



Relationship between Self Esteem, Depression, Anxiety and Stress among Early Adulthood

Kavitha Ravi^{1} and Sakthivel K^{2*}*

¹Clinical psychology student, IGNOU University, Port Blair, South Andaman-744112, India

²Department of Psychology, Andaman College (ANCOL), Chaakkargaon, South Andaman-744112, India

Email: kavitaravi75@gmail.com

ABSTRACT

Self-esteem is our subjective perception of our overall value or worth is known as self-esteem (Aboalshamat et al., 2017). It describes your level of self-confidence in your skills and qualities, much like self-respect does (Athulua, Sudhir & Philip, 2016). Stress results from an imbalance between resources and demands. When a person lacks the means to meet expectations, they will struggle physically, mentally, and emotionally, which will lead to physiological and psychological dysfunctions (Bajaj, Robins & Pande, 2016). Anxiety is a psychological disorder that causes stress, racing thoughts, and physical illness. It is a serious condition that adversely affects a person's cognitive, behavioural, and psychological health (Bhardwaj & Agrawal, 2013). A very prevalent syndrome, depression can affect people of all ages, genders, socioeconomic statuses, and religious convictions (Block & Robins 1993). Recent studies show that teenage depression and anxiety are becoming more common (Dharshana et al., 2016). Researchers believe that stress may contribute to anxiety and depression (Eisenberg et al., 2005). Self-esteem is crucial in helping people in their early adult years cope with stress, anxiety, and depression (Eriksson et al., 2020). The present study is very interesting finding on the results, the self-esteem plays important role to reduce stress, anxiety, and depression among early adulthood individuals.

Key-words: Self Esteem, Depression, Anxiety, Stress and Early Adulthood

INTRODUCTION

Mental Well – Being - Our emotional, psychological, and social well-being are all parts of our mental health, It impacts the way we feel, think, and behave. Additionally, it influences how we respond to stress, interact with others, and make healthy decisions (Grover, Dutt & Avasthi, 2010). Every stage of life, from childhood and adolescence to adulthood, is important for mental health (Hafdah, 2000). We are more susceptible to certain physical health issues, such as heart disease, Taking care of our mental health can also stop mental illnesses from emerging. Having good mental health enables us to live life to the fullest and to think more positively (Jain & Dixit, 2014). According to research, developing positive emotions and physical health go hand in hand. A person's ability to self-generate happy emotions, develop resilience, and feel more socially connected all increase with the development of positive physical health experiences (Uecker et al., 2007). A person's capacity to self-generate positive emotions from physical activity, which serves as a biological resource for habitual, long-term physical and psychological health benefits, is a biological resource that is essential to maintaining positive strategies for maintaining mental health (Johnson et al., 2015). Additionally, it refers to how well a person can contribute to society as a whole as a result of their emotions, thoughts, and behaviours (Johnson et al., 2020). A population's mental health is frequently assessed based on the frequency of mental health issues. These are instances where the mental health deteriorates to the point where it interferes with one's ability to function productively or socially and are disorders that can be diagnosed (Kenny & Sirin, 2006). Early adulthood is a time of rapid personal development when people go through significant life changes. By the age of 28, a person has reached physical maturity during the early adult stage. This process is called maturation. By this time, adults have grown to their full height and weight, as well as their physical peak.

Early adulthood - Early adulthood is characterised by the pursuit of autonomy trying to establish oneself as a self-sufficient individual with a life of one's own and the development of identity more firmly establishing likes and dislikes, preferences, and philosophical viewpoints. Increasing emotional stability, which is regarded as a sign of maturing, is developing emotional stability. Early adulthood is referred to as the prime of life because your body has reached its full adult size even though your brain is still growing (Keshavan et al., 2002). Because your reproductive system, muscular strength, and lung capacity are all at their peak, you are physically in the prime of your life. The adult's strength and endurance gradually deteriorate as he approaches the end of his life (Aboalshamat & Strodl, 2015). Early adulthood is characterised by the pursuit of autonomy trying to establish oneself as a self-sufficient individual with a life of one's own and the development of identity more firmly establishing likes and dislikes, preferences, and philosophical viewpoints. Increasing emotional stability, which is regarded as a sign of maturing, is developing emotional stability (Hegde, Sharma & Rai, 2006).

Self – Esteem - According to J. Crocker in the International Encyclopedia of the Social & Behavioral Sciences, published in 2001, self-esteem in adulthood Self-esteem is a general assessment of one's own value or worth. The subjective quality of life and motivational orientations like self-protection

and self-enhancement are both strongly correlated with self-esteem. During this time, people go through significant life transitions and experience rapid personal growth. Your self-esteem depends on your relationships with your family members, including your parents, siblings, peers, teachers, and other significant contacts. Many of your current self-perceptions are a result of messages you've heard from these people over the years (Lloyd & Miller, 1997). You are more likely to see yourself as valuable and have healthier self-esteem if your relationships are solid and you consistently receive positive feedback. The biggest influence on self-esteem may come from your own thoughts, which you can change. Working to change your tendency to focus on your shortcomings or flaws can help you create a more accurate, balanced view of who you are. Throughout time, self-esteem is prone to change depending on your situation (Loeber and Hay, 1997). Going through periods of feeling good about you and periods of feeling bad about yourself is common. However, self-esteem typically remains within a range that reflects how you feel about yourself generally and gradually rises with age (Mcgee, Williams & Raja, 2001).

Depression - 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 causes feelings of sadness and/or a loss of interest in activities you once enjoyed. It can lead to a variety of emotional and physical problems and can decrease your ability to function at work and at home (Mossakowski, 2015). Depression is more than just a case of the blues, and you can't just "snap out" of it. Long-term treatment may be necessary for depression. But resist giving up. With medication, psychotherapy, or both, the majority of depressed people experience improved symptoms (Mushtaq and Akhoui, 2016). Depression is a mood disorder that leaves sufferers with a lingering sense of sadness and disinterest. You might find it difficult to carry out your regular daily tasks, and you might occasionally think life isn't worth living (Rizwan et al., 2022). Feelings of helplessness, increased irritability, a loss of pleasure, difficulty concentrating or sleeping, or suicidal or death thoughts are all warning signs of severe depression (Sarkar et al., 2016).

Stress - Stress can be defined as a state of worry or mental tension caused by a difficult situation. Stress is a natural human response that prompts us to address challenges and threats in our lives. Everyone experiences stress to some degree. Everyone experiences stress (Shrestha et al., 2021). While some stress is healthy, excessive stress can wear you down and cause physical and mental illness (Crocker, 2000). The body's response to harmful circumstances, whether actual or imagined, is stress. When we are threatened, your body experiences a chemical reaction that enables you to take action to avoid harm. This is referred to as the stress response or the flight or fight response (Whiteman, Mchale & Crouter, 2011). Your breathing becomes more rapid, your muscles tighten, and your blood pressure rises during this. Different people associate different things with stress. It's usually not a problem if you feel stressed for a few days, but if you experience symptoms for at least two weeks, you should probably take action, it is common for someone to experience both at the same time (Zaidi et al., 2017).

Anxiety - Anxiety can be normal in stressful situations such as public speaking or taking a test. Anxiety is only an indicator of underlying disease when feelings become excessive, all-consuming and interfere with daily living. Anxiety is your body's natural response to stress. It's a feeling of fear or apprehension about what's to come. For example, going to a job interview or giving a speech on the first day of school may cause some people to feel fearful and nervous. It's normal to feel anxious about moving to a new place, starting a new job, or taking a test. This type of anxiety is unpleasant, but it may motivate you to work harder and do a better job. Ordinary anxiety is a feeling that comes and goes but doesn't interfere with your everyday life.

"Low self-esteem was a major contributing factor when suicide causes among college students were examined. According to a Will Redmond paper about low self-esteem and suicide that was published on September 7th, 2022, the number of suicides among boys due to low self-esteem was higher than that of girls."

REVIEW OF LITERATURE

Khalid Aboalshamat et al. (2017) has published a paper in the Journal of International Medicine and Dentistry which explores the relationship of Self Esteem with depression, anxiety and stress among Dental and Medical Students in Jeddah, Saudi Arabia. In this cross sectional study, 645 clinical and intern dental and medical students in Jeddah were recruited to assess their Self Esteem, Depression, Anxiety and Stress. Self reported questionnaire of 21 item Depression, Anxiety and Stress Scale and the Rosenberg Self Esteem Scale (RSES) was used. Data was analysed using linear regression, t test, and One way ANOVA tests run with SPSS Statistics software. A significant inverse relationship was found between self-esteem and depression, anxiety and stress. The prevalence of depression was high at 67.4%, anxiety was 79.7%, stress was 64%, and low self-esteem was 23.4%. Depression and stress were the highest among Saudis. Stress was higher among non-married and clinical year students than for married students and interns. Students with higher incomes had lower self-esteem. There was no significant relationship with regards to differences in gender, dental or medical studies, and governmental or private college students. So a conclusion was reached that Low self-esteem is related to depression, anxiety, and stress. Among dental and medical students in Saudi Arabia, there is a high level of psychological distress, and a considerable percentage of students report low self-esteem. More interventional programs are recommended to help boost the self-esteem and psychological well-being of these students.

Hufsa Chandni Rizwan et al. (2022) conducted a study on relationship of Self Esteem with depression, anxiety and stress. The study was conducted at Shalamar medical and dental college (SMDC) from August to September 2016. 273 students participated in this study which was approved the ethical review board at SMDC. Depression, anxiety and stress scale (DASS) was used to assess stress, anxiety and depression and Rosenberg self-esteem scale (RSES) was used to assess self-esteem. A significant inverse relationship was found between self-esteem and the prevalence of anxiety depression and stress i.e. higher levels of self-esteem tended to correlate significantly with lower prevalence of anxiety, depression and stress in our study population. It is important to assess self-esteem among individuals who present with symptoms of anxiety and depression. Training on how to boost one's self-esteem can be one of the strategies used to treat and prevent depression and anxiety, especially among students and young adults. Through this study they have concluded that there is a relationship between self esteem stress and anxiety as well as depression in medical students.

Shrestha B.et al: (2021) did a study on the self esteem among the undergraduates of the medical school in Kathmandu, Nepal. A cross sectional study was conducted from first to fifth year medical students. The samples were selected in stratified random sampling method. This study used the Rosenberg Self Esteem Scale. A Google Forms questionnaire was sent to the participants via email. Then, the data obtained were entered in the Google sheet and later analyzed using SPSS 27. A Chi-square test was used to identify potential differences in self-esteem scores among different variables. A p-value of < 0.05 was considered statistically significant. The study concluded that the majority (74.4%) of medical students had normal self-esteem. However, 18.9% students had low self-esteem, among which, third-year students suffered the most (30.77%). Likewise, females exhibited higher prevalence of low self-esteem compared to males. Interventions to boost the level of self-esteem should be carried out to help medical students become confident and efficient doctors.

S.Nadaraja et al: 2001 wrote about self-esteem and hopelessness in childhood. In this study both individual and family characteristics in the childhood years may lead to suicidal ideation in early adulthood is examined. These results support our contention that childhood levels of hopelessness, low self-esteem, and thoughts of self-harm are of etiological significance for later suicidal ideation in adulthood.

Lloydand Miller (1997) implicated low parental care and parental overprotection as risk factors for depression in adulthood. The present study further examined the association between perceived parental style and depression in two samples of medical students. In general, both low maternal and paternal care were associated with depression. Furthermore, maternal overprotection in the U.S. sample and paternal overprotection in the Scottish sample were also associated with depression. However, when results were analyzed separately for men and women, clear gender differences emerged, indicating that the observed relationships were occurring chiefly in the men, although there were some indications that low paternal care was associated with depression in women. Because such gender differences have not been previously reported, women medical students may be a unique group with respect to these relationships. Also, intriguing was that although parental style characteristics demonstrated significant associations with self-esteem, this was clearly true only for men and not for women. Finally, the study provided the first partial support for the hypothesis that self-esteem mediates the relationship between parental style and depression.

Dr Suparna Jain and Dr Prerna Dixit 2014 did a study on Self Esteem: A Gender based Comparison and Causal Factors reducing it among Indian Youth. The study reveals that there are varied causes for reducing self esteem in Indian youth. Findings reveal that there is no gender difference among Indian college students in their levels of self-esteem. This reveals a bright side of developing India as girls becoming more independent in their personal and career choices have risen in their levels of self-esteem. This could be said so because earlier research often depicted males having higher levels of self-esteem than females. However, the results also reveal academic pressure as a major cause of reducing self-esteem among Indian students. Thus, it is required that a holistic approach is developed which puts the emphasis on an atmosphere of care in the schools and at home to allow children to address their fears and cope with stress.

Jayakumar Atulya et al: 2016, This study was aimed at examining procrastination, perfectionism, coping and their relationship with distress and self-esteem in college going students. One hundred and ninety-two participants were assessed on measures of procrastination, perfectionism, coping, distress and self-esteem. The conclusion was that maladaptive perfectionism was significantly associated with distress and lower self-esteem, while adaptive perfectionism was associated with lower procrastination. Our findings highlight the need for interventions that focus on adaptive perfectionism to enhance self-esteem and reduce maladaptive aspects of perfectionism.

METHODOLOGY

Methodology is the backbone of any research Endeavour. It is the blue print of the researcher is going to examine and explore the variables of interest. It plays a leading role in carrying out the research study systematically and objectively. Methodology refers to systematic research and planning. Scientific investigation involves careful and proper adaptation of research design, use of standardized tools and tests, sampling techniques, sound procedures for collecting data, its careful study and tabulation and them, finally application of appropriate statistical tests. These steps basically enhance the predictive value of findings; thus, the findings may be generalized to predict the behaviour of population from which the sample has been drawn.

Problem Statement:

“Relationship between Self Esteem, Depression, Anxiety and Stress among Early Adulthood”

This research study will use the descriptive method where in “data is collected to test the hypothesis or to answer questions concerning the current status of the study”. Causal comparative and correlation survey method of descriptive research will be used to conduct the present study.

Variables:

Variables under study in this research are as follows

- Dependent Variable – Self Esteem
- Independent Variable – Depression, Anxiety and Stress

Objectives

- To examine the relationship between Self Esteem, Depression, Anxiety and Stress among Early Adulthood

- To find out the gender difference in depression, anxiety stress and self-esteem among early adulthood individuals.

Hypotheses

Hypothesis-1

H_a: There is a significant difference in gender of stress, depression, anxiety, and self-esteem in early adulthood.

H₀: There is a no significant difference in gender of stress, depression, anxiety, and self-esteem in early adulthood.

Hypothesis-2

H_a: There is a significant positive relationship among stress, depression, anxiety, and self-esteem in early adulthood.

H₀: There is a significant negative relationship among stress, depression, anxiety, and self-esteem in early adulthood

Hypothesis-3

H_a: There is a significant impact of depression, anxiety, and stress on self-esteem in early adulthood.

H₀: There is a no significant impact of depression, anxiety, and stress on self-esteem in early adulthood.

Sample:

The sample is selected to represent the population which we want to study. Since it is difficult to study the entire population, a sample is selected following different procedure. The sample selection process depends on the objectives and nature of the sample. Non probability sampling method used in the present study. In this, the purposive sampling used. Those women who are between the age group 17-40years, are of lower income or middle-income group taken. The researcher contacted them all over India through an online, mobile phones, personal contact. A total of 277 individual contacted. The researcher will use the convenience sampling, where approximately 400 participants given the two questionnaires and asked to complete it within time. The researcher has received only 277 questionnaires for the final data calculation.

Research Design

Research design is the blue print for the collection, measurement, and analysis of data. It answers the what, where, when and how of the research study. It is an outline of the research objectives, sample selection to analysis of the data. In the present study, an attempt is made to find out the relationship self esteem and depression anxiety and stress among early adulthood individuals following a descriptive research design.

Tools

The following tools used to assess depression, anxiety, stress, self-esteem among Early Adulthood individuals from different places in India majority being from Andaman Islands.

DASS-21 depression anxiety scale (Lovibond, S.H. & Lovibond, P.F. 1995).

The Depression, Anxiety and Stress Scale - 21 Items (DASS-21) is a set of three self-report scales designed to measure the emotional states of depression, anxiety and stress. Each of the three DASS21 scales contains 7 items, divided into subscales with similar content. The depression scale assesses dysphasia, hopelessness, devaluation of life, self-deprecation, lack of interest / involvement, anhedonia and inertia. The anxiety scale assesses autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect. The stress scale is sensitive to levels of chronic nonspecific arousal. It assesses difficulty relaxing, nervous arousal, and being easily upset / agitated, irritable /over-reactive and impatient. Scores for depression, anxiety and stress are calculated by summing the scores for the relevant items. The DASS-21 is based on a dimensional rather than a categorical conception of psychological disorder. The assumption on which the DASS-21 development was based (and which was confirmed by the research data) is that the differences between the depression, anxiety and the stress experienced by normal subjects and clinical populations are essentially differences of degree. The DASS-21 therefore has no direct implications for the allocation of patients to discrete diagnostic categories postulated in classificatory systems such as the DSM and ICD *DSM: Diagnostic and Statistical Manual of Mental Disorders (DSM-5) *ICD : International Classification of Diseases and Related Health Problems

The Rosenberg self-esteem scale (RSES), Rosenberg, M. (1965)

It was developed by the sociologist Morris Rosenberg, is a self-esteem measure widely used in social-science research. It uses a scale of 0–30 where a score less than 15 may indicate a problematic low self-esteem. The RSES is designed like the social-survey questionnaires. Five of the items have positively worded statements and five have negatively worded ones. The scale measures global self-worth by measuring both positive and negative feelings about the self. The original sample for which the scale was developed consisted of 5,024 high-school juniors and seniors from 10 randomly selected schools in New York State. The Rosenberg self-esteem scale is considered a reliable and valid quantitative tool for self-esteem assessment.

Statistical techniques

Descriptive and inferential statistics used. The data analysed with, mean, standard deviation, graph and percentage, correlation, 't' test and regression analysis.

RESULTY AND DISCUSSION

The present study is based on descriptive and correlational study. The date was collected through google from who are early adult hoods, the age group of 17 to 40 years (fig 5.2). The total sample size was 277 from pan India. The sample were collected through convenience sampling method. The reliability has measured of each scale such as stress (Cronbach's α is $r = 0.816$). Anxiety (Cronbach's α is $r = 0.797$) and depression (Cronbach's α is $r = 0.837$). The sample size of 277, 63% is female and 34% is male (fig-5.1). The table 5.1 represents descriptive statistics of each variable which represents stress, anxiety, depression and self-esteem (fig 5.3 to fig 5.6).

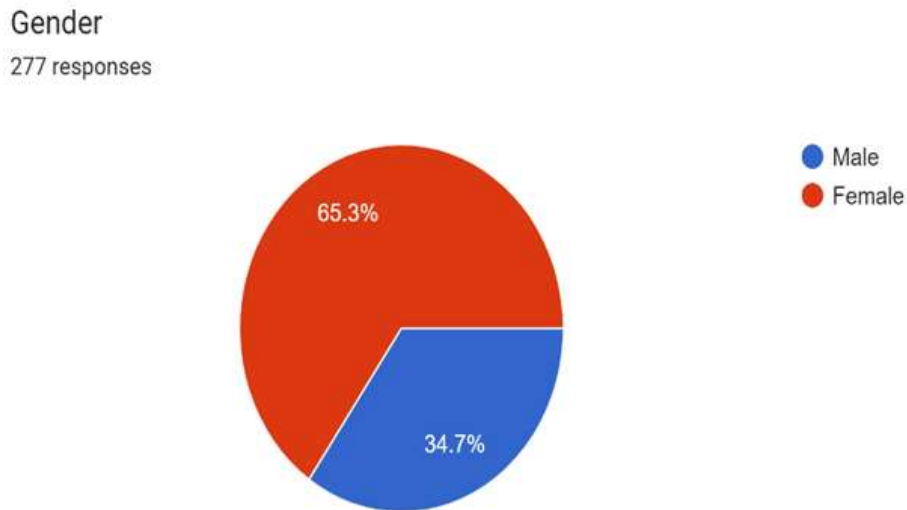


Fig-5.1 Gender

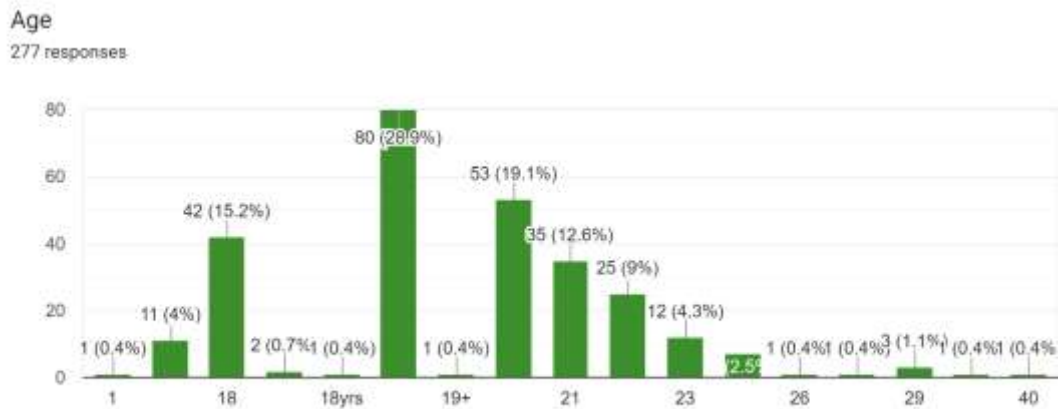


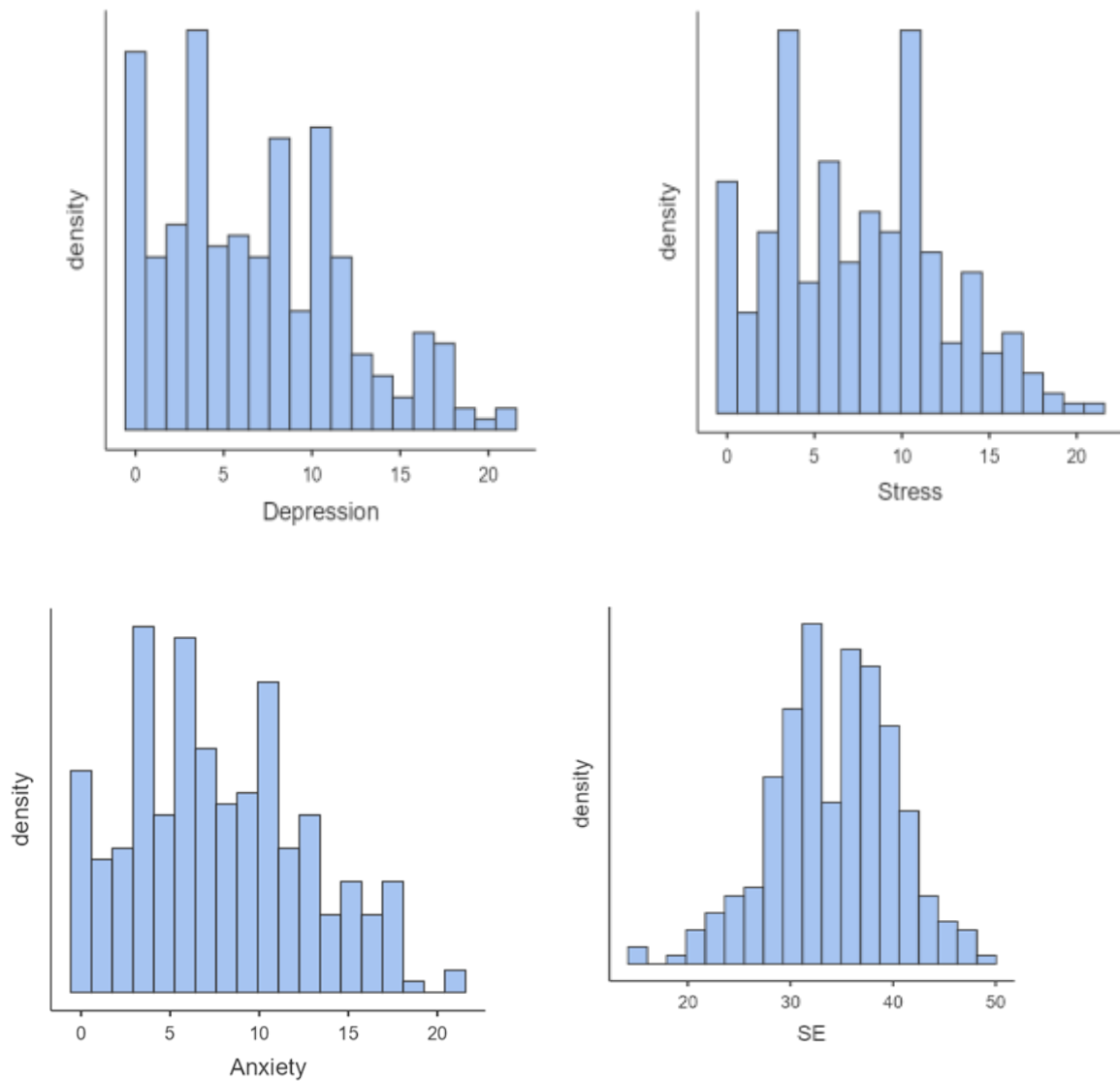
Fig-5.2: Age

Table 5.1 Descriptive of stress, depression, anxiety, and self-esteem.

	Gender	Stress	Depression	Anxiety	SE
N	277	277	277	277	277
Missing	0	0	0	0	0
Mean	1.65	7.47	6.77	7.69	34.2

Table 5.1 Descriptive of stress, depression, anxiety, and self-esteem.

	Gender	Stress	Depression	Anxiety	SE
Median	2	7	6	7	34
Standard deviation	0.477	4.84	5.13	4.88	4.24
Minimum	1	0	0	0	20
Maximum	2	21	21	21	50
Shapiro-Wilk W	0.601	0.970	0.947	0.970	0.987
Shapiro-Wilk p	<.001	<.001	<.001	<.001	0.014



The table 5.2 indicates that gender comparison of stress, depression and anxiety and self-esteem. The results shown that depression and anxiety is higher in case of female counter parts as compassion to male counter parts. But at the level of stress and self-esteem level, there is not much difference between male and female.

Table 5.2: Gender comparison of stress, depression, anxiety, and self-esteem

	Group	N	Mean	Median	SD	SE
Stress	Male	96	7.09	6.00	5.07	0.518
	Female	181	7.67	8.00	4.71	0.350
Depression	Male	96	6.48	6.00	5.13	0.523
	Female	181	6.93	7.00	5.13	0.382
Anxiety	Male	96	6.91	6.00	4.92	0.502
	Female	181	8.10	8.00	4.82	0.359
Self-esteem	Male	96	34.21	35.00	6.02	0.614
	Female	181	34.24	34.00	5.81	0.432

Table 5.3 represents that there is no significant difference in gender (between male and female) of stress, depression, and self-esteem at 0.05 level of significant. But in the case of anxiety there is a significant difference at 0.05 level of significant. Therefore, the hypothesis -1: $H_{0(a)}$ There is a no significant difference in gender of stress, depression, and self-esteem in early adulthood. The null hypothesis is accepted and alternative hypothesis is rejected. Further, $H_a(b)$: There is a significant difference in gender of anxiety in early adulthood. The hypothesis is accepted. The null hypothesis is rejected in this case.

Table 5.3: Independent Samples T-Test of gender comparison on stress, depression, anxiety, and self-esteem

		Statistic	df	p
Stress	Student's t	-0.9499	275	0.343
Depression	Student's t	-0.6930	275	0.489
Anxiety	Student's t	-1.9453	275	0.053
Self-esteem	Student's t	-0.0394	275	0.969

The table 5.4 is represented the correlation matrix of stress, depression, anxiety and self-esteem.

Table 5.4 Correlation Matrix

		Stress	Depression	Anxiety	SE
Stress	Pearson's r	—			
	p-value	—			
Depression	Pearson's r	0.752	—		
	p-value	< .001	—		
Anxiety	Pearson's r	0.787	0.653	—	
	p-value	< .001	< .001	—	
Self-esteem	Pearson's r	-0.373	-0.551	-0.339	—
	p-value	< .001	< .001	< .001	—

The results show that there is a significant positive correlation among stress, depression, and anxiety in early adulthood. But self-esteem has negative correlation with stress, anxiety, and depression at 0.01 level of significance. Therefore, the hypothesis -02: $H_{0(a)}$: There is a significant negative relationship among stress, depression, anxiety, and self-esteem in early adulthood is accepted. The alternative hypothesis is rejected. The hypothesis- 02: $H_a(b)$: There is a significant positive relationship among stress, depression, anxiety in early adulthood is accepted. The null hypothesis is rejected.

Table 5.5.1 represents model fit of regression analysis which represents ($R = 0.554$; $R^2 = 0.307$; and adjusted $R^2 = 0.299$). The model indicated that it has fit.

Table 5.5.1 Model Fit Measures

Model	R	R ²	Adjusted R ²
1	0.554	0.307	0.299

Table 5.5.2 ANOVA test displayed that stress and anxiety has no significant impact on self-esteem. But the depression has significant impact on self-esteem.

Table 5.5.2: Omnibus ANOVA Test

	Sum of Squares	df	Mean Square	F	p
Stress	30.73	1	30.73	1.2719	0.260
Depression	1547.18	1	1547.18	64.0350	<.001
Anxiety	1.27	1	1.27	0.0526	0.819
Residuals	6596.06	273	24.16		

Note. Type 3 sum of squares

Table 5.5.3 represents model coefficients of self-esteem. The results shown that stress and anxiety have no significant impact on self-esteem at 0.05 level of significance. Depression has significant impact on self-esteem at 0.01 level of significance. Therefore, hypothesis -03:

- **H_a:** There is a significant impact of depression on self-esteem in early adulthood is accepted alternative hypothesis and rejected null hypothesis.
- **H₀:** There is a no significant impact of anxiety, and stress on self-esteem in early adulthood is accepted and accepted null hypothesis.

5.5.3: Model Coefficients - SE

Predictor	Estimate	SE	95% Confidence Interval		t	p	Stand. Estimate
			Lower	Upper			
Intercept	38.2308	0.5726	37.1035	39.358	66.771	<.001	
Stress	0.1299	0.1152	-0.0968	0.357	1.128	0.260	0.1070
Depression	-0.7085	0.0885	-0.8829	-0.534	-8.002	<.001	-0.6186
Anxiety	-0.0228	0.0993	-0.2183	0.173	-0.229	0.819	-0.0189

So, we can say that self-esteem improves depression, but less in case of anxiety and stress as per the given results.

CONCLUSION

The present study is very interesting finding on the results. The self-esteem plays important role to reduce stress, anxiety, and depression among early adulthood individuals. If it is comparison between the genders, it shows that only anxiety has significant difference between the gender of male and female. Further, stress, depression and self-esteem have no significant difference between the male and female. The relationship among the three variables such as anxiety, stress, and depression. It shows among three variables has positive significant relationship. The relationship of self-esteem with stress, anxiety, stress, it shows significant negative relationship. The regression analysis shows that depression has significant impact on self-esteem which indicates that self-esteem helps reduce the depression. The higher self-esteem of individuals helps to reduce depression level.

IMPLICATIONS

The present study has following implications for the practitioners, academicians and general individuals. The higher self-esteem leads to less stress, anxiety and depression of early adulthood individuals. Female has higher self-esteem as compared to male which helps to reduce stress, anxiety and depression. Self-esteem, self-confidence, self-images, and self-efficacy are negatively correlated with stress, anxiety, and depression. Regular planning and self-awareness and self-control and management, leads to improve your self-esteem.

DELIMITATIONS

This is a unique study which found that there is less study conducted in the areas of early adulthood individuals. Data were collected pan India level majority from Andaman Nicobar Island. The researcher tries to avoid the error while collecting data, analysis data take help of experts from the field of research.

LIMITATIONS

Time was constraint for the study and data collection was difficult. Female sample size was more as compared to male sample size. The data has collected in cross-sectional in nature.

FUTURE SUGGESTIONS

The longitudinal study will give more authentic and valid results instead of cross-sectional study. Longitudinal studies will give more consistent results. The data can be collected through physically, it can be monitored while filling the response. The participants get clarity, if any doubt occurs during the filling responses. Random sampling and sample size should be more for the study. It can be used more variables, other demographic variables in the study.

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