



AN INVESTIGATION OF YOUNG ADULTS' ANXIETY AND STRESS LEVELS AND INSURANCE SCHEMES IN RURAL AND URBAN ENVIRONMENTS IN VILLUPURAM DISTRICT

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Abstract

The aim of this study was to determine whether there are any gender differences in stress and anxiety levels among young adults living in Punjab's rural and urban districts. This led to the identification of differences in anxiety and stress levels between males living in rural and urban areas as well as between females living in rural and urban areas. 200 people made up the sample: 100 men (50 from the urban and 50 from the rural areas) and 100 women (50 from the urban and 50 from the rural areas). They were chosen at random from the Villupuram district's several colleges. The t-test was used to assess the collected data.

The gender differences in stress levels were found to be substantial, while the gender differences in anxiety were not. In addition, notable differences were observed in stress and anxiety levels between rural and urban females; but, remarkably, no such differences were observed in these domains between rural and urban males.

As a result, young people, particularly women, require psychological help in order to deal with these challenges. It is true that teaching a guy teaches him alone, but teaching a woman teaches her entire family. Thus, for their overall development, life skills programs

that are specifically created for them should be implemented.

Keywords: Rural, Urban, Anxiety, Stress and Young Adults.

I. INTRODUCTION

The amount of work expected of students has increased greatly over the past few years. The negative consequences of this are starting to manifest as a rise in young adult suicides, stress, anxiety, and depression. The nation is now concerned about the stress that young people face, and there is a strong desire to alter the way that education is delivered. There are daily reports of multiple young adult suicides, purportedly brought on by elevated levels of stress and worry.

The shift from youth to adulthood might be difficult for some students. Students at colleges and universities are thrust into a new role of responsibility for their own lives and lifestyle choices. In addition to adjusting to a new learning environment, they must handle the social and intellectual demands of professional training. High standards for academic performance can be unpleasant and dangerous for kids' physical and emotional well-being. Young brains might become tense at times due to the need to make new friends, fulfill family expectations, learn with passion, and have ambition to carry out future goals.

Their dilemma gets worse when they are ill-equipped to deal with these disruptions.

According to the WHO Global Burden of Disease research, depression ranks fourth among all diseases, contributing 4.1% of the overall burden in young people (Murray and Lopez, 1996). According to estimates, it will move up from being the fourth to the second most common cause-adjusted disability years by 2020. Ranking second among both sexes, only ahead of ischemic heart disease. Depression is a mental illness caused by suicidal thoughts, feelings of hopelessness, and sadness. While stress is typically described by a feeling of being overburdened, anxiety is the dread that something horrible will happen. This sensation could result from overstretching one's coping mechanisms or from prolonged periods of pressure. Stress and anxiety can lead to depression if not managed properly.

Stress and worry at school lead to perception distortions and cognitive impairment (Saipanish, 2003). Given the range of pressures that college students face, including academic, social, and time management issues, mental health clinicians and educators must implement interventions aimed at reducing anxiety and enhancing the mental health education is good. (Vitaliano, 1984).

In a research published in 2000, Misra and McKean surveyed 249 college students at a university in the Midwest. The research found that the presence of anxiety, poor time management, and a deficiency of enjoyable extracurricular activities were significant predictors of academic stress. The research also revealed that even female students are more successful at managing their time than male students, they were also the most stressed and anxious.

Singh and Upadhyay (2008) looked into the relationship between age and sex inequalities among college students and academic stress. Comparing female pupils to male students, they discovered that the former were under more stress.

Naresh Kumar (2008) studied the factors that contribute to academic stress and how they affect students' academic performance.

Studying the effects of gender on anxiety in young adults is the first objective.

1. To investigate how young people' gender differs in terms of stress.
2. To investigate the disparities in anxiety levels between men from rural and urban areas.
3. To investigate how men who live in rural and urban areas differ in their stress levels.

4. To research how women who live in rural and urban areas differ in their anxiety levels.
5. To research how women who live in rural and urban areas differ in their stress levels.

The first hypothesis states that anxiety levels in men and women will be the same.

1. There won't be any distinctions in stress levels between men and women.
2. Males living in rural and urban areas will not differ in their levels of anxiety.
3. There should be no distinction between rural and urban males on stress.
4. There are no difference in anxiety between girls from rural and urban areas.
5. Stress levels among females living in rural and urban areas won't differ.

II. METHODOLOGY

SAMPLE:

The sample was chosen at random from the Villupuram district's several colleges. Using a random sample technique, 200 young adults—100 male and 100 female—were chosen from both rural and urban locations.

PROCEDURE:

Researches conducted a survey of youth in rural and urban areas of Patiala district to identify gender differences between

male and female rural residents and differences in stress and anxiety between rural and urban youth. Subjects were included in the study by random sampling method, informed consent was obtained and data were collected. Use a T-test to evaluate the results.

RESULTS TABLE NO. 1 SHOWING GENDER DIFFERENCE ON ANXIETY

	MEAN	S.D	t-test
FEMALE	35.2	16.14	0.01
MALE	35.27	17.47	

Table No. 1 illustrates how anxiety levels among young adults varied by gender. At the 0.05 and 0.01 levels, the t-value, which tested the significance of the mean difference in anxiety between males and females, was 0.01; nevertheless, this was not significant.

TABLE NO. 2 SHOWING GENDER DIFFERENCE ON STUDENT'S STRESS

	MEAN	S.D	t-test
FEMALE	62	12.85	2.12
MALE	52	11.23	

Table No. 2 displays the gender disparity in young adults' stress levels as students. The t-value, which was significant at the 0.05 and 0.01 levels, was 2.12 when assessing the mean difference in student stress between males and females.

TABLE NO. 3: ANXIETY DIFFERENCE BETWEEN URBAN AND RURAL MALES

	MEAN	S.D	t-test
RURAL	32.51	11.74	1.35
URBAN	35.81	8.95	

Table No. 3 displays the mean anxiety difference between young adults from rural and urban areas. At the 0.05 and 0.01 levels, the tvalue of 1.35, which tested the significance of the mean difference in anxiety between boys from rural and urban areas, was not significant.

TABLE NO. 4: ANXIETY DIFFERENCE BETWEEN URBAN AND RURAL FEMALES

	MEAN	S.D	t-test
RURAL	83.51	11.95	0.39
URBAN	84.96	13.68	

Table 4 displays the mean difference in student stress between young adults from rural and urban areas.

At the 0.05 and 0.01 levels, the t-value, which tested the significance of the mean difference in student stress among boys from rural and urban areas, was 0.39, meaning it was not significant.

TABLE NO. 5 SHOWING DIFFERENCE AMONG RURAL AND URBAN FEMALES ON ANXIETY

	MEAN	S.D	t-test
RURAL	25.40	9.85	9.75
URBAN	45.62	14.96	

Table No. 5 displays the mean anxiety difference between young adults from rural and urban areas. The t-value, which was significant at the 0.05 and 0.01 levels, was 9.75 when assessing the mean difference in anxiety between females from rural and urban areas.

TABLE NO. 6 SHOWING THE DIFFERENCE AMONG RURAL AND URBAN FEMALES ON STUDENT STRESS

	MEAN	S.D	t-test
RURAL	73.98	12.65	4.68
URBAN	84.69	13.78	

Table no. 6, showing the mean difference among rural and urban females young adults on student stress. The t-value of the statistical significance of the difference between the stress levels of rural and urban students is 4.68 and is significant at 0.05 and 0.01 levels.

III. DISCUSSION OF RESULTS

Our findings show no significant gender difference in anxiety. This may be the case since males and females experience the same educational environment as students and share comparable issues with attending classes, obtaining excellent grades, and finding employment, among other issues. They were thus discovered to be roughly comparable in terms of anxiety. However, there was a notable gender disparity in the amount of stress experienced by students. In the world of education, men and women lead distinct lifestyles. Boys worry less about grades than girls do. According to Calaguas (2011), there are notable differences among male and female students in terms of how they evaluate their courses, professors, academic programs, and classroom environments as well as how they handle stress.

Boys are less stressed about their physical self-worth, self-image, and health than girls are. In the adolescent years, girls are more stressed than boys. Boys and girls are expected to behave in distinct ways by society. The boys are expected to be assertive and independent, and the girls are supposed to be gentle, Obedient, and subservient. These factors contribute to girls' emotional insufficiency, which causes tension, rage,

melancholy, and anxiety, among other emotional issues.

Additional research revealed a substantial difference in stress and anxiety levels between rural and urban girls. The anxiety and stress levels of urban women were higher than those of rural women. Their locality, way of life, and culture all contribute to the disparities. Compared to rural women, urban women are more exposed to environmental stress. In a study on the causes of academic stress and how they affect academic achievement, Naresh Kumar (2008) discovered that there were substantial differences in stress levels between urban and rural students.

Therefore, we must develop more effective teaching strategies to erase our teenagers' psychological issues if we hope to make them stress-free adults. Young people need skill and ability to successfully manage both their personal and professional lives. They require improved coping, emotional, and self-regulation abilities along with a positive outlook on life. Programs geared for women are desperately needed because, as a result of their higher levels of sensitivity and traditional social expectations, they are more susceptible to psychological issues. Their capacity to multitask and balance job and family obligations increases their stress levels. Teaching a woman also teaches her family as a

whole since she passes on the same strength to her offspring. Therefore, for the overall development of students, colleges and institutions should offer particularly created skills programs.

IV METHODOLOGY

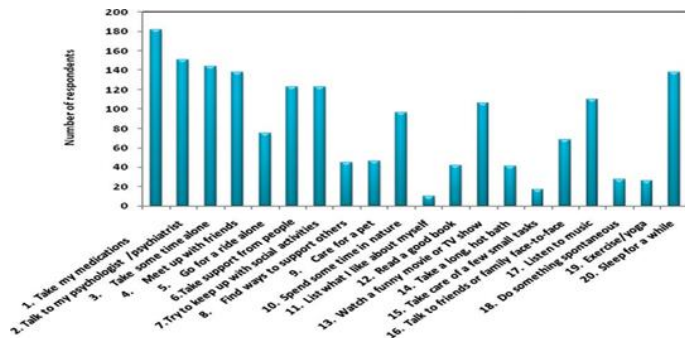
Most people agree that a certain amount of stress helps people take on new challenges, but chronically high levels of stress without relief can cause behavioral, medical, and psychological problems. Stress, anxiety, and depression are frequently underdiagnosed and undertreated in medical students. Medical students also rarely seek professional assistance, primarily due to the stigma and guilt associated with mental health issues.

Values are mean±SD. Values within the same column not sharing same superscript are significantly different at $P < 0.05$., SD: Standard deviation

Correlation of quality of life score with psychological traits

Psychological traits Physical Psychological Social relationship Environment

	R	r ²	r	r ²	r	r ²	r	r ²
Depression	-0.61 ₉	0.38 ₃	-0.50 ₉	0.25 ₉	-0.42 ₂	0.17 ₈	-0.15 ₈	0.02 ₄
Stress	-0.56 ₃	0.31 ₆	-0.46 ₁	0.21 ₂	-0.42 ₀	0.17 ₆	-0.07 ₅	0.00 ₅
Anxiety	-0.52 ₄	0.27 ₄	-0.37 ₃	0.13 ₉	-0.39 ₅	0.12 ₈	-0.09 ₆	0.00 ₉



Relationship between the number of respondents and the coping mechanism opted by them

This study revealed a high gender correlation for anxiety, stress, and depression. Our findings closely align with those of Kumar et al., who found that female medical students had higher levels of anxiety, stress, and depression than their male counterparts. It's interesting to note that students getting ready for medical entrance exams also showed signs of this tendency. Moreover, Roy et al. have noted that girls have greater depression scores; this finding is consistent with our own. However, because we could not identify a correlation between gender and anxiety, our results on anxiety ratings do not match up well with the previous report.

The percentage of 11th and 12th graders who passed and were getting ready for the students and internships who reported having sadness, anxiety, or stress was much greater. Examining the correlation between

students getting ready for the studies and anxiety, stress, and depression, we discovered that the levels of these three variables were notably low. But this result lacks significance due to the small sample size of responders who were getting ready for the exams. Our results contradict previous publications that found increased psychological features in MBBS first professional students, particularly in 11th and 12th pursuing and 12th passed students preparing for them, and interns. Greater fear of not reaching the goals may be the cause of the found increased psychological features, particularly in 11th and 12th grade students and 12th passed students preparing for Higher education.

Both medical entrance exams and medical curriculum are extremely demanding and stressful. Many of those who seek it or would like to pursue it experience psychological stress, which can result in academic failure and burnout. These kids' QOL is likewise impacted. A "state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" is what the World Health Organization (WHO) defines as health. The value of preserving or enhancing QOL is becoming increasingly apparent. QOL was assessed among premedical and medical students with this objective in mind. Because anxiety, stress, and depression are linked to a

considerable decline in work capability, they have an impact on quality of life

This study, like many others, found that respondents with higher levels of stress, anxiety, and depression also had relatively poorer QOL scores in the psychological and physical categories

Different people employ various coping mechanisms to deal with unfavorable situations and the challenges they raise in life. About 68% of those surveyed said they took medicine to help them deal with stress, anxiety, and depression. However, respondents also found that other strategies like spending time alone, getting together with friends, getting support from those who made them feel safe and cared for, attempting to stay involved in social activities, listening to music, and watching a humorous film or TV show were effective.

The study's strength is in comparing the stress levels of aspirants and students pursuing medicine. Another aspect of the study is the equal representation of males and females in our sample. One significant study restriction is the use of online assessments in place of in-person interviews. Lack of knowledge about accommodations, meals, and financial factors that might have affected stress levels and psychological health could be another drawback. One of the limitations is

not being able to monitor class tests (if any) during the evaluation period.

The Need of Health Insurance:

In order to pay for their medical bills, 40% of hospitalized patients reported having to borrow money or sell assets, according to an NSSO (National Sample Survey Organization) survey. It's possible that a sizeable section of the populace was forced to forgo therapy entirely. Therefore, the expense of therapy has a greater impact than the illness itself. Insurance for health is the solution to all your health-related concerns.

The safety net that was previously provided by joint families, social groupings, or government assistance is no longer available in the context of globalization. In this situation, the insurer's responsibility is to distribute, transfer, and arrange risks in order to truly protect the people, families, and communities that make up society (P. C. James, 2004). Rising medical costs and the prevalence of lifestyle disorders like obesity, diabetes mellitus, hypertension, and cardiovascular diseases, to name a few, highlight the need for health insurance even more. A health insurance coverage covers costs not only during hospital stays but also pre- and post-hospital stays, including costs associated with ordering tests and purchasing medications.

Indian Health Insurance: Current Situation With premiums underwritten totaling Rs.13,092 crore in 2021-2022, health insurance has emerged as one of the non-life insurance industry's fastest-growing segments. This represents a growth of 14.05 percent over the Rs.11,480 crore underwritten in 2010-11. In addition to the multi-line non-life insurers, the health insurance industry benefited greatly from the contributions of Apollo Munich Health Insurance Co. Ltd., Star Health and Allied Insurance Co. Ltd., and Max Bupa Health Insurance Co. Ltd.

S.No	Name of the Insurer	2021-2022			2022-2023		
		Health Premium	Total premium	Total market share in %	Health Premium	Total premium	Total market share in %
1.	Royal Sundaram	211.6	1571.09	2.24	205.87	1478.75	2.51
2.	TATA-AIG	180.87	2153.76	3.04	132.54	1652.12	2.74
3.	Reliance	293.24	2018.97	2.96	224.92	1872.25	2.98
4.	Max BUPA	206.42	207.85	0.3	99.68	99.57	0.19
5.	Apollo Munich	589.3	617.33	0.8	457.69	267.25	0.7

Various Health Insurance Schemes available in India:

1. Plans for private health insurance that are voluntary or for profit.

When purchasing private insurance, consumers are prepared to pay a premium to an insurance provider that aggregates comparable risks and covers their medical costs. The primary difference is that instead of being determined by the percentage of the policyholder's income, the premiums are set at

a level that is determined by the evaluation of the policyholder's risk status and the extent of benefits offered. The Mediclaim coverage is the most widely used type of health insurance available.

2. Health insurance that is centered in the community.

Community-based health insurance, or CBHI, programs usually target the less fortunate residents of their communities. Usually, charitable trusts or non-governmental organizations (NGOs) oversee these programs. Under these schemes, members pay a predetermined annual fee for predetermined services. Most of the time, the premium is flat rate and not rising. Preventive care is the primary focus of the benefits package, while inpatient and ambulatory care are also covered. These kinds of programs are typically funded by contributions, government grants, and patient collection. CBHI programs in India are increasingly negotiating with for-profit insurers to acquire specially crafted group insurance plans.

3. Sponsored Health Insurance Programs by the Government

Up until the end of the previous decade, health insurance was primarily intended as a means of income tax evasion for the wealthy and even for them. The entire situation was

altered by the advent of GSHISs. GSHISs have introduced a new set of arrangements to govern, allocate, and manage the use of public resources for health in an environment challenged by low public financing for health, ingrained accountability issues in the public delivery system, and the persistent predominance of out-of-pocket spending, particularly by the poor. These arrangements include an explicit package of services, greater accountability for results, and a bottom-up design that is "built in" to reach universal coverage by first covering the poor.

Particulars	2022-2023
Average Amount per Claim (in Rs.)	42796.02
Premium to Contribution Ratio	143%
Claim to Contribution Ratio	112%
Claim to Premium Ratio	78%

Researchers Calculation

Ten principles were identified in the report on Universal Health Coverage (UHC) that guided the development of the UHC system in India. These include: (i) universality; (ii) equity; (iii) non-exclusion and non-discrimination; (iv) rational and high-quality comprehensive care; (v) financial protection; (vi) protection of patients' rights that ensure appropriateness of care, patient choice, portability, and continuity of care; (vii) strengthened and consolidated public health

provisioning; (viii) accountability and transparency; (ix) community participation; and (x) putting health in the hands of citizens. The same Ten Commandments that will facilitate future integration with the eagerly anticipated Universal Health Care idea are also implemented by the government-sponsored health insurance schemes.

CONCLUSION

According to the results of this study, anxiety, stress, and depression are all associated in rural and urban students. The students' general well-being and academic performance could suffer as a result. It is imperative that educators in the schools, and students understand the detrimental effects of elevated stress, anxiety, and depression. But there's still a long way to go, though. To identify the shortcomings of the current educational system and implement corrective measures for medical health, a great deal of research is needed. The government's responsibility doesn't stop with the implementation of health insurance programs. Additionally, it is anticipated to guarantee the appropriate operation of the same. Regulation of the health system is necessary, and greater standards of openness and uniformity must be guaranteed. Because, in Elizabeth Edwards' words, "affordable health care must be made affordable through affordable health

insurance; successful health reform must not only make health insurance affordable

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