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## Gender and Age Differences in Mental Health Awareness: Insights from a Quantitative Study

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**Abstract:** This study explores the impact of social and organizational factors on mental health outcomes among 102 respondents in Ahmedabad, employing a quantitative research methodology. Utilizing a structured questionnaire administered via Google Forms, the research assesses mental health awareness, sources of information, comfort levels, and stigma. Key findings reveal significant differences in mental health awareness and comfort levels based on gender, while age shows notable effects on discussions of mental health. The results highlight the need for targeted interventions to enhance mental health support. This study bridges gaps in existing literature and provides actionable insights for policymakers and mental health practitioners. Future research should consider longitudinal and qualitative approaches to deepen understanding of these dynamics. Overall, this work underscores the importance of addressing mental health issues in a culturally sensitive manner to foster well-being.

**Keyword:** Mental Health, Social Dynamics, Gender Differences

### INTRODUCTION

The interplay between mental health awareness and stigma has become increasingly significant in contemporary society, particularly in the wake of global challenges such as the COVID-19 pandemic. Mental health awareness encompasses the understanding, acknowledgment, and discussion of mental health issues, while stigma involves the societal attitudes and prejudices that often surround these conditions. Recent research highlights the multifaceted nature of this issue, reflecting diverse perspectives and contexts that underscore both progress and ongoing challenges in mental health.

The COVID-19 pandemic has profoundly impacted mental health globally, influencing individual behaviours and societal attitudes. For instance, Gajić et al. (2023) explore the psychological impact of travel decisions during the pandemic, revealing how fear of infection

can overshadow financial concerns, thereby emphasizing the intersection between mental health and external stressors in decision-making processes (Gajić, Petrović, Blešić, Radovanović, & Syromiatnikova, 2023). Similarly, Georgeou et al. (2022) address the specific mental health challenges faced by older migrants and refugees, highlighting how the pandemic exacerbates pre-existing inequalities and affects mental well-being among vulnerable populations (Georgiou, Schismenos, Wali, Mackay, & Moraitakis, 2022).

Mental health disparities are further illustrated through the experiences of marginalized groups. For example, Kalam et al. (2024) examine the educational barriers faced by Hijras in Bangladesh, linking these barriers to broader issues of social stigma and exclusion that impact mental health and well-being (Kalam, Alam, Basharat, Sarker, Mamun, & Ahsan, 2024). This highlights how systemic discrimination and lack of support can perpetuate mental health challenges within specific communities.

In the workplace, the integration of mental health considerations into work-life policies is crucial. Kossek et al. (2023) discuss how traditional work-life flexibility policies may fail to address the diverse needs of employees, including those related to mental health, and advocate for a more intersectional approach to work-life balance (Kossek, Lautsch, Perrigino, Greenhaus, & Merriweather, 2023). This research underscores the need for policies that acknowledge and support the mental health needs of all employees.

Access to mental health care is also a critical issue. Ogunsemi et al. (2010) demonstrate the utility of the Patient Health Questionnaire in detecting mental disorders in primary care settings in Nigeria, pointing to the importance of accessible screening tools in improving mental health care in low-resource environments (Ogunsemi et al., 2010). Similarly, Orton et al. (2019) highlight health inequalities faced by Roma populations, emphasizing the need for culturally sensitive and equitable health care services to address mental health disparities (Orton et al., 2019).

Moreover, the health care challenges faced by female commercial sex workers, as reviewed by O'Brien et al. (2024), reveal additional layers of stigma and barriers to mental health care that are specific to this group (O'Brien, Kistmacher, Stephen, & Flaherty, 2024). This research adds to the broader understanding of how stigma and systemic challenges can impact mental health across different sectors of society.

In summary, the current body of research illustrates a complex landscape of mental health awareness and stigma. While there have been advancements in understanding and addressing mental health issues, significant challenges remain. These challenges are compounded by various factors including systemic discrimination, inadequate policies, and cultural barriers. Addressing these issues requires a multifaceted approach that includes improved policies, increased access to care, and continued efforts to combat stigma at both individual and societal levels. The diverse perspectives provided by recent research underscore the importance of a comprehensive approach to mental health that considers the unique needs and experiences of different populations.

## **METHOD**

This study employs a quantitative research methodology to explore mental health and social dynamics within a sample of 102 respondents from Ahmedabad. The primary objectives of the research are:

- 1) to assess the impact of social and organizational factors on mental health outcomes.
- 2) to evaluate the effectiveness of contemporary interventions in addressing mental health issues.

The research aims to bridge gaps identified in the existing literature and provide actionable insights into how various factors influence mental well-being. To achieve these objectives, the study utilizes a structured questionnaire administered through Google Forms,

ensuring a systematic approach to data collection. The questionnaire is designed to capture relevant data on mental health perceptions, the impact of social and organizational factors, and the effectiveness of interventions. The choice of Google Forms for data collection allows for efficient and wide-reaching distribution, facilitating the collection of responses from a diverse sample in Ahmedabad.

The data collected from the questionnaire is analyzed using SPSS software, which provides robust statistical tools for data analysis. This analysis enables the identification of patterns, relationships, and significant differences within the data, offering insights into the research questions.

Two hypotheses guide the study:

Ho1: Social and organizational factors significantly impact mental health outcomes among individuals in Ahmedabad.

Ho2: Contemporary interventions, such as online support systems and flexible workplace policies, are effective in mitigating mental health issues.

By testing these hypotheses, the study aims to provide a clearer understanding of how social and organizational factors affect mental health and the effectiveness of various interventions in improving mental well-being. The insights gained from this research are intended to inform future policies and practices in mental health care and support.

## RESULT AND DISCUSSION

**Table 1. Age**

		Frequency	Percent	Valid Percent	Cumulative Percent
<b>Valid</b>	<b>16-18</b>	42	33.6	33.6	33.6
	<b>19-22</b>	67	53.6	53.6	87.2
	<b>23-26</b>	4	3.2	3.2	90.4
	<b>27-30</b>	12	9.6	9.6	100.0
	<b>Total</b>	125	100.0	100.0	

The demographic characteristics of the sample are crucial for understanding the context of the research on mental health and social dynamics. Table 1 presents the age distribution of the respondents, revealing that the majority fall within the 19-22 age range (53.6%), which may indicate a focus on young adults, particularly students in higher education. The next largest group is the 16-18 age category (33.6%), suggesting a significant representation of adolescents. This demographic is critical as mental health challenges often manifest during these formative years. The other age categories, 23-26 (3.2%) and 27-30 (9.6%), reflect a smaller proportion of the sample, highlighting that the study predominantly captures the perspectives of younger individuals, who may experience unique social and organizational pressures affecting their mental well-being.

**Table 2. Gender**

		Frequency	Percent	Valid Percent	Cumulative Percent
<b>Valid</b>	<b>Female</b>	76	60.8	60.8	60.8
	<b>Male</b>	49	39.2	39.2	100.0
	<b>Total</b>	125	100.0	100.0	

Table 2 provides insights into the gender composition of the respondents, with females constituting 60.8% and males 39.2%. This gender distribution is relevant as it may influence mental health experiences and perceptions. Research often indicates that gender can affect how individuals respond to mental health issues, with differing societal expectations and stigma potentially impacting help-seeking behavior. The predominance of female respondents may provide valuable insights into gender-specific mental health challenges and the effectiveness of interventions designed for diverse populations.

**Table 3. Education Level**

	<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>	<b>Cumulative Percent</b>
<b>Valid High School</b>	29	23.2	23.2	23.2
<b>Undergraduate</b>	74	59.2	59.2	82.4
<b>Post Graduate</b>	17	13.6	13.6	96.0
<b>other</b>	5	4.0	4.0	100.0
<b>Total</b>	125	100.0	100.0	

Table 3 outlines the educational background of participants, showing that 59.2% have attained an undergraduate level of education, while 23.2% completed high school and 13.6% hold postgraduate degrees. The educational attainment of respondents is significant, as it can correlate with mental health literacy, access to resources, and social support systems. Understanding the educational level helps contextualize how social and organizational factors might intersect with mental health outcomes.

**Table 4. Occupation**

	<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>	<b>Cumulative Percent</b>
<b>Valid Student</b>	91	72.8	72.8	72.8
<b>Employed</b>	13	10.4	10.4	83.2
<b>Self employed</b>	16	12.8	12.8	96.0
<b>Unemployed</b>	1	.8	.8	96.8
<b>other</b>	4	3.2	3.2	100.0
<b>Total</b>	125	100.0	100.0	

Finally, Table 4 details the occupational status of the sample, revealing that 72.8% are students. This predominance underscores the research's focus on the mental health of young adults who are often navigating academic pressures alongside social dynamics. The small percentages of employed (10.4%), self-employed (12.8%), and unemployed (0.8%) individuals suggest that the majority of respondents are likely facing unique stressors related to academic life. This occupational distribution is critical for evaluating how educational environments and social interactions within these contexts affect mental health and the perceived effectiveness of interventions. Overall, these demographic tables lay a foundational understanding of the sample population, facilitating a nuanced analysis of the research objectives.

**Table 5. ANOVA between Age and Factor**

		Sum Squares	df	Mean Square	F	Sig.
<b>Mental health awareness</b>	<b>Between Groups</b>	0.555	3	0.185	0.289	0.833
	<b>Within Groups</b>	77.413	121	0.64		
	<b>Total</b>	77.968	124			
<b>Source of information</b>	<b>Between Groups</b>	4.906	3	1.635	0.766	0.515
	<b>Within Groups</b>	258.294	121	2.135		
	<b>Total</b>	263.2	124			
<b>Discussion of the issue</b>	<b>Between Groups</b>	6.477	3	2.159	3.166	0.027
	<b>Within Groups</b>	82.515	121	0.682		
	<b>Total</b>	88.992	124			
<b>Comfort level</b>	<b>Between Groups</b>	4.145	3	1.382	1.299	0.278
	<b>Within Groups</b>	128.655	121	1.063		
	<b>Total</b>	132.8	124			
<b>Opinion on avoiding issue</b>	<b>Between Groups</b>	12.426	3	4.142	2.275	0.083
	<b>Within Groups</b>	220.326	121	1.821		
	<b>Total</b>	232.752	124			
<b>Negative comments/judgements</b>	<b>Between Groups</b>	2.835	3	0.945	1.13	0.34
	<b>Within Groups</b>	101.213	121	0.836		
	<b>Total</b>	104.048	124			
<b>Impact of social media</b>	<b>Between Groups</b>	2.179	3	0.726	0.803	0.494

	<b>Within Groups</b>	109.389	121	0.904		
	<b>Total</b>	111.568	124			
<b>Contribution to stigma</b>	<b>Between Groups</b>	9.605	3	3.202	1.577	0.198
	<b>Within Groups</b>	245.595	121	2.03		
	<b>Total</b>	255.2	124			
<b>Experience of issue</b>	<b>Between Groups</b>	1.345	3	0.448	0.604	0.613
	<b>Within Groups</b>	89.727	121	0.742		
	<b>Total</b>	91.072	124			
<b>Seek help for issue</b>	<b>Between Groups</b>	2.461	3	0.82	0.674	0.569
	<b>Within Groups</b>	147.187	121	1.216		
	<b>Total</b>	149.648	124			

Table 5 presents the results of an ANOVA analysis examining the relationship between age and various mental health-related factors. The analysis reveals several key findings regarding mental health awareness, sources of information, discussions around mental health issues, comfort levels, opinions on avoidance, stigma, and help-seeking behaviors. For "Mental health awareness," the results indicate no significant differences between age groups ( $F = 0.289, p = 0.833$ ), suggesting that age does not play a crucial role in awareness levels. Similarly, the "Source of information" and "Comfort level" factors also show no significant age-related differences ( $F = 0.766, p = 0.515$  and  $F = 1.299, p = 0.278$ , respectively).

However, the factor "Discussion of the issue" does show a significant difference ( $F = 3.166, p = 0.027$ ), indicating that age may influence how different age groups engage in conversations about mental health. The "Opinion on avoiding issue" approaches significance ( $F = 2.275, p = 0.083$ ), hinting at possible age-related attitudes toward discussing mental health challenges. The remaining factors, including "Negative comments/judgements," "Impact of social media," "Contribution to stigma," "Experience of issue," and "Seek help for issue," reveal no significant age differences. Overall, these findings suggest that while age may not significantly affect most mental health perceptions, it does play a role in discussions surrounding these issues, highlighting the importance of targeted interventions for different age groups.

**Table 6. ANOVA between Gender and Factor**

		Sum of Squares	df	Mean Square	F	Sig.
<b>Mental awareness health</b>	<b>Between Groups</b>	2.851	1	2.851	4.668	0.033
	<b>Within Groups</b>	75.117	123	0.611		
	<b>Total</b>	77.968	124			
<b>Source of information</b>	<b>Between Groups</b>	0.88	1	0.88	0.413	0.522
	<b>Within Groups</b>	262.32	123	2.133		
	<b>Total</b>	263.2	124			
<b>Discussion of the issue</b>	<b>Between Groups</b>	0.012	1	0.012	0.017	0.896
	<b>Within Groups</b>	88.98	123	0.723		
	<b>Total</b>	88.992	124			
<b>Comfort level</b>	<b>Between Groups</b>	5.194	1	5.194	5.007	0.027
	<b>Within Groups</b>	127.606	123	1.037		
	<b>Total</b>	132.8	124			
<b>Opinion on avoiding issue</b>	<b>Between Groups</b>	4.573	1	4.573	2.465	0.119
	<b>Within Groups</b>	228.179	123	1.855		
	<b>Total</b>	232.752	124			
<b>Negative comments/judgements</b>	<b>Between Groups</b>	1.014	1	1.014	1.21	0.273
	<b>Within Groups</b>	103.034	123	0.838		
	<b>Total</b>	104.048	124			
<b>Impact of social media</b>	<b>Between Groups</b>	0.489	1	0.489	0.541	0.463

	<b>Within Groups</b>	111.079	123	0.903		
	<b>Total</b>	111.568	124			
<b>Contribution to stigma</b>	<b>Between Groups</b>	3.277	1	3.277	1.6	0.208
	<b>Within Groups</b>	251.923	123	2.048		
	<b>Total</b>	255.2	124			
<b>Experience of issue</b>	<b>Between Groups</b>	0.031	1	0.031	0.042	0.837
	<b>Within Groups</b>	91.041	123	0.74		
	<b>Total</b>	91.072	124			
<b>Seek help for issue</b>	<b>Between Groups</b>	0.027	1	0.027	0.023	0.881
	<b>Within Groups</b>	149.621	123	1.216		
	<b>Total</b>	149.648	124			

Table 6 illustrates the results of an ANOVA analysis exploring the relationship between gender and various mental health factors. Notably, "Mental health awareness" shows a significant difference between genders ( $F = 4.668$ ,  $p = 0.033$ ), indicating that awareness levels may vary significantly based on gender. This suggests that interventions aimed at enhancing mental health awareness could benefit from considering gender-specific approaches. Additionally, the factor "Comfort level" also reveals a significant difference ( $F = 5.007$ ,  $p = 0.027$ ), implying that comfort in discussing mental health issues is influenced by gender. This finding highlights the potential need for gender-sensitive strategies to foster a more open dialogue around mental health.

In contrast, the other factors—including "Source of information," "Discussion of the issue," "Opinion on avoiding issue," "Negative comments/judgements," "Impact of social media," "Contribution to stigma," "Experience of issue," and "Seek help for issue"—do not show significant differences based on gender ( $p$ -values range from 0.119 to 0.896). These results suggest that while mental health awareness and comfort levels may vary by gender, many other factors related to mental health perceptions are consistent across genders. Overall, these findings underscore the importance of tailoring mental health initiatives to address gender-specific needs and experiences.

## CONCLUSION

In conclusion, this study has provided valuable insights into the interplay between social and organizational factors and mental health outcomes among a diverse sample from Ahmedabad. The findings underscore the significant role of age and gender in shaping perceptions of mental health, particularly regarding awareness and comfort levels in discussing mental health issues. While some factors demonstrated no significant differences based on



demographic variables, the notable variations in awareness and comfort levels suggest that targeted interventions could enhance mental health support systems.

The research highlights the need for future studies to explore these dynamics further, particularly in different cultural contexts and among varied demographic groups. Longitudinal studies could provide deeper insights into how mental health perceptions evolve over time, particularly in response to societal changes or interventions. Additionally, qualitative research could complement this quantitative approach, offering a richer understanding of personal experiences and challenges faced by individuals. Globally, the implications of this study extend beyond Ahmedabad. As mental health becomes a critical public health concern worldwide, understanding the factors that influence mental health perceptions is essential for developing effective, culturally sensitive interventions. Policymakers, healthcare providers, and mental health organizations can utilize these findings to inform practices that foster mental well-being, particularly in educational and workplace settings.

Ultimately, addressing mental health through a multifaceted lens that considers demographic factors can lead to more effective strategies, reducing stigma and promoting a supportive environment. This research contributes to the growing body of literature aimed at enhancing mental health outcomes, reinforcing the importance of ongoing exploration and intervention in the global context.

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