INSIGHTS INTO COPING STRATEGIES FOR STRESS THROUGH PERCEPTION, KNOWLEDGE, AND ATTITUDE

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ABSTRACT

The study was done to understand the knowledge about mental stress that individuals have, how they perceive it, and their attitude toward stress and patients suffering from it. The descriptive cross-sectional study was performed in Prayagraj, U.P., INDIA, by preparing a questionnaire in which 177 responses were found relevant to the research. The statistical analysis used a chi-square significance test following a post-hoc test to understand the reason. Descriptive statistics were used to analyse demographic variations among the respondents.

Gender, marital status, occupation, and family income were found to be associated with mental stress. Data analysis indicates that gender differences influence variations in medication and exercise practices. Marital status is linked to the use of the internet and past trauma. Students and the unemployed are more likely to inform guardians, while financial issues affect the private sector. High-income individuals face more economic problems.

Research study shows that more females have stress due to relationships, future fear, and social withdrawal increases, and males encourage others to take medication/exercise. Unmarried people gain knowledge about stress through the internet, and past experiences, trauma, and health concerns are reasons for stress, which leads them to increased use of alcohol. Students and unemployed individuals said informing guardians is best. Private sector workers are stressed due to financial issues. Most people prefer exercise and medication to cope with mental stress. Lack of awareness is a significant barrier to seeking help from psychologists.

Keywords: Mental Stress, Stress Factors, Perception, Knowledge, Attitude, Coping Mechanism.

INTRODUCTION

Many people experience mental stress but choose not to share it due to social stigma or a lack of awareness about their condition (Corrigan & Shapiro, 2010). They may not realise the extent of the impact on their physical and mental health and that professional help is available. Raising awareness and promoting understanding of mental stress is essential to address this. This study aims to understand better people's attitudes towards mental stress and how they perceive related information.

A perception analysis of knowledge and attitude concerning mental stress would encompass various components involving awareness levels, beliefs, attitudes, coping

mechanisms, and the availability of resources to manage mental stress. Awareness levels measure people's understanding of mental health issues, including their causes, signs, and potential solutions (Jorm, 2012). It comprises assessing the level of knowledge regarding stressors such as pressure from the workplace, financial difficulties, interpersonal issues, or societal expectations and how these may impact mental health (Colligan & Higgins, 2006).

Socio-demographic factors such as age, gender, education, occupation, and socioeconomic status are just a few of the variables that need to be considered since they affect people's attitudes, behaviours, and understanding regarding mental health (Song et al., 2016). Understanding how these characteristics interact with emotions of mental stress can inform targeted therapies meant for specific demographic groups. Beliefs and attitudes play culturally and socially ingrained beliefs significantly impact individuals' perceptions of mental health. Coping mechanisms examining how people adaptively respond to mental stimuli might reveal how they manage psychological discomfort. This includes recreational activities, social support networks, professional counselling, and religious traditions (Walsh, 2011). Assessing the effectiveness of these coping mechanisms and discovering any weaknesses is essential.

By conducting a perceptional analysis encompassing these above dimensions, stakeholders can gain valuable insights into the knowledge, attitudes, and coping mechanisms related to mental stress, facilitating the development of targeted interventions and policies to promote mental well-being. Mental stress is a psychological condition in which a human cannot achieve the standards or expectations set by themselves or others (Flett & Nepon, 2020). As per the World Health Organization's (WHO) definition, health encompasses a condition of holistic well-being, including physical, mental, and social dimensions, rather than solely the absence of illness or incapacity" (Kirsten et al. 2009).

Stress is "a condition of concern or psychological strain triggered by challenging circumstances." (Hobfoll, 1989). The American Psychological Association has delineated stress as "the physiological or psychological reaction to internal or external stressors. Stress encompasses alterations that impact nearly every bodily system, shaping individuals' emotions and actions." Stress affects the mind and body (Yaribeygi et al., 2017). While some stress is necessary to perform daily functions, too much stress can hinder day-to-day performance (Wang et al., 2020). A person suffering from mental stress shows various characteristics in their behaviour, such as social withdrawal, mood swings, changes in sleep pattern, changes in appetite, fatigue, difficulty in concentrating, excess fear, and, in severe conditions, suicidal thoughts (Alswedani et al., 2023). Different reasons cause stress, such as work pressure, financial issues, educational load, relationship issues, trauma from experience, health concerns, and fear of the future (Cartwright & Cooper, 1997). Over time, for numerous individuals, stress diminishes as the situation improves and they endeavour to manage it.

There are different ways that people dealing with mental stress cope with their condition. These coping strategies include talking to friends and family, exercising, practising meditation, journaling, and engaging in hobbies (El-Ghoroury et al., 2012). Nevertheless, various obstacles may hinder individuals from seeking professional assistance, including apprehension of being judged, the financial burden associated with treatment, restricted access to mental health services in particular regions, and insufficient understanding of mental health concerns.

REVIEW OF LITERATURE

In (Dawood & Modayfer, 2016) researched understanding public attitudes toward mental illness and mental health services in 3464 Saudi adults. It was found that there was an

increase in negative attitudes towards mental health. Suggestions were given to guide and support the public and organise educational programs.

In (Puspitasar et al., 2020) opined about the perception, knowledge, and attitude of students toward mental health disorders and their treatment. It was observed that 48% of students had positive perceptions, 50% possessed good knowledge, and 52% had positive attitudes. It was also noted that females had 1.5 times more positive attitudes towards mental health than males. It was established that the knowledge and perception of students influence the attitude of the students. The importance of awareness campaigns and programs in increasing awareness was also emphasised (Puspitasari et al., 2020).

Conducted a study to comprehend the occurrence and pattern of mental illness in M.P. The population with mental health was 13.9%, and lifetime prevalence was 16.7%, while a treatment gap of 90 % was found with a duration of 5 years. For initial help, patients looked out for local priests and traditional healers due to cost and lack of awareness about treatment. It was evident that Madhya Pradesh lacked the required mental health services. The impact of mental illness was significant on the patients and their families, with monthly expenses of Rs. 1450 for patient care. Recommendations include prioritising treatment and rehabilitation, improving the quality of mental health services, training existing staff, raising awareness in the community, and implementing regular evaluation and correction (Amudhan et al., 2020).

Examine college students' perceptions of getting expert help during the COVID-19 pandemic, stigma around mental health, and mental health literacy. It finds a favourable relationship between these variables. There were evident gender variations in the knowledge of mental health concerns and the habit of seeking help (Siby and Vijayan, 2021).

Evaluated and compared Oman's secondary school students and instructors' understanding of and attitudes toward mental illness. The results showed that, in comparison to 16.5% of teachers, students knew less about mental illness, with more than half scoring below 60%. 80% of students and 76% of teachers showed negative or tiny positive opinions toward those who have mental illness. Teachers possessed far more knowledge than students, but students' attitudes were more optimistic (Al-Omari & Al-Rifai, 2022).

Found out how Australian pre-registration nursing students felt about individuals with mental illness at the beginning of their program and what encounters they had had with them in the past. Though some students showed rejecting attitudes toward societal limitations and views of people with mental illness as hazardous, overall, students' opinions were mainly supportive (Boardman & Alexander, 2011).

Conducted a study on medical students from the University of Uganda and found that about 77.72% of students had a high knowledge of mental health. Males have better attitudes towards mental health than females. 46.92% of students had a positive perception, while 53.08% had a negative perception. The study recommends introducing early training to improve students' knowledge and ability. Strategies to improve knowledge, attitudes, and perceptions must also be implemented (Ledibane, 2022).

Undertook a study examining the knowledge, attitudes, and behaviours concerning individuals with mental illness within the Lebanese population. Their research involved 2289 participants through a cross-sectional study, achieving a response rate of 76.3%. The findings revealed that 67.8% of participants exhibited higher levels of public stigma toward mental illness, while 61.9% displayed more excellent mental health knowledge, and 66.9% demonstrated more favourable mental health behaviours. The primary conclusion was that increased knowledge correlates with improved behaviours and attitudes. Hence, the study advocates implementing awareness campaigns across various public domains to mitigate stigma effectively (Doumit et al., 2019).

OBJECTIVES

1. To investigate the demographic factors influencing factors responsible for mental stress.
2. To identify the sources of knowledge and information about mental stress management.
3. To explore the prevalent perceptions of mental stress among individuals.

Hypothesis

There is no significant association between demographic parameters and different variables of mental health.

Research Gap

This study aims to enhance comprehension regarding how individuals perceive and cope with mental stress. The research will explore the factors shaping individuals' attitudes and perceptions regarding managing mental stress. Furthermore, it will evaluate the extent of awareness and utilisation of mental health resources and support systems within Prayagraj. The findings derived from this study can inform the development of targeted strategies and interventions aimed at fostering mental well-being and stress management practices customised to meet the unique requirements of the Prayagraj community.

MATERIALS AND METHODS

The Study Design and Setting- The observational cross-sectional study was used to measure the attitude and knowledge of the population through the online method by forming a questionnaire. The study focuses on the attitude of the population towards people suffering from mental stress. It also assesses the population's knowledge and perception regarding mental stress. The different demographic variables in this study include age, gender, marital status, family income, educational qualification, and occupation. The study was conducted in Prayagraj, a city in Uttar Pradesh, INDIA.

Sample size and participants- Our study involves a cross-sectional study performed using data collection through Google Forms, filtered to about 300 random individuals in the region. Out of 225 responses, incomplete forms were rejected to finalise 177 responses. Our sample includes students, business owners, government sector employees, private sector employees, and the unemployed community. The survey excluded participants under 18 years of age due to their lower likeliness of experiencing mental stress.

Study Instruments

A structured tool was used to access the participant's knowledge, attitude, and practice along with their demographic data; a standard questionnaire tool analysing stress, mental health, and other related variables was used in this study. Respondents were asked to share their answers based on a five-point Likert scale, a three-point scale, and yes/no questions. Each question was given with a proper explanation of what the question wanted to ask and the proper example. A pilot study was conducted to test the tool's validity in a local context before the data collection. Based on feedback from the pilot study, modifications were made to the final tool, and data was collected.

Statistical Analysis

Descriptive statistics were used to describe the demographic characteristics of the respondents, and the data was summarised into tables. Based on the nature of the data received, the chi-square test of significance was employed to understand the association

between demographic variables and reasons or outcomes. This post-hoc testing was performed to understand the appropriate reason for the variations.

RESULT AND DISCUSSION

The survey was designed to gain insights into the respondents' perceptions, knowledge, and attitudes towards mental health. In addition, the survey also included questions related to various sociodemographic characteristics to better understand the respondents' composition. This approach allowed for a more comprehensive analysis of the responses, which can provide valuable insights into the mental health landscape across different demographics. Of the total respondents of 177 sample size, 45% were females, and 55% were males; regarding education, 5% have a doctorate, 60% are graduates, 1% have completed their high schooling, and 12% have completed intermediate study. In contrast, the remaining 23% is postgraduate. Regarding marital status, 14% are married, and 86% are unmarried. In occupation, 7% are business-owned, 4% are in the government sector, 23% are in the private sector, 60% of respondents are students, and 6% are unemployed. 21% owed family income between 3-5 lakhs per annum, 22% owed between 5-8 lakhs per annum, 15% comes under 8-12 LPA, and 10% and 32% owed in family income above 12 LPA and below 3 LPA respectively.

The literature review suggested the following factors responsible for understanding stress, which are used as a marker in the study. Most factors are related to perception, knowledge, and attitude. (Figure 1)
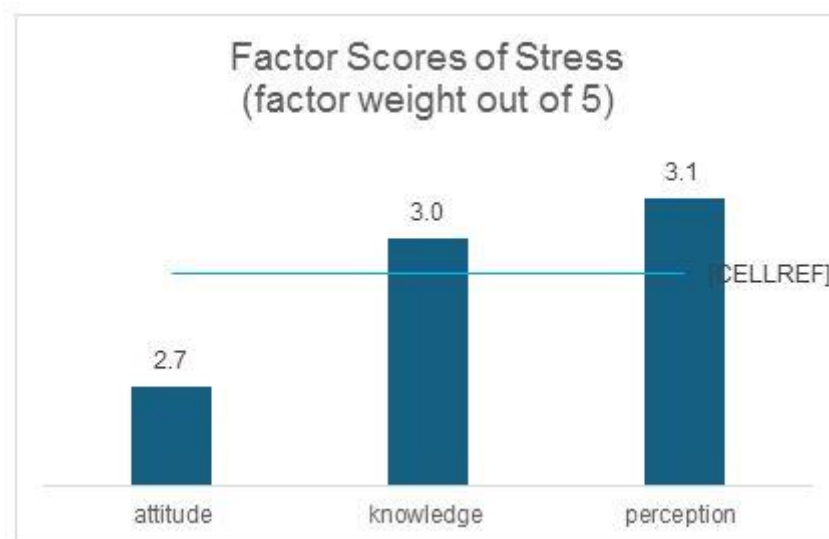

FIGURE 1
COMPARATIVE FACTOR SCORES OF STRESS

The analysis revealed that the overall score for the knowledge factor was 3.02, indicating a moderate level of awareness about mental health among respondents. In contrast, the attitude factor scored 2.7, suggesting a generally cheerful disposition towards counselling methods for mental stress. However, despite adequate knowledge levels, there needed to be more in the willingness to engage in proactive stress management practices, as reflected in the lower attitude scores.

The study investigated the effect of demographic variables on different markers of stress, and the major factors found to have significant effects are represented through the following figures. (Figure 2)
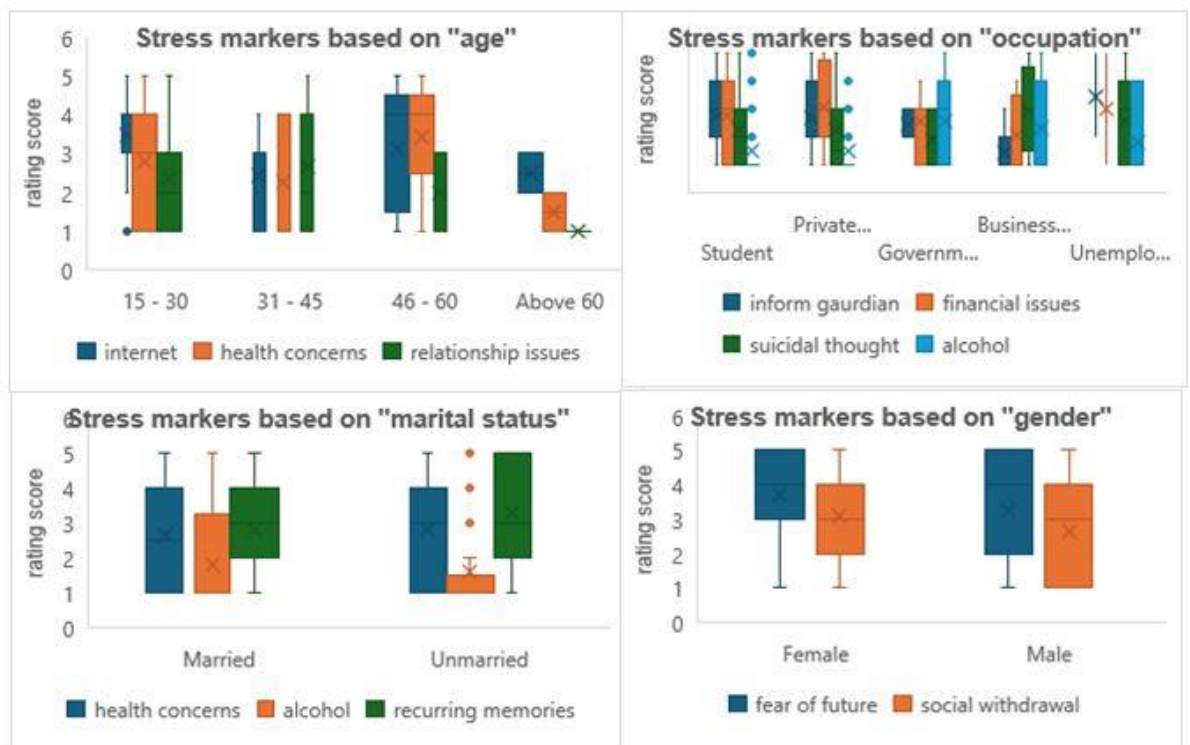
FIGURE 2
CHANGE IN STRESS LEVEL BASED ON DEMOGRAPHIC VARIABLES (AGE, GENDER, OCCUPATION, AND MARITAL STATUS)

From the analysis, the stress marking for fear of the future in females was higher than in males, as the average marking in females was higher than in males, although the median value in both genders was the same. As for the stress marking in tendencies of social withdrawal due to stress, females have an average marking higher than males; the median value for it was the same in both genders.

For the stress markings based on marital status, it was found that married people have lower average markings for stress due to health concerns than unmarried. Also, the median was lower in married people than in married people. The average marking for tendencies to use alcohol due to stress was found to be slightly higher in married people than in females. The average unmarried person has suffered more from recurring memories of stress conditions than married people.

For the stress marking based on age, the average ranking for the age category 15 to 30 has higher stress marking than the other age categories for internet usage as a source of knowledge about mental stress. Stress due to health concerns has a higher average marking in age groups 46- 60 than the other age groups. Similarly, stress due to relationship issues has a higher average marking in the age group 31-45 than the different age groups.

Based on occupation, students and the private sector have a higher marking when asked to inform guardians as a counselling method than other occupation categories. Due to financial issues, private sector individuals have the highest average marking compared to other occupation categories. Tendencies of suicidal thoughts due to mental were seen highest in business-owned people. The increased alcohol usage is seen as the highest among government employees.

Objective 1: To Investigate the Demographic Factors Influencing Attitude towards Mental Stress

In terms of counselling others who are suffering from mental stress, 34% of respondents were highly likely to encourage others to take medication and exercise, where the possibility for males is higher. For social withdrawal as a coping mechanism, 24% of individuals had a neutral opinion of it. Females are more influenced, and for smoking and alcohol, 80% are implausible to choose it as an option for coping, especially unmarried individuals.

Our study found the landscape of self-perceived personality traits, with a notable prevalence of ambiversion. This underscores the significance of acknowledging the spectrum of personality types beyond the conventional dichotomy of extroversion and introversion. Embracing this complexity can foster a deeper understanding of individual differences and enhance interactions in both personal and professional contexts. (Table 1)

Table 1 TEST OF ASSOCIATION FOR FACTORS FOUND RESPONSIBLE FOR STRESS			
Demographic factors	**Stress factors**	**p-value**	**Hypothesis**
Gender	Fear of future	0.028	Alternative
	Social withdrawal	0	Alternative
Marital status	Internet	0.037	Alternative
	Health concerns	0	Alternative
	Increased use of alcohol	0.046	Alternative
	Recurring memories	0.049	Alternative
Age	Internet	0.015	Alternative
	Relationship issues	0.012	Alternative
	Health concerns	0.003	Alternative
Educational Qualification	Will give realistic solutions to the problem	0.033	Alternative
Occupation	Inform their guardians	0	Alternative
	Financial issues	0.038	Alternative
	Suicidal thought	0.019	Alternative
	Smoking and alcohol	0.021	Alternative

The study was based on the null hypothesis that there is "no significant association between demographic parameters and different variables of mental health". Using the Chi-Square test of association study, 13 of the markers failed to accept the null hypothesis based on a p-value less than 0.05. Hence, it is found that these variables change significantly due to variations in demographic variables.

It was found that various gender groups have mental stress due to fear of the future, and it tends them to withdraw from engaging socially. Similarly, it was found that factors such as the internet, health concerns, increased use of alcohol, and recurring memories have an association with the marital status of respondents. If we talk about age, it is associated with the internet, relationship issues, and health concerns. Educational qualifications have a significant association with providing realistic solutions against stress. Also, it was found that occupation as a demographic factor accepts alternate hypotheses with factors such as informing guardians, financial issues, suicidal thoughts, and smoking and alcohol.

The study began with the null hypothesis that demographic parameters have no significant association with various mental health variables. The Chi-Square test of association uncovered that those 13 markers rejected the null hypothesis, indicating a substantial alteration in these variables due to demographic variations, as evidenced by a p-value less than 0.05.

In examining different gender groups, it became evident that individuals experience mental stress, mainly driven by concerns about the future, leading them to withdraw from social engagement. Furthermore, factors such as internet usage, health worries, heightened alcohol consumption, and recurring memories exhibited a correlation with respondents' marital status. Age was associated with internet usage, relationship conflicts, and health concerns. Educational qualifications emerged as a significant factor in offering pragmatic solutions against stress. Moreover, occupation, as a demographic variable, supported the alternative hypothesis about informing guardians about financial difficulties, suicidal ideation, and substance use, including smoking and alcohol consumption. (Table 2)

Objective 2: To Identify the Sources of Knowledge and Information about Mental Stress Management

| Table 2 SCORE SHEET FOR RESPONDENT'S SOURCE OF KNOWLEDGE ABOUT MENTAL STRESS						
Source of knowledge	**Not important**	**Slightly**	**Important**	**Fairly important**	**Very important**	**Weighted Score**
		important				
Internet	11%	13%	27%	28%	20%	3.35
Personal experience	8%	21%	33%	29%	8%	3.3
Discussions with other people	8%	15%	28%	27%	21%	3.05
Mass media	13%	22%	29%	25%	11%	2.99
Academic studies	24%	19%	24%	21%	12%	2.78
Awareness campaign	25%	22%	24%	20%	9%	2.66

The study revealed that individuals primarily relied on the Internet, personal experiences, and discussions with others to obtain information related to mental stress. The study highlighted the internet as a predominant source, with 21% of respondents considering it very important, while only 8% deemed it unimportant. Interestingly, unmarried individuals were more inclined towards internet usage than their married counterparts. While selecting informing guardians as a choice for mental stress-related issues, 14% expressed a high likelihood, whereas 21% were unlikely to do so. Also, it was observed that the students and unemployed individuals exhibited a higher susceptibility to mental stress compared to those involved in business ownership.

Objective 3: To Access and Explore the Prevalent Perceptions of Mental Stress Among Individuals

According to a survey, financial issues are a prominent cause of mental stress, with 24% of respondents considering it to be improbable. Compared to students, the private sector is more prone to financial issues. Additionally, individuals with incomes above 12 LPA are more likely to be affected by financial stress than those with incomes between 3-5 LPA.

While examining the responses, it was found that 41% of respondents considered relationship issues the least likely reason for mental stress. However, females are more affected by relationship issues than males. Moreover, it was noticed that 26% of respondents

considered trauma from past experiences to be an extremely likely reason for mental stress, with unmarried individuals being more susceptible to it. As for health concerns, 28% of respondents believed it to be an implausible reason for mental stress. However, unmarried individuals are more impacted by it. Lastly, 36% of respondents identified fear of the future as a highly likely stress-related reason. Females are also more prone to this type of stress than males. (Figure 3)
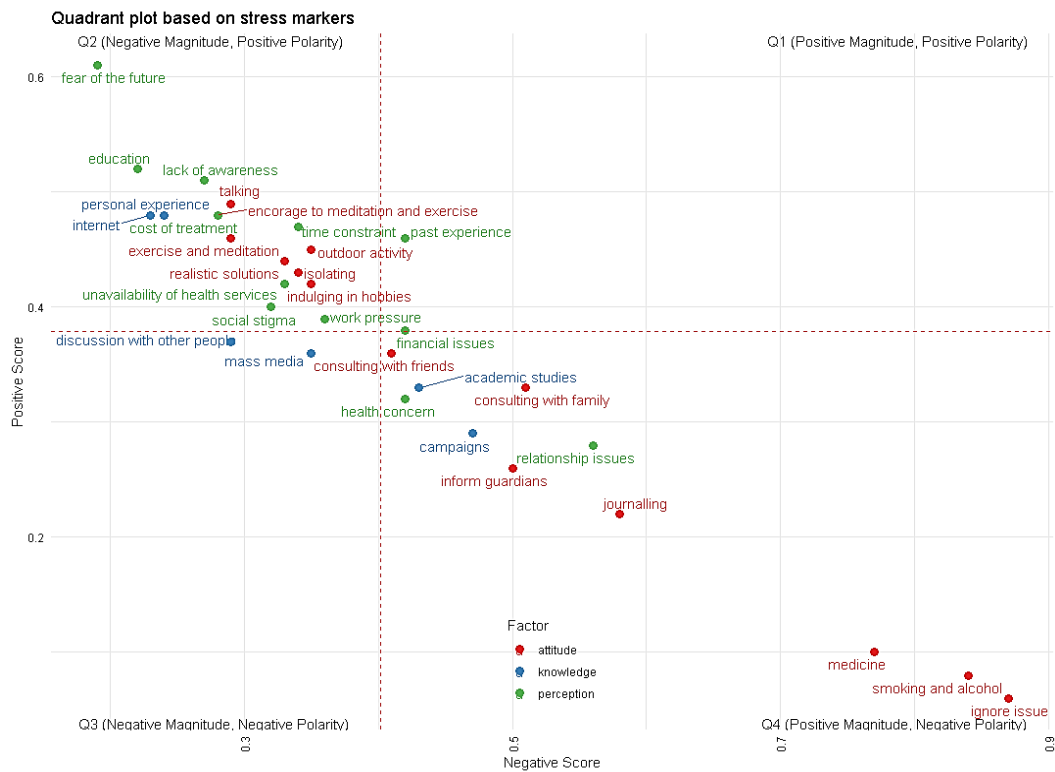
Note: In the context of the provided quadrant plot based on stress markers.

FIGURE 3
PREVALENT PERCEPTION SCORE BASED ON POSITIVE AND NEGATIVE RATINGS

Polarity and magnitude are concepts in data analysis that provide a comprehensive understanding of measurements. Polarity indicates the direction of a measurement, distinguishing between favourable (favourable) and adverse (unfavourable) outcomes. Magnitude, on the other hand, represents the intensity of a measurement, regardless of its direction. This dual perspective is treasured when visualizing data, such as in quadrant plots, where polarity and magnitude can reveal meaningful patterns and trends.

Polarity represented as positive polarity: Indicates a positive or beneficial effect. Found in Q1 (upper-right) and Q2 (upper-left) and negative polarity: Indicates a harmful effect. Found in Q3 (lower-left) and Q4 (lower-right).

Magnitude is represented in positive magnitude: Indicates a high degree of effect. Found in Q1 (upper-right) and Q4 (lower-right) and negative magnitude: Indicates a low degree of effect. Found in Q2 (upper-left) and Q3 (lower-left).

The factors determining the respondents' perception, such as fear of the future, have a negative magnitude and negative polarity, financial issues have a positive magnitude and positive polarity, and health concerns and relationship issues have a positive magnitude and negative polarity. Factors assessing the attitude of the respondents, such as increased use of

smoking and alcohol and informing guardians for counselling, have a positive and negative polarity, and giving realistic solutions for counselling has a negative and positive polarity. Factors assessing the respondents' knowledge, such as the internet, have negative magnitude and polarity. The graph shows positive sentiments about future concerns, education, and awareness levels. Negative feelings are linked to ignorance, smoking, alcohol consumption, and medication. From the analysis, the different factors are divided into four quadrants. Two factors determining the respondents' perception are present in the first quadrant. In the second quadrant, sixteen factors are present, which determine the respondents' perception, attitude, and knowledge. In the third quadrant, only two factors determine the respondents' knowledge. In the fourth quadrant, eleven factors are present, in which most of the factors determine respondents' attitudes. Most factors in determining perception are present in the second quadrant, which has negative magnitude and positive polarity. Similarly, most of the factors used in determining the attitude of the respondents are present in the fourth quadrant, which has a positive magnitude but a negative polarity. This contrast between knowledge and attitude underscores the potential gap between awareness and action. While respondents are informed about mental health, this does not necessarily translate into a constructive attitude towards managing mental stress. Further investigation into the barriers between knowledge and attitude could inform targeted interventions to bridge this gap.

DISCUSSION

There is an increase in negative attitudes toward mental health among Saudi adults, suggesting a need for educational programs (Dawood & Modayfer, 2016). There is no significant improvement in public knowledge about mental illness, but reduced discrimination was observed over time. Similarly, this study identified significant gender differences in attitudes toward mental health, with females experiencing more mental health issues related to relationship concerns and fear of the future. (Evans-Lacko & Thornicroft, 2013) This aligns with the broader observation that stigma and negative attitudes persist, particularly in specific demographics. Knowledge and perception significantly influence attitudes toward mental health. Students with better knowledge had more positive attitudes. Increased knowledge correlates with improved behaviours and attitudes toward mental illness (Doumit et al., 2019). Consistent with these studies, the study found that knowledge sources, particularly the internet, play a crucial role in shaping attitudes. Unmarried individuals and students rely heavily on the internet for information, indicating the importance of accessible and accurate online resources. The treatment gap and reliance on traditional healers are due to costs and a lack of awareness in Madhya Pradesh. This study found that different demographic factors significantly influence stress levels and coping mechanisms (Kokane et al., 2019).

The effectiveness of the TCC program in reducing discrimination and the need for improved knowledge (Evans-Lacko et al., 2013). The respondents' preference for exercise and medication as coping mechanisms suggests an awareness of healthier stress management practices. The importance of awareness campaigns in improving attitudes and behaviours toward mental health (Puspitasari et al., 2020; Abi et al., 2019). The findings support the need for targeted awareness campaigns, mainly aimed at students, unemployed individuals, and those in the private sector who experience high levels of financial stress.

Synthesis and Implications

Despite varying degrees of awareness and knowledge, stigma around mental health remains a significant barrier, mainly influenced by demographic factors such as gender and marital status. There is a strong correlation between knowledge and positive attitudes towards

mental health. Enhancing access to reliable information, primarily through the Internet, can significantly improve public perceptions and reduce stigma. The effectiveness of interventions such as the TCC program underscores the need for sustained efforts to improve public knowledge and reduce discrimination. Tailored interventions considering demographic factors can enhance the efficacy of these programs. Continuous and targeted awareness campaigns are essential to address gaps in knowledge and encourage healthier coping mechanisms. These campaigns should focus on vulnerable groups identified in the study, such as students, unemployed individuals, and those experiencing financial stress.

Limitations of the Study

A total of 177 respondents from Prayagraj, Uttar Pradesh, India, made up the study's sample. The small sample size and restricted geographic scope may impact the findings' generalizability, making them imprecisely represent the larger population. Since the cross-sectional survey only records information at one specific moment. It does not consider how respondents' knowledge, opinions, or attitudes may have changed. This makes it more challenging to determine the causes of the differences between the variables. Particular demographic factors like gender, marital status, occupation, and family income were the main focus of the study. The study does not consider other characteristics that can have an impact, like educational attainment, cultural background, and personal medical history. The study's need for longitudinal data to determine how attitudes and perceptions of mental stress change over time and in response to different interventions.

The Usefulness of this Study

Much could be learnt from the survey of diverse aspects of mental stress, such as perceptions, knowledge, attitudes and coping mechanisms across different demographics.

1. Highlighting how demographics such as gender, marital status, occupation and income are associated with different mental stress domains. This information is vital to create interventions and support systems that target specific populations who may be at more risk or struggle with other obstacles.
2. The research reveals significant knowledge gaps concerning mental health, from recognition of existing resources to efficient coping techniques. Consequently, this observation emphasises the need for public educational services of information and communication availability through mass media and from internet sources that unmarried or younger people consulted primarily.
3. The research highlights the preference for coping mechanisms like exercise or medication, suggesting some awareness among survey takers about more fruitful ways to manage stress. Still, the data that many are aware of but still not treating show a need to destigmatise mental illness and get better access to treatment.
4. These findings and other relevant factors were used to provide recommendations for policymakers who seek ways to improve the mental health services and support network, in addition to professionals working within this field. These might include efforts to destigmatise through community-based awareness programs or services targeting the needs of specific professional classes or income levels.
5. Findings of studies like this contribute to our global knowledge as we compare the impact of these attitudes and behaviours related to mental stress under differing cultural and demographic pressures. This benchmarking data is fundamental in culturally relevant framework development.

CONCLUSION

According to the analysis of this study, it was found that gender has a significant association where females have mental health issues primarily due to relationship issues, fear of the future, and tendencies for social withdrawal increases. In contrast, males are more encouraging others to take medication and exercise. In the case of marital status, unmarried people gain knowledge about mental stress through the internet; trauma from past experiences and health concerns are the most prominent reasons for stress in their life, which

leads them to increase their use of alcohol than married individuals. Students and unemployed individuals showed more interest in informing guardians as a counselling method than business-owned individuals. Also, individuals working in the private sector have more mental stress due to financial issues for mental stress than students. Lack of awareness was a significant barrier preventing people from seeking help from psychologists. For coping with mental stress, exercise and medication were preferred by the majority of respondents.

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No presentations or awards have been given.

Conflict of Interest

The authors declare no conflict of interest.

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Ethical approval for this study is not required.

Participant Consent

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