

Research Paper

Unemployment and Psychosocial Problems among Youth: A Descriptive Study

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ABSTRACT

Background: Unemployment is one of the major social issues at present after the COVID-19 pandemic. The study seeks to explain how unemployment affects psychologically capable youth who have various skills and degrees. In India youth have academic qualifications and want to do work but due to various issues like lower economic output, low rate of employment, caring for old age parents, and loss of job; they are unable to find suitable work due to the COVID-19 pandemic. All of that reason can impair youth functioning and disturb them emotionally. **Aim:** The study aimed to assess self-esteem, stress and depression among unemployed youth in Varanasi. **Methodology:** A cross-sectional descriptive study design was used. A simple survey method was used for data collection. A total of 100 participants were selected who were unemployed and turned back to their homes because there was no work in the market. Socio-demographic datasheet, Rosenberg self-esteem and depression anxiety stress scale were used. **Result:** The result shows that this led to long unemployment spells, stress, poor self-esteem moderate levels of stress, hopelessness, and feeling uselessness. **Conclusion:** In this study, we find that unemployment was connected directly or indirectly to youth's psychosocial health after the COVID-19 pandemic. Unemployment can impact youth's health and social characteristics. Can create suicidal thoughts, or engage in illegal activity.

Keywords: COVID-19, Psychological Health, Self-esteem, Unemployment, Youth

Youth, generally regarded as the backbone of a nation's future, is a vital demographic group whose well-being directly determines society's destiny. Even in normal conditions, unemployment has major psychosocial consequences, affecting an individual's self-esteem, mental health, and general life satisfaction. However, in the aftermath of the COVID-19 pandemic, the young were disproportionately impacted by job losses, diminished possibilities, and a gloomy economic picture.

According to the UNESCO report, it affected more than 90% of the total global student population in mid-April 2020, although this has now decreased to roughly 67% in June

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2020. The COVID-19 outbreak has affected over 120 million adolescents and youths worldwide. The various limitations and the nationwide lockdown for COVID-19 have impacted more than 32 crore pupils in India.[1]

Work can be seen as a vital and critical aspect of one's social, personal, and home well-being in today's culture. It guarantees access to a specific standard of living and is regarded as a requirement for an individual's well-being. It can produce results that meet a variety of personal needs.[2]

The coronavirus illness (COVID-19) has wreaked unparalleled destruction all over the world, killing approximately seven million people and leaving many more traumatised [3].

The novel's high infectivity, lack of herd immunity, uncertain death, considerable media coverage, and insufficient healthcare facilities caused widespread fear and depression among individuals. This was exacerbated by occupational and financial difficulties caused by the lockdowns, as well as loneliness. In other words, it posed a threat to humanity's physical, mental, emotional, social, and economic well-being. In clinical practice, anxiety disorders are the most frequent psychiatric disorders [4]. Nervousness, trembling, sweating, palpitations, dizziness, and sleep problems are the most common presenting symptoms of GAD [5].

In outpatient clinics, anxiety is frequently mistaken as depression. Major depressive disorder, on the other hand, is characterised by episodic mood changes, lack of interest, guilt, disordered appetite and/or sleep, low self-worth, weariness, and reduced concentration. In outpatient clinics, anxiety is frequently mistaken as depression. Major depressive illness, on the other hand, is characterised by episodic mood changes, lack of interest, guilt, disordered appetite and/or sleep, low self-worth, weariness, and reduced concentration [6]. Previous pandemics sparked worldwide alarm and had psychological, social, and economic consequences for health workers and the general population [7].

Mani et al. investigate the psychosocial impact of the COVID-19 pandemic on the adult Indian population. It finds worrying rates of anxiety and sadness among respondents, with gender, age, employment position, and media exposure serving as predictors. This study emphasises the vital need for comprehensive mental health support, particularly during crises such as the epidemic, to protect the Indian population's well-being.[8].

Aim & Objectives:

1. Aim of the study was to assess self-esteem, depression, anxiety and stress among unemployed youth in Varanasi.
2. To assess and compare depression, anxiety stress and self-esteem among unemployed youth at Varanasi.
3. To assess the correlation between self-esteem, depression, anxiety and stress among unemployed youth.

METHODOLOGY

A descriptive cross-sectional study approach was adopted. For data gathering, a simple survey method was used. A total of 100 volunteers were chosen who had been unemployed for more than a year. The socio-demographic datasheet, the General health questionnaire, the Rosenberg self-esteem scale, and the depression anxiety stress scale were all employed.

Tools

1. **Socio-Demographic Data Sheet:** A self-designed semi-structured socio-demographic data sheet was utilised to collect information about students' age, gender, education, residence, ethnicity, religion, and family type.
2. **General health questionnaire:** All students were given the GHQ-12, a tool for assessing current mental health. It is a self-administered questionnaire designed to identify persons with diagnosable psychiatric problems. GHQ-12 was utilised to concentrate on two primary areas: the incapacity to perform routine functions and the possibility of new and disturbing experiences. [9]
3. **Rosenberg self-esteem;** A ten-item scale that assesses overall self-worth by assessing both positive and negative thoughts about oneself. The scale is thought to be one-dimensional. All items are graded on a 4-point Likert scale from strongly agree to strongly disagree.[10]
4. **Depression Anxiety Stress Scale:** The DASS-21, a condensed version of the 42-item scale, was used to assess negative emotional states such as depression, anxiety, and tension.[11] It is a validated technique for assessing psychological burden and psychological status in a wide range of disorders.

This scale's depression component assesses life devaluation, lethargy, self-depreciation, anhedonia, hopelessness, lack of interest/involvement, and dysphoria. There were seven depression-related questions. Normal, mild, moderate, and severe were defined as scores of 0-9, 10-13, 14-20, and 21-27, respectively. A score of more than 27 indicated an exceedingly severe case of depression. This scale's anxiety component assesses situational anxiety, skeletal muscle effects, autonomic arousal, and subjective sensation of anxious affect. There were seven anxiety-related questions. Normal, mild, moderate, and severe were defined as scores of 0-7, 8-9, 10-14, and 15-19, respectively. A score of 20 or higher indicated an exceedingly serious anxiety state.

This scale's stress component is sensitive to levels of chronic nonspecific arousal. It assesses nervous arousal and relaxation difficulties, as well as being quickly irritable/overreactive, upset/agitated, and impatient. There were seven stress-related questions, and scores of 0-14, 15-18, 19-25, and 26-33 were classified as normal, mild, moderate, and severe. A score of 34 or higher indicated an exceedingly severe stress level. Because this was a condensed version, the total score of each component was multiplied by two.[11]

Inclusion Criteria

Graduate and Post Graduate students who were unemployed for one year or more after completion of their degree and actively seeking employment.

Exclusion Criteria

Respondents with pre-existing mental problems were barred from participating in the study. Responses that were incomplete with regards to consent, Rosenberg self-esteem, Depression anxiety stress Scale, age, and other sex were also excluded from the study.

Procedure

The Rosenberg self-esteem and Depression anxiety stress Scale was administered to 100 participants who were unemployed for more than one year using a survey method. The aims and objectives of the research were explained to the selected sample, and consent to participate in the study was also obtained. The sample was informed that the obtained data

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would be used just for research purposes and that their identities would not be revealed in any way.

Statistical Analysis

Statistical analysis was conducted using Statistical Package for Social Sciences (SPSS) version 22.0 Descriptive statistics were used to calculate percentage profiles of different socio-demographic and clinical variables. To calculate the significance of Rosenberg self self-esteem and Depression anxiety stress Scale, and various clinical variables across two groups for continuous variables independent sample t-test was used.

RESULT

Table 1 shows the socio-demographic details of the participants.

Variable	N=100 (%)
Age	
M _± SD	23.01 _± 2.276
Gender	
Male	56(56)
Female	44(44)
Marital Status	
Married	12(12)
Unmarried	88(88)
Residence	
Rural	51(51)
Semi-Urban	25(25)
Urban	24(24)
Category	
Gen	34(34)
OBC	50(50)
SC/ST	16(16)
Education	
Under Graduate	19(19)
Post Graduate	69(69)
M.Phil. PhD	12(12)

In this table, the mean_±SD age of the participants is 23.01_±2.27 years. The majority population of the participants are Male, accounting is 56 participants and 44 participants are females.

Participants (12%) of the population are married and the rest 88 participants (88%) are unmarried. 51 participants (51%) reside in the rural whereas 25 participants (25%) reside in Semi-Urban demographics followed by 24 participants (24%) residing in the Urban areas.

34 participants (34% of the population, meaning 34 participants belong to the general category, 50 participants (50%) belong to the Other Backward Classes (OBC) and the rest 16 participants (16%) belong to the Scheduled Caste/Scheduled Tribe (SC/ST). The education level of the participants is such that, 19 participants (19%) are Under Graduates, 69 participants (69%) have completed their Post graduation and lastly 12 participants (12%) have accomplished M.Phil. PhD.

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Table 2 shows the occupation of the participants.

Occupation	
Farmer	8(8)
Business	5(5)
Professional	3(3)
Housewife	5(5)
Unemployed	32(32)
Others	47(47)

In the study, a majority 47 (47%) of respondent Occupation was other followed Unemployed 32 (32%) on the other hand 8 (8%) of respondent Occupation was Farmer.

Table no. 3 shows the level of depression, anxiety and stress among participants.

Variable	N=100 (%)
Depression	
Normal	48(48)
Mild	44(44)
Moderate	8(8)
Anxiety	
Normal	36(36)
Mild	18(18)
Moderate	24(24)
Severe	10(10)
Ex severe	12(12)
Stress	
Normal	56(56)
Mild	24(24)
Moderate	14(14)
Severe	6(6)

Table 3: shows the Range/level of Depression, Anxiety and Stress among Respondents. This table depicts the range of Depression, Anxiety and Stress, the Range of Depression was (48.0%) normal range and (44.0%) Mild and (8.0%) Moderate.

In this table, the Range of Anxiety was (36.0%) normal range and (18.0%) Mild and (24.0%) moderate, Severe (10.0%), and extremely severe (12.0%). In this table, the Range of Stress was (56.0%) normal range and (24.0%) mild, (14.0%) moderate, and Severe (6.0%).

Table no. 4 shows the comparison of depression, anxiety and stress, and Self-esteem between male and female participants.

Variable	Sample Group		't' (df=98)	P value
	Male (M±SD) (N=56)	Female (M±SD) (N=44)		
Anxiety	11.2±6.54	9.45±5.17	1.460	.147
Depression	9.08±3.28	8.79±4.35	.384	.702
Stress	9.08±3.28	13.02±7.28	-.384	.701
Self Esteem	22.03±2.82	21.61±2.52	.776	.440

* Significant at 0.05 level

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In this table, the provided data compares two sample groups, Male and Female, on three different variables: Anxiety, Depression, and Stress i.e., DASS-21 scale and Rosenberg Self Esteem Scale. Each variable's statistics include the mean (M), standard deviation (SD), and sample size (N) for both groups, and a T-test was used for this purpose for statistical comparison.

The result shows that the mean and SD of Anxiety was 11.2 ± 6.54 in males. The sample size of male respondents was 56, and the mean and SD of Anxiety was 9.45 ± 5.17 in females and a sample size of 44. Similarly, for Depression, the Male group has a mean and SD was 9.08 ± 3.28 . The Female group had a Mean and SD of Depression was 8.79 ± 4.35 . Stress, the Male group has a mean and SD was 9.08 ± 3.28 . The Female group has Mean and SD of stress was 13.02 ± 7.28 . P value was .147, .702, .701 respectively.

The result shows that the mean and SD of self-esteem was 22.03 ± 2.82 in males, and the mean and SD of self-esteem was 21.61 ± 2.52 in females. The t-statistic for the comparison of self-esteem between males and females is -0.613, and the associated p-value is 0.542.

Table no. 5 shows the correlation between self-esteem and depression, anxiety and stress.

Variables	Self Esteem	Anxiety	Depression	Stress
Self Esteem	1			
Anxiety	.018	1		
Depression	.045	.537**	1	
Stress	-.025	.649**	.741**	1

***. Correlation is significant at the 0.05 level (2-tailed).*

Reveal that at 0.01 levels there is a significant positive correlation between **Depression** and **Anxiety** i.e.,.537**. It means **Depression** increases **Anxiety** also increases. There is a significant positive correlation between **Stress** and **Anxiety** i.e.,.649**. It means **Stress** increases the **Anxiety** also increases.

There is a significant positive correlation between **Stress** and **Depression** i.e.,.741**. It means **Stress** increases the **Depression** also increases.

Similarly significant negative correlation between **Stress** and **self-esteem**, means that **Stress** decrease so the increase **self-esteem**.

DISCUSSION

The current study included 100 participants (56 male and 44 female), to analyse and compare self-esteem, Depression, anxiety, and stress among unemployed adolescents in Varanasi. The instruments used were a socio-demographic data sheet, a general health questionnaire, and the Depression, Anxiety, and Stress Scale. Male and female respondent samples were matched based on characteristics such as age, gender, education level, occupation type, family type, residence, and religion.

Tsurugano S did a Study, and the results show that the number of working students in Japan declined by 780 000 (45.9%) in April 2020 compared to the same month in 2019. Furthermore, approximately one-third of students cited concerns about low income, job searches, continuing education, and financial support in the student lifestyle survey.

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Students who reported economic worry were also more likely to have poor self-esteem and increased anxiety. [12]

The study shows that Anxiety was high in males i.e., 11.2 ± 6.54 . The level of Depression, the Male was high in males i.e., 9.08 ± 3.28 and stress was higher in female respondents as compared to male respondents i.e., 13.02 ± 7.28 .

A study of female Saudi nursing students found anxiety in 24% and depression in 19% and found that family income, family support, the presence of chronic illness, and exposure to COVID-19 were predictors of anxiety, while family income, family support, and a history of mental illness were predictors of depression [13].

Female sex, city living, and a history of psychiatric disease were significant predictors of anxiety in a Turkish study, while city living was a strong predictor of depression [14]. In a study of Malaysian university students, family wealth was found to be a predictor of anxiety, while female gender was found to be a predictor of depression [15].

In the early stages of the pandemic, Chinese research found high levels of anxiety, despair, insomnia, and stress among frontline health professionals, particularly nurses [16]. Another study on frontline healthcare workers in Brazil found considerable levels of anxiety and despair, with female health professionals experiencing higher levels than males [17].

According to Mani et al., female sex, unemployment, a lack of salaried jobs, work stress, and media sensationalism are all independent predictors of anxiety and depression among Indians. In our study sample, being a healthcare worker was an independent predictor of anxiety. [8]

Limitations

Because this was a time-limited study, only a small sample could be obtained, making the generalisation of the results questionable. The study was conducted on the youngsters of a single city. As a result, these statistics may not be genuinely reflective of the entire country, which has a great range of cultures.

CONCLUSION

The present study was conducted to assess and compare unemployment and psychosocial problems among youth. In our study, our respondents had some symptoms of depression (44.0%) Mild and (8.0%) Moderate of our population had significant depression. Besides, nearly half of the respondents had some symptoms of anxiety, with (24.0%) moderate, Severe (10.0%), extremely severe (12.0%), having clinically significant anxiety. Female respondent has more stress as compared to male respondent. The self-esteem level is slightly high in males as compared to female youth. In this study, most of the youth student belongs to the graduation level.

Job seekers Students were also significantly more anxious than the general population. If we were to extrapolate our data onto India's massive population, we can safely say that in the Indian subcontinent alone, millions of people were anxious and/or depressed during the first wave of COVID-19. This clearly shows that individual and population mental health was severely compromised due to the pandemic, and measures need to be taken to promote psychological and socioeconomic well-being along with physical well-being.

REFERENCES

- [1] UNESCO. COVID-19 Educational Disruption and Response. Retrieved on WHO. WHO Coronavirus Disease (COVID-19) Dashboard. Retrieved on May 20, 2020 from <https://covid19.who.int/> Wikipedia. Covid-19 Pandemic in India. Retrieved on https://en.wikipedia.org/wiki/Education_in_India
- [2] Hayes J, Nutman P. Understanding the unemployed: The psychological effects of unemployment. (No Title). 1981.
- [3] World Health Organization. COVID-19 weekly epidemiological update, edition 134, 16 March 2023.
- [4] Ruscio AM, Hallion LS, Lim CC, Aguilar-Gaxiola S, Al-Hamzawi A, Alonso J, Andrade LH, Borges G, Bromet EJ, Bunting B, de Almeida JM. Cross-sectional comparison of the epidemiology of DSM-5 generalized anxiety disorder across the globe. *JAMA psychiatry*. 2017 May 1;74(5):465-75.
- [5] Hoge EA, Ivkovic A, Fricchione GL. Generalized anxiety disorder: diagnosis and treatment. *Bmj*. 2012 Nov 27;345.
- [6] Ellis P, Kitay B, Schmidt CJ. Depression in the primary care setting. *The New England journal of medicine*. 2019 Jun 6;380(23):2278.
- [7] Sim K, Chua HC. The psychological impact of SARS: a matter of heart and mind. *Cmaj*. 2004 Mar 2;170(5):811-2.
- [8] Mani, V. E., Kumar, R., Srivastava, A. K., Sarkar, Z., Babu, G. N., Tandon, R., Paliwal, V. K., & Jha, S. (2023). The Psychosocial Impact of COVID-19 on an Adult Indian Population. *Cureus*, 15(5). <https://doi.org/10.7759/cureus.38504>
- [9] Goldberg DP, Hillier VF. A scaled version of the general health questionnaire. *Psychol Med* 1979;9:139-45.
- [10] Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.
- [11] Lovibond PF, Lovibond SH. The structure of negative emotional states: Comparison of the Depression Anxiety Stress Scales (DASS) with the Beck Depression and Anxiety Inventories. *Behaviour research and therapy*. 1995 Mar 1;33(3):335-43.
- [12] Tsurugano S, Nishikitani M, Inoue M, Yano E. Impact of the COVID-19 pandemic on working students: Results from the Labour Force Survey and the student lifestyle survey. *Journal of Occupational Health*. 2021;63(1):e12209.
- [13] Albikawi ZF. Predictors of anxiety, depression, and stress among female university nursing students during the COVID-19 pandemic: a cross-sectional study in Saudi Arabia. *Journal of Personalized Medicine*. 2022 Nov 10;12(11):1887.
- [14] Özdin S, Bayrak Özdin Ş. Levels and predictors of anxiety, depression and health anxiety during COVID-19 pandemic in Turkish society: The importance of gender. *International journal of social psychiatry*. 2020 Aug;66(5):504-11.
- [15] Mir IA, Ng SK, Mohd Jamali MN, Jabbar MA, Humayra S. Determinants and predictors of mental health during and after COVID-19 lockdown among university students in Malaysia. *PloS one*. 2023 Jan 20;18(1):e0280562.
- [16] Lai J, Ma S, Wang Y, Cai Z, Hu J, Wei N, Wu J, Du H, Chen T, Li R, Tan H. Factors associated with mental health outcomes among health care workers exposed to coronavirus disease 2019. *JAMA network open*. 2020 Mar 2;3(3):e203976-.
- [17] Cohen M, Cruz LN, Cardoso RB, et al.: Impact of the COVID-19 pandemic on the mental health of frontline healthcare workers in a highly affected region in Brazil. *BMC Psychiatry*. 2023, 23:255. [10.1186/s12888-023-04702-2](https://doi.org/10.1186/s12888-023-04702-2)

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Conflict of Interest

The author(s) declared no conflict of interest.

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