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**Research Paper**

# Prevalence of Depression and Anxiety Among Youth During Covid 19 Pandemic in Kerala

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## ABSTRACT

Covid-19 has caused significant distress around the globe. Apart from the evident physical symptoms in infected cases, it has caused serious damage to public mental health. The COVID-19 Mental Disorders Collaborators conclude that, throughout 2020, the pandemic led to a 27·6% increase in cases of major depressive disorders and 25·6% increase in cases of anxiety disorders globally. This study examines the prevalence of depression and anxiety among youth during COVID-19 Pandemic in Kerala. The study sample comprises of 200 individuals, among which 62 are males and 138 are females. The required data are collected by using the Beck Depression Inventory (BDI-II) and Beck Anxiety Inventory by Aaron Beck. The data were analyzed using different statistical tools such as the student's t- test and using descriptive statistical measures such as frequency, percentage, mean, standard deviation. The results of student's t test showed that there is no significant difference in depression and anxiety among various socio demographic details such as gender, health issue, place of residence and age. The results of frequency distribution chart on level of depression and anxiety based on socio demographic details shows that majority of people are coming under normal ups and downs of depression category as well as belong to low anxiety category as a whole.

***Keywords:*** *Depression, Anxiety*

COVID-19 has affected day to day life and is slowing down the global economy. This pandemic has affected thousands of peoples, who are either sick or are being killed due to the spread of this disease. The most common symptoms of this viral infection are fever, cold, cough, bone pain and breathing problems, and ultimately leading to pneumonia. As the virus are increasing day by day, emphasis is on taking extensive precautions such as extensive hygiene protocol (e.g., regularly washing of hands, avoidance of face to face interaction etc.), social distancing, and wearing of masks, and so on. This virus is spreading exponentially region wise. Countries are banning gatherings of people to the spread and break the exponential curve. Many countries are locking their population and enforcing strict quarantine to control the spread of the havoc of this highly communicable disease. Youth have become one of the most widely affected category, both mentally and

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physically by the virus. Youth is the time of life when one is young, and often means the time between childhood and adulthood (maturity). It is also defined as "the appearance, freshness, vigour, spirit, etc., characteristic of one who is young". The United Nations defines youth as persons between the ages of 15 and 24 with all UN statistics based on this range, the UN states education as a source for these statistics.

Depression is a significant contributor to the global burden of disease and affects people in all communities across the world. Today, depression is estimated to affect 350 million people. The World Mental Health Survey conducted in 17 countries found that on average about 1 in 20 people reported having an episode of depression in the previous year. Depressive disorders often start at a young age; they reduce people's functioning and often are recurring. For these reasons, depression is the leading cause of disability worldwide in terms of total years lost due to disability. Depression (major depressive disorder) is a common and serious medical illness that negatively affects how you feel, the way you think and how you act. Fortunately, it is also treatable. Depression symptoms can vary from mild to severe and can include: Feeling sad or having a depressed mood, Loss of interest or pleasure in activities once enjoyed, Changes in appetite — weight loss or gain unrelated to dieting, Trouble sleeping or sleeping too much, Loss of energy or increased fatigue, Feeling worthless or guilty, Difficulty thinking, concentrating or making decisions, Thoughts of death or suicide.

Anxiety disorders and depression are among the most common psychiatric illnesses affecting youth. Anxiety disorders typically begin in childhood, whereas the onset of depression frequently occurs later during adolescence or early adulthood. These illnesses are highly comorbid, with pathological anxiety regularly preceding the development of depression. The lifetime prevalence of anxiety disorders when assessed in adolescents is reported to be as high as 32% whereas the estimated 12-month prevalence of major depression in adolescents is approximately 13%. Prior to adolescence, the incidence of these disorders is the same between boys and girls; however, as girls mature and go through puberty, they are approximately twice as likely as boys to be diagnosed with anxiety and major depression. Anxiety disorders differ from normal feelings of nervousness or anxiousness and involve excessive fear or anxiety. Anxiety disorders are the most common of mental disorders and affect nearly 30% of adults at some point in their lives.

Prevalence refers to the total number or percentage of cases (e.g., of a disease or disorder) existing in a population, either at a given point in time (point prevalence) or during a specified period (period prevalence). The Covid-19 pandemic has instigated highly challenging changes to the life of Youth. Prior to the COVID-19 pandemic, rates of clinically significant generalized anxiety and depressive symptoms in large youth cohorts were approximately 11.6% and 12.9%, respectively. Since COVID-19 was declared an international public health emergency, youth around the world have experienced dramatic disruptions to their everyday lives. Indeed, in both cross-sectional, and longitudinal studies, amassed to date, the prevalence of youth mental illness appears to have increased during the COVID-19 pandemic. However, data collected vary considerably. Specifically, ranges from 2.2% to 63.8% and 1.8% to 49.5% for clinically elevated depression and anxiety symptoms, respectively.

The COVID-19 pandemic has disturbed every aspect of our lives. Even before the onset of the crisis, the social and economic integration of youth was an ongoing challenge. Now, unless urgent action is taken, young people are likely to suffer severe and long-lasting

impacts from the pandemic. Depression and anxiety are the major facet that threats the youth. Recent evidence suggests that people who are kept in isolation and quarantine experience significant levels of anxiety, anger, confusion, and stress. The studies related to the mental difficulties affected by COVID-19 situation is lacking in Kerala. Thus we are choosing these variables to do the study.

## METHODOLOGY

### *Objectives*

- To find out the prevalence of depression among youth.
- To find out the prevalence of anxiety among youth.
- To find out the level of depression among youth based on demographic details.
- To find out the level of anxiety among youth based on demographic details.

### *Hypothesis*

- H01: There is no significant differences in depression and anxiety between males and females during Covid 19 pandemic.
- H02: There is no significant difference in depression and anxiety among those with and without health problems.
- H03: There is no significant difference in depression and anxiety among people in rural and urban.
- H04: There is no significant difference in depression and anxiety among people belonging to age categories late adolescents (15-19) and early adulthood (20-24).

### *Sample*

The sample consist of 200 participants, out of which 138 were females and 62 males. The mean age of participants ranged from 15-24 years. The participants were selected from all over Kerala. Figure 1 shows the distribution of sample based on gender; 70% females and 30% males, figure 2 shows the distribution of sample based on district; in which majority of data; 45% were from Thrissur district, figure 3 shows the distribution of sample based on place of residence; 51.5% rural and 48.5% urban.

### *Instruments*

- **Beck depression inventory (BDI -II)**- The Beck Depression Inventory (BDI, BDI-1A, BDI-II), **created by Aaron T. Beck**, is a 21- question multiple-choice self-report inventory, one of the most widely used psychometric tests for measuring the severity of depression.
- **Beck Anxiety Inventory** (**BAI**), **created by Aaron T. Beck** and other colleagues, is a 21question multiple-choice self-report inventory that is used for measuring the severity of anxiety in adolescents and adults ages 17 and older.
- **Personal Data Sheet**
  •Name • E mail Id • Phone number • Age • Gender • Education Qualification Occupation if any • Place • District • Urban / Rural • Any health issues Any medications if taken • Socio economic status

### *Procedures*

The aim of the study is to find out the prevalence of depression and anxiety among youth during COVID 19 pandemic. A total of 200 participants took part in the study. The study followed a descriptive research design. Survey method was used and data was collected through questionnaires distributed through Google forms. The participants were aged

between 15-24 and all were from different districts in Kerala. Informed consent, debriefing and voluntary participation were ensured. The participants were ensured of the confidentiality of the responses they given. The participants were given instructions to select the response which is most suited to them from given. The doubts were clarified accordingly. The participants took about 5-10 minutes to complete the questionnaire. The coding of data was done using SPSS where t-test statistical analyses was used to analyze and determine the data.

## RESULTS AND DISCUSSIONS

***Table 1: Frequency chart on level of depression based on sociodemographic details***

| **Level of depression** | | **Normal ups and downs (010)** | **Mild mood disturbance (11-16)** | **Borderline clinical disturbance (17-20)** | **Moderate dep (21-30)** | **Severe dep (3140)** | **Extreme dep (over40)** |
|---|---|---|---|---|---|---|---|
| Gender | Male (N=62) | 25 (12.5%) | 17 (8.5%) | 6 (3%) | 9(4.5%) | 5(2.5%) | 0 (0%) |
| | Female (N=138) | 57 (28.5%) | 30(15%) | 21(10.5%) | 16(8%) | 13(6.5%) | 1(0.5%) |
| Health issue | No (N=189) | 80(40%) | 45(22.5%) | 24(12%) | 23(11.5%) | 17(8.5%) | 0 (0%) |
| | Yes (N=11) | 2(1%) | 2(1%) | 3(1.5%) | 2(1%) | 1(0.5%) | 1(0.5%) |
| Place of residence | Rural (N=103) | 47(23.5%) | 25(12.5%) | 12(6%) | 7(3.5%) | 11(5.5%) | 1(0.5%) |
| | Urban (N=97) | 35(17.5%) | 22(11%) | 15(7.5%) | 18(9%) | 7(3.5%) | 0 (0%) |
| Age | Late adolescents (15-19 years) (N=77) | 32(16%) | 21(10.5%) | 10(5%) | 11(5.5%) | 2(1%) | 1(0.5%) |
| | Early adulthood (20-24 years) (N= 123) | 50(25%) | 26(13%) | 17(8.5%) | 14(7%) | 16(8%) | 0 (0%) |
| Socioeconomic status | Below average (N=5) | 1(0.5%) | 1(0.5%) | 2(1%) | 0 (0%) | 1(0.5%) | 0 (0%) |
| | Average (N=164) | 68(34%) | 37(18.5%) | 23(11.5%) | 20(10%) | 16(8%) | 0 (0%) |
| | Above average (N=31) | 13(6.5%) | 9(4.5%) | 2(1%) | 5(2.5%) | 1(0.5%) | 1(0.5%) |

Depression is a common mental disorder. Globally, it is estimated that 5% of adults suffer from the disorder. It is characterized by persistent sadness and a lack of interest or pleasure in previously rewarding or enjoyable activities. Depression is a leading cause of disability around the world and contributes greatly to the global burden of disease. The effects of depression can be long-lasting or recurrent and can dramatically affect a person's ability to function and live a rewarding life. Beck Depression Inventory (BDI-II) is designed for individuals aged 13 and over, and is composed of items relating to symptoms of depression

such as hopelessness and irritability, cognitions such as guilt or feelings of being punished, as well as physical symptoms such as fatigue, weight loss, and lack of interest in sex. The BDIII contains about 21 questions, 0-10 range indicate normal ups and downs, 11-16 range indicate mild mood disturbance, 17-20 range indicate borderline clinical disturbance, 21-30 range indicate moderate depression, 31-40 range indicate severe depression and over 40 range indicate extreme depression.

Table 1 shows the frequency and percentage on level of depression based on gender, presence or absence of health issue, place of residence, age and socioeconomic status of the youth aged 15-24.

Based on gender, we can see that only 5 (2.5%) in 62 male is having severe depression whereas in females 13 (6.5%) in 138 is having severe depression. We see that majority of people are coming under normal ups and downs with a mean in females 57 (28.5%) and males 25 (12.5%).

Based on health issue, we can see that in the absence of health issue category,17 (8.5%) individuals out of 189 coming under severe depression whereas there is only 1(0.5%) individual out of 11 in health issue category coming under severe depression. Majority of people are coming under normal ups and downs.in that itself, those who are in the category of absence of health issues are more in number that is 80 people, 40%.

Based on place of residence, rural area or countryside is a geographic area that is located outside towns and cities. Cities, towns and suburbs are classified as Urban areas. We can see that those people in rural area, 11 (5.5%) out of 103 people are coming under severe depression whereas only 7 (3.5%) out of 97 people are coming under severe depression from urban area. We can see that majority of people are coming under normal ups and downs of depression category, 47 (23.5%) people from rural and 35 (17.5%) people from urban is coming under the normal ups and downs category.

Based on age, we can say that late adolescents (15-19 years) is having less depression when compared to early adulthood (20-24 years) category.ie; 16 (8%) out of 123 people from early adulthood is having severe depression whereas only 2 (1%) out of 77 from late adolescent is having severe depression. Majority of people, 32 (16%) in late adolescents and 50 (25%) in early adulthood category are coming under normal ups and downs of depression category.

Based on socioeconomic status, when we compare below average, average, above average category. Socio economic status is used to refer to social, economic and work status of individuals (education, income, employment) Low SES usually refers to individuals with low educational achievement and / or low household income. Below average individuals are those those who are coming in average category is having severe depression when compared to other two counter categories. The middle class/ average is a socioeconomic strata that falls in between the working class and the upper class. 16 (8%) out of 164 average people coming under severe depression category and also 68 (34%) average people coming under normal ups and downs of depression category. Individuals with high SES ratings are likely to work in prestigious positions such as in medicine or law; have higher salaries; and have more advanced education. When we see the three categories of socioeconomic status, 1 (0.5%) out of 5 in below average category, 68(34%) out of 164 from average and 13(6.5%) out of 31 from above average category coming under normal ups and downs of depression

only 1 individual from each below average and above average coming under severe depression category.

Hence we can infer that 13 in 138 (6.5%) female and 5 in 62 (2.5%) male in gender category, 17 in 189 (8.5%) in the absence of health issues, 11 in 103 (5.5%) people from rural area and 16 in 123 (8%) in early adulthood category, 16 in 164 ( 8%) people in average socioeconomic status is coming under severe depression whereas 57 in 138 (28.5%) female and 25 in 62 (12.5%) male in gender category, 80 in 189 ( 40%) in the absence of health issues, 47 in 103 (23.5%) people from rural area and 50 in 123 (25%) in early adulthood and 68 in 164 (34%) people in average socioeconomic status is coming under normal ups and downs of depression. Thus, majority of people are coming under normal ups and downs of depression category as whole.

***Table 2: Frequency chart on level of anxiety based on sociodemographic details***

| **Level of anxiety** | | **Low anxiety (0-21)** | **Moderate anxiety (22-35)** | **Potentially high anxiety (36 and above)** |
|---|---|---|---|---|
| Gender | Male (N=62) | 50 (25%) | 11(5.5%) | 1 (0.5%) |
| | Female (N=138) | 112 (56%) | 23 (11.5%) | 3 (1.5%) |
| Health issue | No (N=189) | 155 (77.5%) | 32 (16%) | 2 (1%) |
| | Yes (N=11) | 7 (4.5%) | 2 (1%) | 2 (1%) |
| Place of residence | Rural (N=103) | 87 (43.5%) | 13 (6.5%) | 3 (1.5%) |
| | Urban (N=97) | 75 (37.5%) | 21 (10.5%) | 1 (0.5%) |
| Age | Late adolescents (15-19 years) (N= 77) | 66 (33%) | 9 (4.5%) | 2 (1%) |
| | Early adulthood (20-24 years) (N=123) | 96 (49%) | 25 (12.5%) | 2 (1%) |
| Socioeconomic status | Below average (N= 5) | 4 (2%) | 1 (0.5%) | 0 (0%) |
| | Average (N=164) | 132 (66%) | 29 (14.5%) | 3 (1.5%) |
| | Above average (N= 31) | 26 (13%) | 4 (2%) | 1 (0.5%) |

Anxiety is an emotion characterized by feelings of tension, worried thoughts and physical changes like increased blood pressure. People with anxiety disorders usually have recurring intrusive thoughts or concerns. They may avoid certain situations out of worry. They may also have physical symptoms such as sweating, trembling, dizziness or a rapid heartbeat. Beck Anxiety Inventory is designed for individuals who are of 17 years of age or older and takes 5 to 10 minutes to complete. Scoring is easily accomplished by summing scores for items. Scores of 0-21 indicate low anxiety, scores of 22-35 indicate moderate anxiety and scores of 36 and above indicates potentially concerning level of anxiety.

Table 2 shows the frequency and percentage on level of anxiety based on gender, presence or absence of health issue, place of residence, age and socioeconomic status of youth aged 15-24.

Based on gender, we can see that only 3 in 138 (1.5%) female is having potentially high anxiety whereas only 1 in 62 (0.5%) male is having potentially high anxiety. Majority of people are coming under low anxiety category, ie; male 50 in 62 (25%) and female 112 in 138 (56%).

Based on health issue, in the absence of health issue as well as in the presence of health issue category 2 in 189 and 2 in 11 ie; (1%) individual is having potentially high anxiety, majority belongs to low anxiety category with a percentage of 4.5 ie; 7 in 11 in presence of health issue condition and 155 in 189 (77.5%) in absence of health issue condition.

Based on place of residence, 3 in 103 (1.5 %) people from rural areas is having potentially high anxiety whereas only 1 in 97 (0.5 %) from urban areas have potentially high anxiety. And when we compare it with low anxiety category, percentage of individuals increases in low anxiety category, ie; 87 in 103 (43.5%) from rural areas and 75 in 97 (37.5%) from urban areas.

Based on age, we can say that in both late adolescence and early adulthood category, potentially high anxiety individuals are low, ie; 2 in77 in late adolescents and 2 in 123 in early adulthood ie; 1% each. The percentage of individuals coming under the category of low anxiety from late adolescence is 33% ie; 66 in 77 and that of early adulthood is 49% ie; 96 in 123 individuals.

Based on socioeconomic status, when we compare the three categories below average, average and above average, individuals under average is having potentially high anxiety than the other two counter categories ie; 3 in 164 individuals (1.5%). Majority individuals belongs to low anxiety category than moderate anxiety ie; 4 in 5 (2%), 132 in 164 (66%) and 26 in 31 (13%) from below average, average and above average category respectively. And that of individuals in moderate anxiety category are 1 in 5 (0.5%), 29 in 164 (14.5%) and 4 in 31 (2%) from below average, average and above average categories respectively.

Hence we can infer that 3 in 138 (1.5% ) female and 1 in 62 (0.5%) male in gender category, 2 in 11 and 2 in 189 (1%) individuals from both presence and absence of health issue category, 3 in 103 (1.5%) and 1 in 97 (0.5%) individuals from rural as well as urban of place of residence category, 2 in 77 and 2 in 123 ie; 1% individuals from both late adolescence and early adulthood category and 3 in 164 (1.5%) and 1 in 31 (0.5%) from average and above average of socioeconomic category are coming under potentially high anxiety level and 112 in 138 (56%) and 50 in 62 (25%) females and males in gender category 155 in 189 (77.5%) and 7 in 11 (4.5%) individuals from both absence and presence of health issue category, 87 in 103 (43.5%) and 75 in 97 (37.5%) people from both rural and urban areas, 66 in 77 (33%)

and 96 in 123 (49%) from both late adolescents and early adulthood, 4 in 5 (2%), 132 in 164 (66%) and 26 in 31 (13%) from below average, average and above average of socioeconomic status categories are coming under low anxiety category. Thus, majority of people belongs to low anxiety category as a whole.

***Table 3: Mean, standard deviation and t value in depression and anxiety between male and female***

| **Variables** | **Males (N=62)** | | **Females (N=138)** | | **t-value** |
|---|---|---|---|---|---|
| | **Mean** | **SD** | **Mean** | **SD** | |
| Depression | 13.71 | 9.544 | 14.22 | 10.352 | .339 |
| Anxiety | 11.71 | 9.297 | 12.49 | 9.639 | .540 |

Table 3 indicates the mean, standard deviation and t value among the level of depression and anxiety with respect to gender. Here, we see the mean value and standard deviation for depression and anxiety in females is slightly higher than that of males, but there is no significant difference between mean values.

Women are nearly twice as likely as men to be diagnosed with depression. It can occur in any age. As a part of normal hormonal changes, some mood changes as well as depressed feelings occur. Hormonal changes alone don't cause depression. Inherited traits, biological factors and personal experiences and circumstances are associate with higher risks of depression. Certain factors contribute to higher rates of anxiety in women, ranging from hormonal fluctuations and brain chemistry. Gender differences in socialization could play a role in rats of depression. Girls are more likely to be socialized to more nurturing and sensitive to opinions of others, while boys are encouraged to develop greater mastery and to lead independence in their life.

According to the study by Liana S Leach et.al. (2008) ''Gender differences in depression and anxiety across the adult lifespan: the role of psychosocial mediators'' there is robust epidemiological and clinical evidence that a greater number of women than men experience depression and anxiety. This study mainly investigated a number of sociodemographic, health and lifestyle, psychological and social factors as possible mediators for the gender difference in depression and anxiety in three cohorts. The results indicated several mediators for depression and anxiety across the three age groups including childhood adversity, mastery, behavioural inhibition and they found that there was decrease in number of social mediators as age increased. On large scale 2017 study found that gender differences emerge starting at age 12, with girls and women being twice as likely as men to experience depression.

***Table 4: Mean, standard deviation and t value in depression and anxiety based on presence or absence of health issues***

| **Variables** | **Absence of health issue (N=189)** | | **Presence of health issue (N=11)** | | **t- value** |
|---|---|---|---|---|---|
| | **Mean** | **SD** | **Mean** | **SD** | |
| Depression | 13.71 | 9.818 | 20.00 | 13.107 | 1.565 |
| Anxiety | 11.95 | 9.093 | 17.36 | 14.753 | 1.204 |

Table 4 indicates the mean value, standard deviation and t value among level of depression and anxiety regarding with absence and presence of health issue. Here we see the mean and standard deviation of depression and anxiety is more when the health issue is present. Even though there is slight increase in mean value and standard deviation in presence of health issue condition, there is no significant difference between mean values.

There is greater risk for depression and anxiety to occur when an individual is already diagnosed with serious or life-threatening diseases. The disease may affect a person s independence and mobility, change the way they live, see themselves and or relate to others. Thus, these sudden and spontaneous changes could bring a certain high amount of despair or sadness.

According to the study by Catherine Porter et.al – '' Impact of the COVID-19 pandemic on anxiety and depression symptoms of young people in the global south: evidence from a four-

country cohort study" there is effect of the COVID-19 pandemic on the mental health of young people who grew up in low or middle income countries. The main outcome measures symptoms consistent with at least mild anxiety or depression. And they determined through the study that in almost all countries women were most affected. Pandemic related stressors such as health risks, expenses, food insecurity, economic adversity and educational and employment disruption were risk factors for anxiety and depression.

According to studies and researches, Scott Stossel (2014) My age of Anxiety, Fear, Hope, Dread and the search for Peace of Mind published by Heinemann.2.6% of the population experience depression and 4.7% have anxiety problems, as many as 9.7% suffer mixed depression and anxiety, making it the most prevalent mental health problem.

***Table 5: Mean, standard deviation and t value in depression and anxiety based on place of residence.***

| **Variables** | **Rural (N=103)** | | **Urban (N=97)** | | **t - value** |
|---|---|---|---|---|---|
| | **Mean** | **SD** | **Mean** | **SD** | |
| Depression | 13.41 | 10.430 | 14.75 | 9.716 | 0.944 |
| Anxiety | 11.34 | 9.918 | 13.21 | 9.025 | 1.393 |

Table 5 indicates the mean value, standard deviation and t value among the level of depression and anxiety regarding with place of residence (rural/ urban). Here we see the mean and standard deviation of urban is slightly more than that of rural category. but there is no significant difference between the mean values.

Globally, half of world's population estimately 4.2 billion people live in cities. The detrimental effects of urban living on physical health have long been recognized including cardiac and respiratory problems. One of the most prevalent mental disorder in the world-depression is 20% likely to be higher in urban dwellers than those who lives in outskirts. Few factors that lead to increase in depression and anxiety among urban people is that their reduced access to green spaces, high levels of noise, water and air pollution, social problems such as loneliness, perceived and actual crime, social inequalities.

According to Janice C Probst et.al-'' rural urban differences in depression prevalence : implications for family medicine'' their study found that rural populations experience more adverse living circumstances than the urban populations. And they determined through the study that the unadjusted prevalence of depression was significantly higher among rural than urban (6.15 versus 5.2%). Depression risk was higher among persons likely to be encountered in a primary care setting, those with poor self reported health, hypertension, with limitations in daily activities. And they concluded that the prevalence of depression is slightly but significantly higher in residents of rural areas as compared to urban areas, possibly due to differing population characteristics.

***Table 6: Mean, standard deviation and t value in depression and anxiety based on age***

| **Variables** | **Age (15-19) (N=77)** | | **Age (20-24) (N=123)** | | **t value** |
|---|---|---|---|---|---|
| | **Mean** | **SD** | **Mean** | **SD** | |
| Depression | 12.94 | 8.861 | 14.76 | 10.760 | 1.306 |
| Anxiety | 11.40 | 9.290 | 12.77 | 9.658 | 0.999 |

Table 6 indicates the mean value, standard deviation and t value among the level of depression and anxiety regarding age. Here we can see, the mean value and standard deviation of depression and anxiety among early adulthood category age 20-24 is slightly more than that of late adolescent group. but there is no significant difference between the values.

Emerging adulthood presents a robust physical health and relative optimism and sometimes a high risk for depressive and behavioural disorders and developmental and social vulnerability. These adults more likely to experience marital and parenting problems, sexual dysfunction, substance abuse, nicotine use, lower career satisfaction, work absenteeism. Depressive or anxiety problems can cause significant damage to development and can cause substantial social morbidity.

According to L S Leach, P Butterworth-''Depression and Anxiety in Early Adulthood: consequences for finding a partner and relationship support and conflict'' the study mainly focused on mental health problems in early adulthood may disrupt partner relationship formation and quality. The study determined that the depression in early adulthood was associated with never entering a partner relationship over the study period. For those who did enter a relationship, both depression and anxiety were significantly associated with subsequently lower relationship support and higher conflict.

***Major findings***

- There is no significant differences in the frequency on the level of depression and anxiety based on socio demographic details. Majority of people belonged to the normal ups and downs of depression category and low anxiety category. Only few percentage of people belonged to severe depression category and potentially high anxiety category.
- There is no significant differences in depression and anxiety among males and females during covid 19 pandemic.
- There is no significant difference in depression and anxiety among those with and without health problems.
- There is no significant difference in depression and anxiety among people in rural and urban.
- There is no significant difference in depression and anxiety among people belonging to age categories 15-19; late adolescents and 20-24; early adulthood.

## CONCLUSION

The research concluded that there is no significant differences in depression and anxiety between males and females during covid pandemic, there is no significant difference in depression and anxiety among those with and without health problems, there is no significant difference in depression and anxiety among people in rural and urban, there is no significant difference in depression and anxiety among people belonging to age categories late adolescents (15-19 years) and early adulthood (20-24 years) in Kerala. Hence, all the hypotheses are accepted. The study is very relevant since depression and anxiety are the two main mental conditions affecting individuals globally. As covid pandemic start blowing people around, depression and anxiety peaks the maximum. In our study we have taken only few samples all over Kerala from a age range of 15-24.

Even though we didn't get significant differences among depression and anxiety on basis of various sociodemographic details, there is high correlation for depression and anxiety among people. The significant differences are not present, may be because of the sample we have taken. If we took more clinical group or population then chance for significant difference in various sociodemographic details increases.

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***Conflict of Interest***

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