

Perceived Stress and Resilience among Young Adults during COVID 19 Pandemic: A Cross State Study

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COVID19 pandemic has severely impacted the lives of youths, especially their mental health. A rapid hike in the stress levels have been reported worldwide since the beginning of COVID-19 especially among the younger population and reduced their coping capability. The present article is an attempt to study perceived stress and resilience among young adults of Tripura and Assam. The sample is consisted of 400 young adults of Assam and Tripura. Data have been collected during February to June 2021 using Perceived Stress Scale and Brief Resilience Scale. The results indicated that there was a significant stress difference in the age, gender and domicile of the young adults of Tripura and Assam. Only gender difference was found in terms of resilience. Regression analysis lends supports to the impact of gender, domicile state and resilience on perceived stress of young adults. The youths of Tripura were found to be more resilient than Assam youths. The findings showed the significant role of resilience in reducing the stress.

Keywords: Perceived Stress, Resilience, Gender, Young Adults

COVID-19, also known as coronavirus disease, is a severe communicable disease of respiration caused by severe acute respiratory syndrome (SARS) associated virus (Page & Flores-Miller, 2021). It was identified in December 2019 in Wuhan city of China. Severe signs and symptoms of Covid includes, fever, headache, sore throat, coughing, chest pain, breathing difficulties, muscle aches, loss of smell and taste, conjunctivitis, dysentery, nausea and vomiting (Saniasiaya et al., 2021). Due to its easy transmissibility, the disease has spread across the world in a very short duration of time and adversely affected the physical and mental health of every individual (Abbott, 2021). The pandemic created a severe threat to the well-being among families as they are facing dysfunction in social life, financial insecurity, unemployment, and so on (Prime et al., 2020). COVID-19 has also given rise to the prevalence of mental health issues like stress, anxiety across regions (Mohindra et al., 2020). According to Selye (1956), stress is a human response to demands and threats which imbalances the social, biological and mental equilibrium of the person. Stress is also regarded as the process of adapting to situations that disrupt, or threaten a person's overall well-being

(Lazarus & Folkman, 1984). Stress can lead to psychological and physical arousal in our body and excessive stress contributes to physical and mental health impairments (Chan, 1977).

Stress is a multifaceted phenomenon. Stress can be environmental, social, biological or psychological that challenges a person to transform or adjust (Bourne & Yaroush, 2003). Environmental and social factors include the house or workplace environment and bonding with others whereas biological and psychological factors comprehend the genes, lifestyle, food habits, nutritional status, and overall physical and mental wellbeing of an individual (Gazzaniga et al., 2010). Stress can manifest through cognitive or emotional symptoms to physical and psychological symptoms (Selye, 1976). If the stress level does not return back to normalcy and prolongs for a longer period of time, then it may be considered that the coping has failed and the person is at risk (Nicolson, 1992).

Rapid hikes in the stress levels have been reported worldwide since the beginning of COVID-19 across people of all ages, religion, caste and region. The youths were found to be more susceptible to stress (Kowal et al., 2020).

A study reported that the prevalence of stress has increased to 53% during the pandemic in many countries. Not only this, prevalence of depression and anxiety is found to be higher as well (Lakhan et al., 2020). In US, around 138 students of a public university (71%) have reported high level of stress and anxiety since Covid-19 has started (Son et al., 2020). In China, 112 million people (8.1%) have reported to suffer from moderate to severe levels of stress during COVID-19 (de Duarte et al., 2020; Wang et al., 2020). Similarly, 27.2% Italians reported increased levels of stress since the pandemic has started (Mazza et al., 2020). 82.5% students of Oman had experienced moderate level of stress due to e-learning method during pandemic (Malik & Javed, 2021). Similarly, in Lucknow, India, a study reported that 97.4% students had moderate perceived stress (Tiwari et al., 2021). A study in Kerela, India, reported that around 1073 adults (65.7%) have higher levels of stress during the first outbreak of Covid-19 (Fenn et al., 2021). Another study in India, reported that among 1871 participants, three-fourth (74.1%) of them have moderate level of stress (Grover et al, 2020). It is clearly evident how COVID-19 has increased our stress levels compared to pre COVID times. It has enormously crushed our health and resulted in poor physical and mental health worldwide (Liu et al., 2021).

During such challenging times, adhering and adopting different coping strategies has become a prime focus. Coping is referred to different methods of adopting and responding to the stressful event or period of life (Antoniazzi et al., 1998). Coping can be internal or external (Lazarus & Folkman, 1984). There are several techniques to manage stress like yoga, meditation, deep breathing exercises, relaxation techniques, time management, spending time with family members, eating healthy foods, playing indoor games etc. Apart from all these, resilience is also considered as a very crucial coping strategy to deal with stress and burnout (Edward & Warelou, 2005; Smith et al., 2020). Resilience acts as a protective factor against stressful situations and defends the individual's psychological being by increasing positive thinking and attitudes (Grant & Kinman, 2014).

Resilience is the emotional and mental competency to protect self against the potential stressors during a crisis situation. It helps in coping during difficult times and helps in promoting and maintaining health (Robertson et al., 2015). It also looks for upgrading and supporting health and preventing illness (Muller, 2009). Resilience is reported to be modifiable construct and can be increased through proper psychological interventions (Kaplan et al., 1996). Improved resilience results in both positive physical and psychological outcomes among all age groups throughout the lifespan. It promotes positive emotions, better physical and mental functioning. (McGrath & Kovacs, 2019). Huffington suggested that, we can teach ourselves to be resilient just the way we learn various skills in our everyday life (Huffington, 2020). A study in Minnesota, reported that 41.7% youths had higher resilience and thus, they have better emotional health and well-being (Kermott et al., 2019). Another study in Brazilian university found that younger adults have lower resilience than the older adults (Amaral-Prado et al., 2020).

The current paper is a cross-cultural study in nature. It tries to study the stress and resilience of young adults of two states of North East India, Assam and Tripura. It also tried to examine the level of stress and resilience among young adults across variations in age, gender, education level and type of family. Further it attempted to ascertain the impact of socio-economic factors on the level of perceived stress and resilience among the young adults of Tripura and Assam.

Method

Participants

The sample was consisted of 400 young adults belonging to the states of Assam and Tripura. Out of 400 participants, 200 participants were from Assam and rest 200 were from Tripura. Further among them 201 were male participants while the rest were female subjects.

Study Tools

Background Information Schedule was prepared to collect the socio-demographic details from the participants.

The Perceived Stress Scale (PSS) developed by Cohen et al. (1983) was used for measuring

one's own perception of stress during the last month. The reliability of the scale was found to be $>.70$. The PSS scores ranges from 0-40, where 0-13 are considered as low stress. 14-26 are considered as moderate stress and 27-40 scores are considered as high perceived stress.

The Brief Resilience Scale (BRS) developed by Smith et al., (2008) was used to assess one's ability to bounce back or recover from stress. The BRS is a validated tool with an acceptable Cronbach's alpha value of 0.71. In this scale scores from 1.00-2.99 indicates low resilience, 3.00-4.30 indicates normal resilience and 4.31-5.00 scores indicates high resilience.

Procedure

Due to pandemic situation, data was collected in online mode through Google form. Data collection was done during February to June 2021. All the detailed information and instructions were clearly written in the Google form so that the participants can understand the objectives of the research work. Proper instructions regarding answering each questionnaire were also given. Before administering the questionnaires, participants were requested to give their consent to confirm their interest in participating in the study. After getting their consent, the Google form containing all the questionnaires were sent to them through Whats App and Email. In this way, all the 400 data were collected in online mode. Snow ball sampling technique was used for data collection.

For further scoring and analysis of data, t-test, ANOVA, and multiple regressions were done using IBM SPSS (v.25).

Results

Table 1 showed that participants of 19-23 years of age were found to have significant amount of stress in comparison to participants of 24-28 years. Female subjects were more susceptible to stress in comparison to their male counterparts. Overall, young adults of Assam had more stress than the participants of Tripura. However, no significant difference in stress was found in terms of their education and family type.

The findings showed that the resilience of young adults differed significantly in their age level. This further indicated that younger subjects had low resilience than their counterparts. However, no significant difference was found in other socioeconomic variables

Multiple regression analysis has been carried out to investigate the role of socio-demographic factors and resilience on the perceived stress of the participants of Assam and Tripura. The results indicated 25.9% of variance and three significant predictors of perceived stress. Gender (.240; 95% CI= 1.77 to 4.44, $p>0.01$) followed by domicile (-204; 95% CI=-3.97 to -1.31, $p>0.01$) and resilience (-.322; 95% CI= -.892 to -.470, $p>0.01$) contributed significantly in predicting perceived stress among young adults of Assam and Tripura. Others factors do

Table 1: Perceived Stress Scores according to Socio-demographic Variables (N=400)

Variables	Parameters	N	Mean	S.D.	p
Age	19-23 years	215	21.05	6.36	.000**
	24-28 years	185	18.32	6.15	
Gender	Male	201	17.63	6.38	.000**
	Female	199	21	6.12	
Domicile	Assam	200	20.81		.000**
	Tripura	200	17.43		
Education Qualification	Studied up to Higher Secondary	63	21.03	6.44	.212
	Graduate	158	19.85	6.60	
	Post Graduate	82	19.14	5.93	
Family Type	Nuclear	232	19.69	6.58	.312
	Joint	71	20.57	5.76	

**Significant at 0.01 level

Table 2: Resilience scores according to socio-demographic variables (N=400)

Variables	Range	N	Mean	S.D.	p
Age	19-23 Years	215	18.07	3.23	0.30*
	24-28 Years	185	18.87	3.01	
Gender	Male	201	18.62	2.97	.136
	Female	199	18.15	3.1	
Domicile	Assam	200	18.30	3.16	.521
	Tripura	200	18.50	2.96	
Education Qualification	Studied up to Higher Secondary	63	18.03	3.72	.530
	Graduate	158	18.43	3.78	
	Post Graduate	82	18.62	3.40	
Family Type	Nuclear	232	18.51	3.12	.274
	Joint	71	18.04	3.29	

*Significant at 0.05 level

Table 3: Regression analysis showing the impact of demographic variables and resilience on perceived stress of the participants

Variables	Bivariable		Multiple Linear Regression		
	β (95% CI)	Standard Error	β (95% CI)	Standard Error	p
Age	-.211 [-4.22, -1.31]	.738	-0.79 [-2.51, .440]	.750	.168
Gender	.260 [2.11, 4.64]	.644	.240 [1.77, 4.44]	.678	.000**
Domicile	-.260 [-4.64, -2.11]	.644	-.204 [-3.97, -1.31]	.675	.000**
Education Qualification	-.100 [-1.99, .123]	.538	-.050 [-1.49, .556]	.520	.370
Family type	.058 [-.840, 2.62]	.878	.076 [-.395, 2.716]	.791	.143
Resilience	-.365 [-.970, -.572]	.101	-.322 [-.892, -.470]	.107	.000**
$R^2 = 25.9\%$					

CI = Confidence Interval, Dependent Variable = Perceived Stress; **Significant at 0.01 level

Table 4: Regression analysis showing the impact of demographic variables on resilience of the participants

Variables	Bivariable		Multiple Linear Regression		
	β (95% CI)	Standard Error	β (95% CI)	Standard Error	p
Age	.125 [.074, 1.47]	.355	.103 [-.161, 1.49]	.418	.114
Gender	-.077 [-1.090, .149]	.315	-.100 [-1.370, .111]	.376	.095
Domicile	.033 [-.418, .824]	.316	.011 [-.760, .857]	.397	.849
Education Qualification	.063 [-.225, .781]	.256	.025 [-.456, .688]	.291	.691
Family type	-.063 [-1.274, .362]	.416	-.083 [-1.484, .248]	.440	.161
$R^2 = 2.9\%$					

CI = Confidence Interval, Dependent Variable = Resilience

not have significant impact on the stress level of the study subjects.

Table 4 showed that there is no significant impact of any socio-demographic variable on the resilience of the young adults of Assam and Tripura.

Discussion

The current research paper is a cross-cultural study. It tries to study the differences and impact of several socio-economic factors on the perceived stress and resilience among the young adults of Tripura and Assam. Findings revealed that younger subjects were more stressful. Some previous studies also found that the young people are also more susceptible to stress and other mental issues (Ahmed & Prashantha, 2018; Varma et al., 2021). Eva et al. (2015) and Costa et al., (2021) found that female young adults have higher prevalence of perceived stress than their male counterpart, especially during COVID-19. These studies also corroborate with the results of current paper. The present study also showed that the young adults of Assam had more stress than those of Tripura. No such similar studies among Assam and Tripura have been found. However, different studies showed that stress level seem to differ among different cultures (Matheny et al., 2008; Moheb & Ram, 2010; Sun & Nolan, 2021).

Age difference in resilience revealed that participants of 24-28 years have been reported to have significantly higher resilience than age group of 19-23 years. Studies also found that resilience increases with maturity and change in perceptions, which vary with age and experience (MacLeod et al., 2016; Svence et al., 2015). Bezek (2010) reported that there was no gender difference in resilience among adults. A study in Pakistan also reported no gender difference in terms of coping and resilience (Masood et al., 2016). These findings are in line with the results of the present paper. Moreover, the variance in domicile also not differed significantly in terms of their resilience. Many previous studies have also found similar findings. They concluded that resilience does not differ culturally (Álvarez de Andrés et al., 2019; Nedaei et al., 2022). The current study also showed that perceived stress and resilience of the young adults of Assam and

Tripura did not differed significantly with respect to their educational qualification and family type. Adults irrespective of their educational qualification, seems to have similar stress and anxiety and found to have dealt with them in similar patterns (Zeidner, 1996).

Regarding predicting factors of stress among young adults, the results indicated gender, domicile and resilience have a significant effect on the perceived stress of the participants. Many studies in the past have accepted the role of gender on perceived stress and also cited that female gender is associated to high level of stress than the male (Amr et al., 2008; Costa et al., 2021; Graves et al., 2021). Interaction between the individual and the environment where they live in plays a very important role in their perceived stress (Phillips, 2013). Studies showed the mediating role of area of living on stress and how it further affects our physical and mental health (Lee et al., 2021; Shavitt et al., 2016; Wang et al., 2021). Multiple studies showed how resilience impacts the level of perceived stress and how it affects a person's well-being and quality of life (Chen & Kuo, 2020; Sarrionandia et al., 2018; Tung et al., 2014). However, results found no significant impact of age, educational qualification and family type on perceived stress. It is evident that aging does not impact perceived stress but found to have an indirect relation through social support and coping (Scott et al., 2013; Trouillet et al., 2009). Similarly previous study also showed no relation of education and family type on perceived stress of adults (Prime et al., 2020; Zeidner, 1996). It is the students' perception of stress and their control of time that decided their stress levels (Macan et al., 1990).

In case of resilience, the current results showed no significant impact of age, gender domicile status, education qualification and family type of the participants on their resilience. Though many studies prove otherwise, but Arrogante and Aparicio-Zaldivar (2017) found no impact of any demographic on the resilience of adults. It could be due to the fact that resilience is largely developed during childhood, and by the time a person reaches adulthood, his/her resilience is already determined. Hence, socio-demographic variables have no such impact on

determining reliance of young adults, indicating that resilience may be largely determined during the period of childhood, irrespective of their culture (Daníelsdóttir et al., 2022).

Numerous studies found the reverse relationship between perceived stress and resilience and how stress impacts the resilience of an individual belonging to any age group (Chen & Kuo, 2020; García-León et al., 2019; Pourafzal et al., 2013).

Conclusion

The paper aimed to study the impact of different socio-demographic variables on perceived stress and resilience among the young adults of Tripura and Assam, during COVID19 pandemic. Findings showed significant difference in perceived stress with respect to the participants' age, gender, and area of living. The result indicated only age difference in resilience. In case of other variables no significant difference was observed in resilience. Among the socio-demographic variables gender and domicile status had impact on the level of perceived stress of the subjects. On the contrary, no socio-demographic variable was found to have significant impact on their resilience. Resilience had a significant impact on perceived stress indicating that individuals with high resilience had low level of perceived stress.

Thus, the present study emphasises that the role of resilience is undeniably very significant in reducing stress. Nurturing resilience among the youths would not only help them in coping with challenges of life but also protect them from various mental health issues such as stress, anxiety, depression, etc. Having a hopeful and positive approach towards life and establishing strong and meaningful relationships helps in building resiliency. Resiliency among the youths of Assam and Tripura would keep the risk of mental health conditions at bay and also improve their coping ability.

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