination includes cautious and legitimate transformation of exploration configuration, utilization of normalized apparatuses and tests, inspecting strategies, sound methodology for gathering information, its cautious review and classification and them, at last use of fitting factual tests. These means essentially improvethe prescient worth of discoveries; accordingly, the discoveries might be summed up to anticipate the way of behaving of populace from which the example has been drawn.

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PROBLEM STATEMENT:

This research study will use the descriptive method where in "data is collected to test the hypothesis or to answer questions concerning the current status of the study". Causal comparative and correlation survey method of descriptive research will be used to conductthe present study.

OBJECTIVES

- ToexaminetherelationshipbetweenSelfEsteem,Depression,AnxietyandStress among Early Adulthood
- To find out the gender difference in depression, anxietystress and self-esteemamong early adulthood individuals.

HYPOTHESES

Hypothesis-1

Ha: There is a significant difference ingender ofstress, depression, anxiety, and self-esteem in early adulthood.

H0: Thereisanosignificantdifferenceingenderofstress,depression,anxiety,andself-esteem in early adulthood.

Hypothesis-2

Ha: Thereisasignificantpositiverelationshipamongstress,depression,anxiety,andself-esteem in early adulthood.

H0: There is a significant negative relationship among stress, depression, anxiety, and self-esteem in early adulthood

Hypothesis-3

Ha: There is a significant impact of depression, anxiety, and stress on self-esteem in early **adulthood.**

H0: There is a no significant impact of depression, anxiety, and stress on self-esteem in early adulthood.

Sample:

The sample is selected to represent the population which we want to study. Since itisdifficult to study the entire population, a sample is selected following different procedure.The sample selection process depends on the objectives and nature of the sample. Non probability sampling method used in the present study. In this, the purposive sampling used. Those women who are between the age group 17-40years, are of lower income or middle-income group taken. The researcher contacted them all over India through an online, mobile phones, personal contact. A total of 277 individual contacted.The researcher will use the convenience sampling, where approximately 400 participants given the two questionnairesand asked to complete it withintime. The researcher hasreceived only277 questionnairesfor the final data calculation.

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RESEARCH & DESIGN

Research design is the blue print for the collection, measurement, and analysis of data. It answers the what, where, when and how ofthe research study. It is an outline of the research objectives, sampleselectionto analysisofthedata.Inthepresent study, anattempt is madeto find outthe relationship selfesteemanddepressionanxietyand stressamong earlyadulthood individuals following a descriptive research design.

Tools

The following tools used to assess depression, anxiety, stress, self-esteem among Early Adulthood individuals from different places in India majority being from Andaman Islands.

DASS-21depression anxiety scale (Lovibond, S.H. &Lovibond, P.F.1995).

The Depression, Anxiety and Stress Scale - 21 Items (DASS-21) is a set of three self-report scales designed to measure the emotional states ofdepression, anxietyand stress. Each ofthe three DASS21 scales contains 7 items, divided into subscales with similar content. The depression scale assesses dysphasia, hopelessness, devaluation of life, self-deprecation, lack of interest / involvement, anhedonia and inertia. The anxiety scale assesses autonomicarousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect.The stresss caleis sensitive to levels of chronicn on specificarousal. It assesses difficulty relaxing, nervous arousal, and being easily upset / agitated, irritable /over-reactive and impatient. Scores fordepression, anxietyand stress arecalculated bysumming the scores for the relevant items. The DASS-21 is based on a dimensional rather than a categorical conception of psychological disorder. The assumption on which the DASS-21 development was based (and whichwas confirmed bythe researchdata) is thatthe differences betweenthe depression, anxietyand the stressexperienced bynormalsubjectsand clinicalpopulationsare essentially differences of degree. The DASS-21 therefore has no direct implications for the allocation of patients to discrete diagnostic categories postulated in classificatory systems such as the DSM and ICD, DSM: Diagnostic and Statistical Manual of Mental Disorders (DSM-5) ICD : International Classification of Diseases and Related Health Problems

The Rosenberg self-esteemscale (RSES), Rosenberg, M. (1965)

It was developed by the sociologist Morris Rosenberg, is a self-esteem measure widely used in social-science research. It uses a scale of 0–30 where a score less than 15 may indicate a problematic low self-esteem. The RSES is designed like the social-survey questionnaires. Five of the items have positively worded statements and five have negatively worded ones. The scale measures global self-worth by measuring both positive and negative feelings about the self. The original sample for which the scale was developed consisted of 5,024 high-school juniors and seniors from 10 randomly selected schools in New York State. The Rosenbergself-esteem scaleis considered are liable and valid quantitative tool for self-esteem assessment.

Statistical techniques

Descriptive and inferential statistics used. The data analysed with, mean, standard deviation, graph and percentage, correlation,‘t’ test and regression analysis.

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RESULT & DISCUSSION

The present study is based on descriptive and correlational study. The date was collected through google fromwho areearly adult hoods,the age groupof17 to 40 years (fig 5.2). The total sample size was 277 from pan India. The sample were collected through convenience sampling method. The reliability has measured of each scale such as stress (Cronbach's α is r =0.816). Anxiety (Cronbach's α is r =0.797)and depression (Cronbach's α is r =0.837).The sample size of 277, 63%is female and 34% is male (fig-5.1). Thetable 5.1 represents descriptive statistics of each variable which represents stress, anxiety, depression and self-esteem (fig 5.3 to fig 5.6).

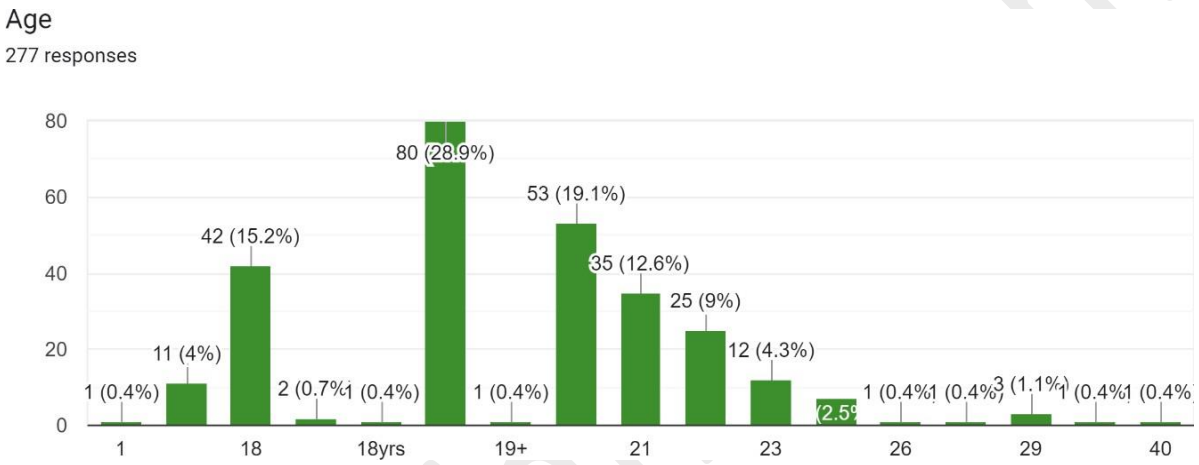

Fig-5.1 Gender
Fig-5.2:Age

Table5.1Descriptiveofstress,depression,anxiety,andself-esteem.

	Gender	Stress	Depression	Anxiety	SE
N	277	277	277	277	277
Missing	0	0	0	0	0
Mean	1.65	7.47	6.77	7.69	34.2
Median	2	7	6	7	34
Standarddeviation	0.477	4.84	5.13	4.88	4.24
Minimum	1	0	0	0	20
Maximum	2	21	21	21	50
Shapiro-WilkW	0.601	0.970	0.947	0.970	0.987
Shapiro-Wilkp	<.001	<.001	<.001	<.001	0.014

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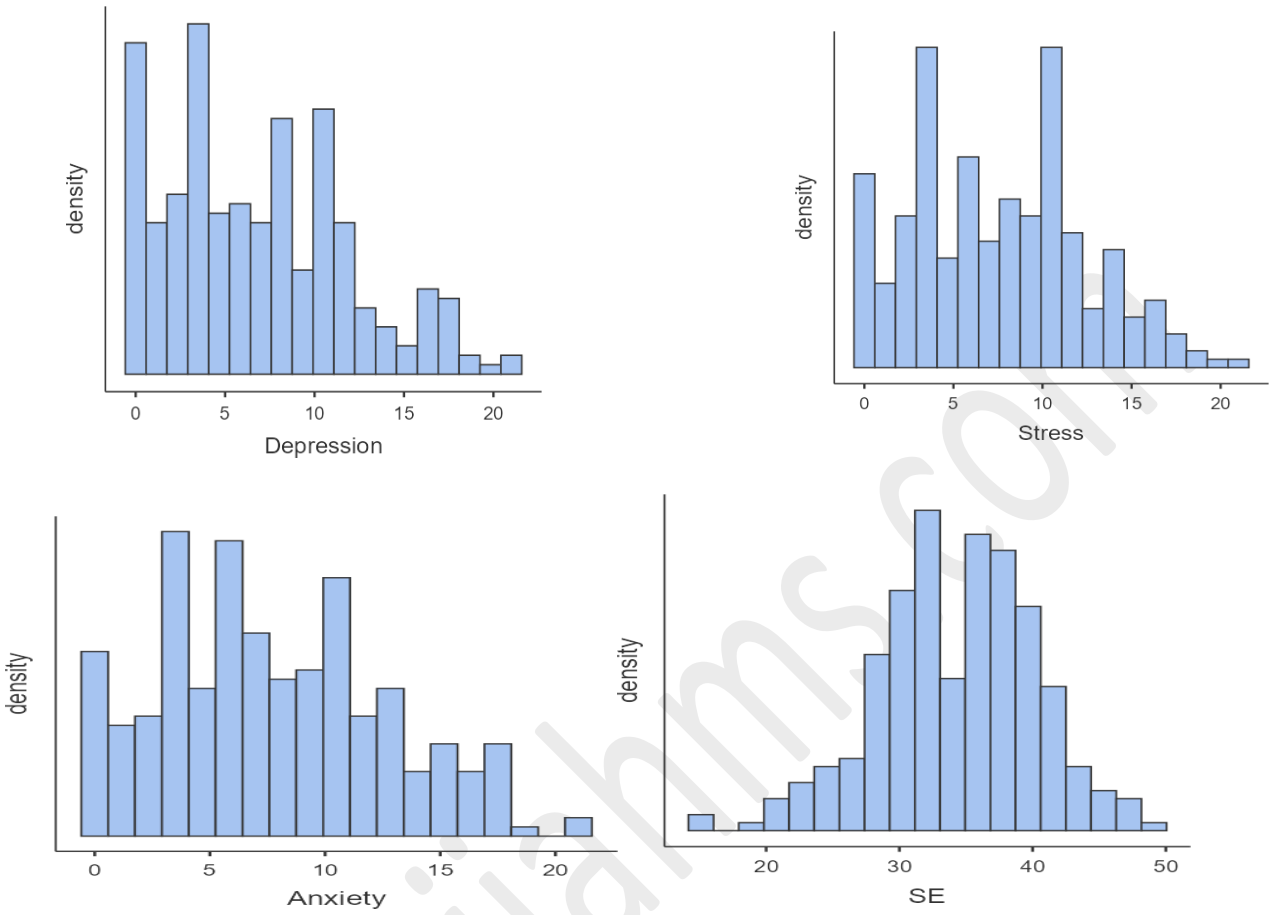

The table 5.2 indicates that gender comparisonof stress, depressionand anxietyand self-esteem. The results shown that depression and anxiety is higher in case of female counter partsas compassionto male counter parts. But atthe levelofstress and self- esteemlevel, there is not much difference between male and female.

Table5.2:Gendercomparisonofstress, depression, anxiety, andself-esteem

	Group	N	Mean	Median	SD	SE
Stress	Male	96	7.09	6.00	5.07	0.518
	Female	181	7.67	8.00	4.71	0.350
Depression	Male	96	6.48	6.00	5.13	0.523
	Female	181	6.93	7.00	5.13	0.382
Anxiety	Male	96	6.91	6.00	4.92	0.502
	Female	181	8.10	8.00	4.82	0.359
Self-esteem	Male	96	34.21	35.00	6.02	0.614
	Female	181	34.24	34.00	5.81	0.432

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Table 5.3 represents that there is no significant difference in gender (between male and female) of stress, depression, and self-esteem at 0.05 level of significant.But in the case of anxiety there is a significant difference at 0.05 level of significant. Therefore, the hypothesis -1: H0(a)There is a no significant difference in gender of stress, depression, and self-esteem in early adulthood. The null hypothesis is accepted and alternative hypothesis is rejected.Further, Ha (b):There is a significant difference in gender of anxiety in early adulthood. The hypothesis is accepted. The null hypothesis is rejected in this case.

Table5.3: IndependentSamples T-Testofgender comparison onstress,depression, anxiety, and self-esteem

		Statistic	df	p
Stress	Student'st	-0.9499	275	0.343
Depression	Student'st	-0.6930	275	0.489
Anxiety	Student'st	-1.9453	275	0.053
Self-esteem	Student'st	-0.0394	275	0.969

Thetable5.4isrepresentedthecorrelationmatrixofstress,depression,anxietyandself-esteem.

Table5.4CorrelationMatrix

		Stress	Depression	Anxiety	SE
Stress	Pearson'sr	—			
	p-value	—			
Depression	Pearson'sr	0.752	—		
	p-value	<.001	—		
Anxiety	Pearson'sr	0.787	0.653	—	
	p-value	<.001	<.001	—	
Self-esteem	Pearson'sr	-0.373	-0.551	-0.339	—
	p-value	<.001	<.001	<.001	—

The results show that there is a significant positive correlation among stress, depression, and anxiety in early adulthood. But self-esteem has negative correlation with stress, anxiety, and depression at 0.01 level of significance. Therefore, the hypothesis -02: H0 (a): There is a significant negative relationship among stress, depression, anxiety, and self-esteem in early adulthood is accepted. The alternative hypothesis is rejected. The hypothesis- 02: Ha (b): There is a significant positive relationship among stress, depression, anxiety in early adulthood is accepted. The null hypothesis is rejected.

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Table5.5.1representsmodel fitofregressionanalysiswhich represents(R=0.554; Rsquare =0.307;and adjustedRsquare=0.299).Themodelindictedthatithasfit.

Table5.5.1ModelFitMeasures

Model	R	R^2	Adjusted R^2
1	**0.554**	**0.307**	**0.299**

Table 5.5.2 ANOVA test displayed that stress and anxiety has no significantimpact on self-esteem. But the depression has significant impact on self-esteem.

Table5.5.2:OmnibusANOVATest

	Sum of Squares	df	Mean Square	F	p
Stress	30.73	1	30.73	1.2719	0.260
Depression	1547.18	1	1547.18	64.0350	<.001
Anxiety	1.27	1	1.27	0.0526	0.819
Residuals	6596.06	273	24.16		

Note.Type 3sumof squares

Table 5.5.3 represents model coefficients of self- esteem. The results shown that stress and anxiety have no significant impact on self-esteem at 0.05 level of significance. Depressionhas significant impact onself-esteemat 0.01levelofsignificance. Therefore, hypothesis -03:

- **Ha:**There is a significant impact of depression on self-esteem in early adulthood is accepted alternative hypothesis and rejected null hypothesis.
- **H0:** There is a no significant impact of anxiety, and stress on self-esteem in early adulthood is accepted and accepted null hypothesis.

5.5.3:ModelCoefficients-SE

			95% Confidence Interval				
Predictor	**Estimate**	**SE**	**Lower**	**Upper**	**t**	**p**	**Stand. Estimate**
Intercept	38.2308	0.5726	37.1035	39.358	66.771	<.001	
Stress	0.1299	0.1152	-0.0968	0.357	1.128	0.260	0.1070
Depression	-0.7085	0.0885	-0.8829	-0.534	-8.002	<.001	-0.6186
Anxiety	-0.0228	0.0993	-0.2183	0.173	-0.229	0.819	-0.0189

So, we can saythat self-esteem improves depression, but less in case ofanxietyand stress as per the given results.

CONCLUSION

The current review is extremely intriguing tracking down on the outcomes. The confidence assumes significant part to decrease pressure, uneasiness, and discouragement among early adulthood people. Assuming it is correlation between the sexual orientations, it shows that main nervousness has tremendous contrast between the orientation of male and female. Further, stress, misery and confidence have no massive distinction between the male and female. The relationship among the three factors like nervousness, stress, and melancholy. It shows among three factors has positive critical relationship. The relationship of confidence with stress, nervousness, stress, it shows huge negative relationship. The relapse investigation shows that downturn altogether affects confidence which demonstrates that confidence diminishes the downturn. The higher confidence of people assists with lessening despondency level.

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