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Socioeconomic Determinants Of Mental Health: Mediating Role Of Empowerment And Social Media

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Abstract:

The Mental health development of youth is an ignoring factor in our societies, communities, workplace and even then, in the academic institutions. Every aspect of growth depends on the health and most probability on the mental health. The Purpose of this study to find out the socioeconomic determinants of mental health with the mediating role of empowerment and social media in the perspectives of university students .

Data was collected from the university students, through simple random sampling technique from the different department of The Islamia University of Bahawalpur, Pakistan. Mental health is evaluated through the self-reported questions based on 12 items expressing the feelings, emotions, expressions, depression and anxiety and adopting the scale from poor to good mental health. Data on the socioeconomic determinants, such as parents' education, income, behavior, age and gender of respondents was collected through online survey. Empowerment level among the students was measured through three dimensions – decision making, self-confidence and self-esteem. Social media was measured through usage of three different media Facebook, YouTube, and TikTok.

The current study found the positive and significant impact of age, gender, parents' good behavior, and respondents age on mental health in the perspectives of gender. In mediating role, empowerment and social media are supposed to be enhance the consequence of socioeconomic determinants of mental health. Mental health in youth can be enhance by focusing on the socioeconomic determinants which are the most effecting factors. Students' resonances to be more relaxed and mentally satisfied whenever they are

empowered and well aware about the right usage of social media.

KEYWORDS: Mental Health, Stress, Anxiety, Empowerment, social media

JEL CODE: I12, I14, I38, O17, Z13

I. INTRODUCTION

It is very crucial to express that every human being look over superior and inferior phases in their psychological healthiness while they manage along with the trials of routine lifetime. This is contemplated usual and is not a suggestion of psychological syndrome. The expressions mental disorder and mental illness are alternative words described by World Health Organization (2018) as "some combination of abnormal thoughts, emotions, behavior, and relationship with others" (Daly, Sutin, & Robinson, 2021).

The sustainability of mental health in youth could start through providence of healthier psychological well-being awareness and knowledge to students and young adults. Consequently, it would enhance psychological well-being knowledge and decease bias, disgrace and perception. Campaign for psychological well-being must also comprise the societal factors of healthiness and deliver necessary mechanism therefore everybody takes same chance for better condition and well-being(Durbin, Moineddin, Lin, Steele, & Glazier, 2015; Jorm et al., 1997). This type of planned healthiness awareness to decrease preliminary spaces must contain emerging and introducing intellectual condition understanding movements for families, youth, children, caretakers, educationist, health care service, in addition the community that have confirmed applicable that suggest as well as identified the exceptional requirements of every cons(Holland, 2016; J. Huang, Nigatu, Smail-Crevier, Zhang, & Wang, 2018).

A variety of genetic, social, and natural variable affect one's psychological health, which is a crucial component of overall physical and mental well-being. Although there are inherent biological links to mental problems(Bansal et al., 2015; Schiele, Gottschalk, & Domschke, 2020). According to WHO the majority of low-level income and middle-income nations invest less than $2 per capita on the protection and treatment of mental illness issues. In low and middle-income nations, 76–85percent of the respondents of people suffering from mental disorders do not obtain treated. The Northern nations, the Netherland, and Austrian perform best low depression followed by Germans and French. Spaniards, Italians, and Greeks reported experiencing the lowest mental illness(Ploubidis & Grundy, 2009). Low educational attainments and inequality are both highly correlated with poor mental health(Fryers, Melzer, Jenkins, & Brugha, 2005). Mental illnesses affect poor and underprivileged people more frequently than others. According to WHO in Pakistan Over than 4% of all illness weight is accounted for by psychological problems, with mental illnesses and the case of women is higher but other side in Pakistan almost 24 million people need psychiatric for our mental health treatment. Unfortunately, the facilities allotted for mental health condition treatment and screening are insufficient to meet the growing requirements. Specific environments and targeted treatments can break the cycle of poverty and mental illness in low- and middle-income nations (Nair & Otaki, 2021; Stallman & Shochet, 2009; Wells, Barlow, & Stewart-Brown, 2003).

According to new research, depression and anxiety symptoms are more common among girls as compared to boys. Initiatives for mental health

risk elimination cannot be gender-neutral since the hazards are sexual identity and possibilities for female are still limited globally while men continue to have great status and chances in life internationally(Abdul Manaf, Mustafa, Abdul Rahman, Yusof, & Abd Aziz, 2016; Salman et al., 2020). In terms of mental health, gender has a significant role. Access to care is significantly impacted by gender, which also modulates the effects of socioeconomic conditions. At every level of socioeconomic and social status, females experience mental problems at a disproportionately higher rate (C. Huggett et al., 2018; Wahlbeck, 2015; Yang, 2021). According to study, males are far less likely than female to recognize and identify suspected signs of emotion diseases such as depression and to rate such signs as more severe (Affleck, Carmichael, & Whitley, 2018)). Men are less likely to disclose potential signs of mental illnesses, probably so those feelings go counter to popular ideas about what it means to be a man(Cadigan, Lee, & Larimer, 2019). According to previous literature the idea of mental illnesses was viewed by teenagers as an emotionality that encompassed both good and poor aspects of health. Child's perceptions of mental illnesses appeared to be greater influenced by age gap relationships than by gender identity(Johansson, Brunnberg, & Eriksson, 2007). The significance of mental health numeracy is a developing hypothesis that result from health literacy. The description of mental health numeracy has enhanced over the years to suggest the present perceptions as an "understanding how to obtain and maintain positive mental health; understanding mental disorders and their treatments; decreasing stigma related to mental disorders; and, enhancing help-seeking efficacy" (Kutcher et al., 2016). In the limits of the existing writings, there is vigorous experimental indication signifying that there is an interrelatedness among mental health numeracy and the persistence of disgrace in public(Kelly, Jorm, & Wright, 2007; Kutcher & McLuckie, 2011) . Existing research have investigated and found that accepting a worldwide method to mental health evaluation and prevention is an operational method of encouraging safe and sound mental health for the complete inhabitants. Furthermore, the indication proposes that long-run mental health involvements are pretty operative than short-run avoidance agendas(Shidhaye, Lund, & Chisholm, 2015; Wells et al., 2003). Societal dishonor and gender being a male is related along with a weaker mental well-being amongst college undergraduates (Armstrong & Young, 2015). While in case depression level of students increased, they were more willing to use counseling services and recommended social marketing campaigns, offering them some health-related courses in their syllabus(Holland, 2016; Huggett, Flynn, Jaouich, Taylor-Gates, & Davidson, 2017). The 4M model (Mindfulness, Movement, |Meaning and Moderator) that has more focused on the holistic and university-based interventions that may enhance their individuality and boost their mental health by this 4M model. This approach may help university students' supervisors to opt such interferences that help undergraduates' basic, emotional, physical and societal requirements(Nair & Otaki, 2021; Shidhaye et al., 2015; Vogel, Michaels, & Gruss, 2009) .

In appraising the above cited literature, there is a pressing need to evaluate and analyze the socio-economic determinants of mental health. In this research we checked the socio economics determinants of mental health and how these socioeconomic determinants become more effective with the mediating role of empowerment and social media.

2. DATA AND METHODS

2.1 Theoretical and Conceptual Framework

The current study trailed the social cognitive theory, which was initially proposed by Miller and Dollard in 1941 known as social leaning and imitation, but rejected due to lacked the account of novel response or delayed the process(Bandura, 1991). By continuing this theory, Bandura and Walters published Social Learning and Personality Development in 1963, expanding the boundaries of social learning theory with the now-familiar principles of observational learning and vicarious reinforcement. By the 1970s, however, Bandura had realized that a critical component was missing not only from the prevalent learning theories of the time, but also from his own social learning theory. He published "Self-efficacy" Toward a Unifying Theory of Behavioral Change" in 1977. Identified a critical component of that missing element—self-beliefs. Bandura (1986) advanced a view of human functioning with the publication of Social Foundations of Thought and Action: A Social Cognitive Theory that gives cognitive, vicarious, self-regulatory, and self-reflective processes a central role in human adaptation and change Individuals are viewed as proactive, self-organizing, self-reflective, and self-regulating organisms rather than reactive organisms shaped and shepherded by environmental forces or hidden inner impulses drive this(Bandura, 1991, 1993, 1997, 2001; Bansal et al., 2015).

Figure 1: Social Cognitive Theory

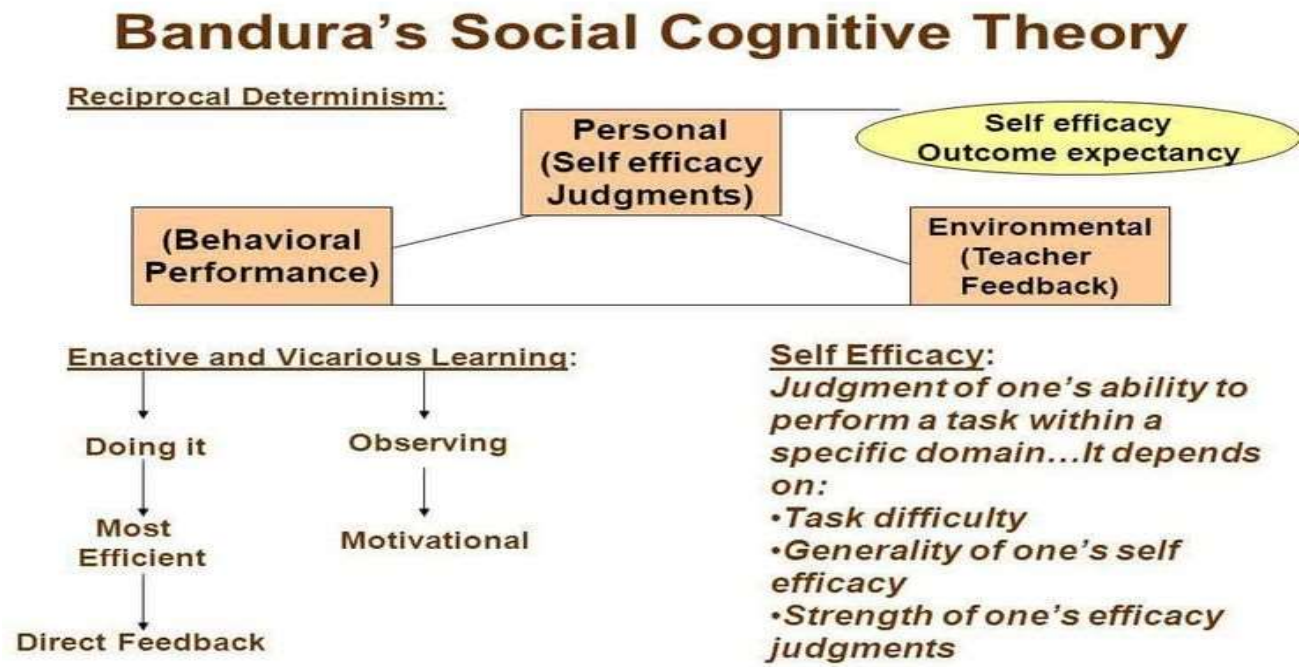
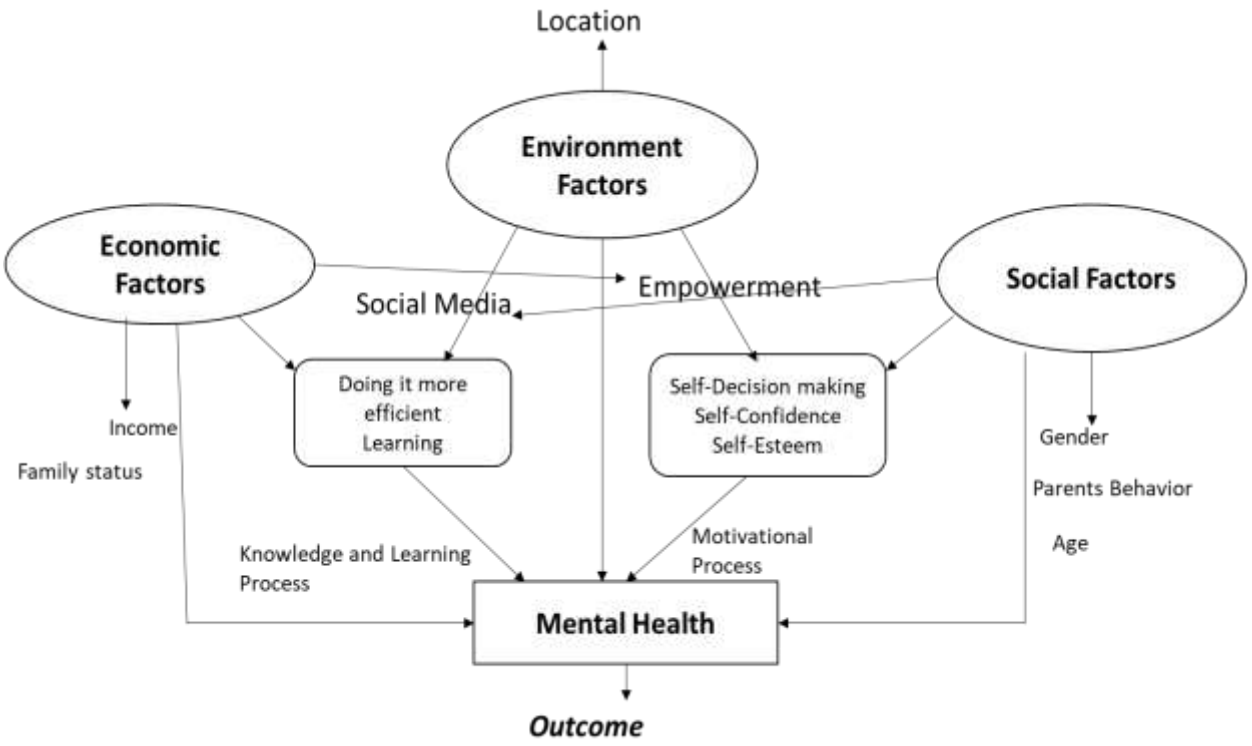


Figure:2 Authors Adaptive Model tailored the Factors affecting the Mental Health inspiration by Social Cognitive Theory



The study hypothesis are as follows:

H1: There is association between age of students and their mental health

H2: There is association between gender of students and their mental health

H3: There is association between locality of students living and their mental health

H4: There is association between household income of students and their mental health

H5: There is association between parents' behavior of students and their mental health

H6: There is association between self-esteem of students and their mental health

H7: There is association between self-confidence of students and their mental health

H8: There is association between self-decision making of students and their mental health

H9: There is association between usage of social media by students and their mental health

H10: There is association between parents' behavior of students and their mental health with mediating role of empowerment and social media

H11: There is association between age of students and their mental health with mediating effect of empowerment and social media

H12: There is association between gender of students and their mental health with mediating effect of empowerment and social media

H13: There is association between locality of students living and their mental health with mediating effect of empowerment and social media

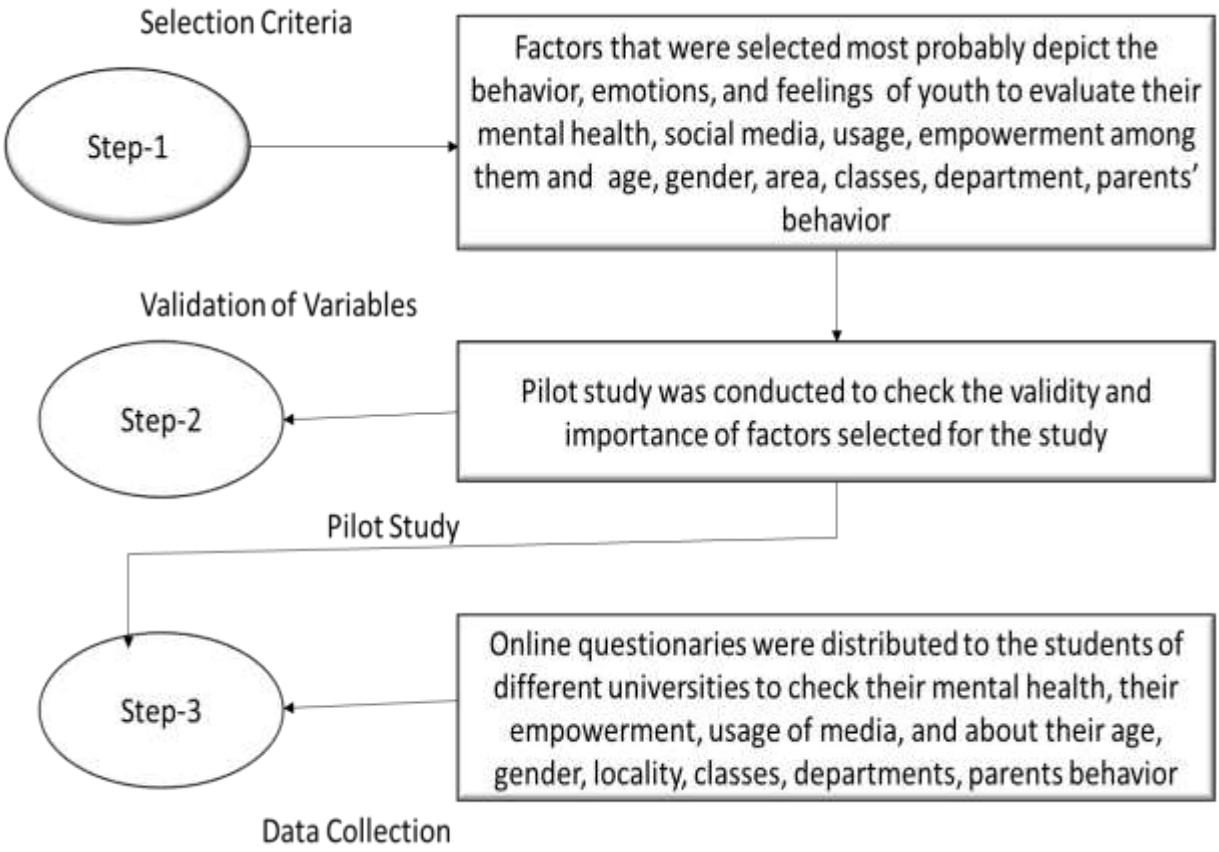
H14: There is association between household income of students and their mental health with mediating effect of social media and social media

2.2 Data Collection

Data was collected through online self-reported survey from the students of The Islamia University of Bahawalpur adopting the simple random practice. Initially a pilot study was conducted on fifty students to check the validity of the questionnaires and the response rate from the students. After that questionaries were sent to 500 students and after one month received 400

responses and sort out the only 307 complete and accurate filled questionaries for analyses.

Figure: Data collection Process



2.3 Description of Variables

Self-reported data has been collected from the students of different department, through questions predicts the best indicators of the mental health, empowerment, parent's behavior and usage of social media described in the Table 1 & Table 2 with their maturement scales.

TABLE 1: Self-Reported Questions

SR#	Self-Reported Questions	Description	Code	Measurement Scale
1	I am keeping trouble in my mind on what I was doing.	Mental Health	MH-1	Every Day all time=1
2	Without any reason, I felt sad		MH-2	Twice a Week=2
3	Feeling all good are going to bad		MH-3	Once a Week =3

4	I want to destroy the world after any failure		MH-4	Never=4
5	Life is getting bore for me		MH-5	
6	Nothing makes me Happy		MH-6	
7	Want to live lonely		MH-7	
8	Want to die or hurt yourself		MH-8	
9	I feel every one discussing about me		MH-9	
10	Life is totally meaning less for me		MH-10	
11	Unable to sleep properly		MH11	
12	Always feel fear of failure		MH12	
15	Decision about Study	Empowerment Decision Making	EDM-1	Any other=1 Relatives=2 Parents=3 Self-=4
16	Decision about University Selection		EDM-2	
17	Decision about Subject Selection		EDM-3	
18	Are you taking your classes on time?	Empowerment Self-Management	ESM-1	Yes= 1 No=0
19	Are you appeared in exam with full preparation?		ESM-2	
20	Are you ready to take the sudden tests or quiz in class?		ESM-3	
21	Are you feel honor for taking admission in university?	Empowerment Self-Esteem	ESE-1	Never=1 Sometime=2 About Half the time=3 Most of The Time =4 Always=5
22	Are your family give you respect for your studies and struggle?		ESE-2	
23	Are you use your tube?	Social Medial	SM-1	Never=1 Sometime=2 About Half the time=3 Most of The Time =4 Always=5
24	Are you use Facebook?		SM-3	
24	Are you use Tiktok?		SM-4	
25	Are your parents living haply?	Parents Behavior	PB-1	Never=1 Sometime=2 About Half the time=3 Most of The Time =4 Always=5
26	Are your parents being your friends?		PB-2	
27	Are your parents follow up your daily routine?		PB-3	
28	Are your parents spending time with you?		PB-4	

Source: Survey

TABLE 2: Measurement of Scale of the Variables

Variable	Description of variables	Measurement
Gender	Gender of respondent	Male = 1 Female = 2
Age	Age of respondent	17-20 = 1 21-23 =2 24-28 =3 29-33 =4
Area	Area of respondent	Rural =1 Urban = 2
Class	Class of respondent	Bs =1 M.Sc. =2 MPhil =3 PhD =4
Income of Household	Respondent Family income	In Rupees, Discrete
Department	Respondent department	Arts and language =1 Science =2 Social Science =3 Computer science & IT =4
Mental Health (Additive Index)	Respondent's mental health	Poor=1 Average=2 Good=3
Decision Making (Additive Index)	Respondent Decision making situation	Low = 1 Medium =2 High =3
Self-confidence (Additive Index)	Self-confidence of Respondents	Low =1 Medium =2 High =3
Self Esteem (Additive Index)	Self Esteem of Respondent	Low =1 Medium =2 High =3
Parent Behavior (Additive Index)	Parent Behavior of Respondent	poor=1 Average =2 Good =3
Social Media (Additive Index)	respondent spent time on social media	Less use =1 Average Use =2 More Use =3

Source: Survey

2.4 Model Specification

On the bases of the nature of dependent variable, ordered logistic model was selected for analysis. The model only applies to data that meet the

proportional odds assumption, which is illustrated below. Assume the proportions of the statistical population who would respond "poor," "average," and "good," are p1, and p2, p3(Habib, Alauddin, Cramb, & Rankin, 2022). The logarithms of the odds (rather than the logarithms of the probabilities) of answering in certain ways are as follows:

$$\text{Poor, } \text{Log}\frac{P1}{P2+P3} \text{ , } 1$$

$$\text{Poor or Average, } \text{Log}\frac{P1+P2}{P3} \text{ , } 2$$

As a result, using the estimated value of Z and the assumed logistic distribution of the disturbance term, the ordered logit model can be used to estimate the probability that the unobserved variable Y* falls within the various threshold limits(Mahmoud, Abdel-Aty, Cai, & Abuzwidah, 2022). The ordinal logistic model is similar to binary logistic except to that logit is the cumulative logit

$$\text{Logit}[P(Y <= j|X)] = \alpha j + \beta X$$

The log of the probability that the Y has a value greater than the lower values given the X is modeled. It was assumed that the similar effect occurred for the comparison of each category of the ordered response, which is poor, average or good in odds for each unit increase in the X is same for the increment from ln[P(Y<=1)] to ln[P(Y<=2)] as toward the ln[P(Y<=3)]

2. RESULTS AND DISCUSSION

According to the Table 3, 6.2% of students having poor, 52.1%with average and 41.7%of students are with good mental health. Presence of decision making, self esteem and self-confidence are showing in Table 3. Extensive use of social media also effects the mental health of students, 16 % of the students from the sample size are the addicted of social media and are at the risk of poor mental health.

TABLE 3: Frequency Distribution

Variables	Frequency	Percentage
Mental Health of the University Students		
Poor	19	6.2%
Average	160	52.1%
Good	128	41.7%
Self-Decision Making of the Students		
Poor	5	1.6%
Average	287	93.5%
Good	15	4.9%
Self-Confidence of the Students		
Low	0	0%

Medium	160	52.1%
High	147	47.9%
Self-Esteem of the Students		
Low	208	67.8%
Medium	87	28.3%
High	12	3.9%
Parent Behavior of the Students		
Poor	38	12.4%
Normal	235	71%
Good	25	16.5%
Social Media Usage by the Students		
Less Use	47	15.3%
Average Use	235	76.5%
More Use	25	8.1%

Source: Survey

TABLE 4: Cross Tabulation-Chi Square Analysis

Socioeconomic Factors	**Mental Health**			
	Poor	**Average**	**Good**	Total Number
Male	6%	49%	43%	98
Female	6.2%	53.1%	40.7%	209
Rural	3.8%	37.1%	59.1%	132
Urban	8.0%	63.4%	28.6%	175
17-20	11.9%	47.7%	40.4%	109
21-23	4.3%	52.1%	43.6%	94
24-28	2.2%	52.7%	45.1%	91
29-33	0.0%	84.6%	15.4%	13
BS	9.9%	51.6%	38.5%	192
MSC	0%	65%	35%	40
MPHIL	0%	45.2%	54.8%	73
PHD	0%	100%	0%	2
10 thousand to 25 thousand	6.7%	48%	45.3%	75
26 thousand to 50 thousand	6.3%	54.8%	38.9%	126

51 thousand to 75 thousand	9.5%	52.4%	38.1%	42
More than 75 thousand	3.1%	52.1%	41.7%	64
Arts and languages	7.3%	38.2%	54.5%	55
Science	8.8%	48.6%	42.6%	148
Social Science	2.6%	71.8%	25.6%	39
Computer science and IT	1.5%	60%%	38.5%	65
Low	0.0%	100%	0%	19
Medium	2.5%	93.1%	4.4%	160
High	0.8%	93.0%	6.3%	128
Low	0.0%	73.7%	26.3%	19
Medium	0.0%	56.3%	43.8%	160
High	0.0%	43.8%	56.3%	128
Low	78.9%	21.1%	0.0%	19
Medium	81.9%	16.9%	1.3%	160
High	48.4%	43.8%	7.8%	128
Bad	10.5%	78.9%	10.5%	19
Normal	8.8%	71.9%	19.4%	160
Good	17.7%	68.5%	13.7%	124
Less Use	42.1%	57.9%	0.0%	19
Average Use	12.5%	76.9%	10.6%	160
More Use	14.8%	78.9%	6.3%	128

Source: Survey

TABLE 5: Ordinal Logistic Regression (Socioeconomic Determinants of Mental Health among the University Students)

		Mental Health			
Dependent Variable	**Coefficient**	**Standard Err.**	**P-value**	**95% confidence interval**	
				Lower	**Upper**
Threshold 1	21.249	1.651	.000	18.012	24.485
Threshold 2	24.257	1.686	.000	20.954	27.561
Gender of Respondent (Male as reference Category)					
Female	-.461	.297	.021	-1.042	.121
Area of Respondent (Urban as reference category)					
Rural	.767	.276	.005	.227	1.307
Age of Respondent (29-33 as reference category)					
17-20	1.039	.950	.074	-.824	2.901
21-23	.863	.942	.060	-.983	2.708
24-28	.879	.906	.032	-.897	2.654
Income of Household Income in Rupees	.023	.105	.030	-.184	2.229
Classes of Respondent (PhD as reference category)					

BS	16.913	.409	.000	16.112	17.714
MSc	15.18	.545	.000	14.851	16.986
MPhil	17.022	.000	.000	17.022	17.022
Department of Respondent (Computer science & IT as reference category)					
Arts and language	.801	.418	.055	-.019	1.621
Science	-.643	.335	.055	-.013	1.299
Social Science	-.642	.491	.191	-1.605	.320
Respondent Decision making (Low as reference category)					
Medium	1.395	1.255	.066	-1.065	3.855
High	1.475	1.377	.084	-1.223	4.173
Self-confidence of Respondents (Medium as reference category)					
High	.079	.272	.071	-.454	.613
Self Esteem of Respondent (low as reference category)					
Medium	.843	.293	.004	.269	1.417
High	1.701	.633	.007	.461	2.942
Parent Behavior of Respondent (Poor as reference category)					
Average	.548	.517	.089	-.465	2.562
Good	.419	.365	.051	-.296	2.134
Respondent use social media (Less use as reference category)					
Average use	-1.311	.575	.023	.185	2.437
More use	-.905	.505	.073	-.086	1.896

Source: Survey

TABLE 5: Ordinal Logistic Regression (Socioeconomic Determinants of Mental Health among the University Students with the mediating effect of empowerment and social media)

	Mental Health			**95% Confidence Interval**	
Dependent Variables	**Estimate**	**Standard Err.**	**P-value**	**Lower Bound**	**Upper Bound**
Threshold1	-1.410	2.095	.501	-5.517	2.697
Threshold2	2.510	2.097	.231	-1.601	6.621
Age of Respondent					
Age* Decision making	.034	.010	.001	.014	.054
Age* Self-confidence	-.090	.026	.001	-.142	-.038
Age* Self Esteem	.016	.016	.080	-.016	.249
Age*social media	.008	.009	.065	-.010	.227
Gender of Respondent (As a Female)					
Gender* Decision making	.076	.159	.032	-.235	.387
Gender* Self-confidence	.033	.298	.013	-.552	.617
Gender* Self Esteem	.199	.253	.033	-.298	.695
Gender*social media	-.090	.133	.001	-.351	.172
Area of Respondent (Urbane as Location)					
Area* Decision making	-.240	.150	.109	-.534	.053
Area * Self-confidence	.566	.312	.070	-.046	1.178

Area * Self Esteem	-.074	.218	.735	-.502	.354
Area *social media	-.113	.138	.414	-.385	.158
Parent Behavior Index					
Parent Behavior* Decision making	-.128	.048	.008	-.223	-.033
Parent Behavior * Self-confidence	.230	.100	.022	.034	.427
Parent Behavior * Self Esteem	.004	.073	.951	-.139	.148
Parent Behavior *social media	.035	.043	.408	-.048	.119
Household Income of Respondent					
Household Income *Decision Making	-.086	.028	.002	-.142	-.031
Household Income *Self-Confidence	.120	.050	.017	.022	.219
Household Income * Self Esteem	.168	.038	.000	.094	.243
Household Income *social media	-.013	.019	.497	-.050	.024
Classes of Respondent (PhD as reference category)					
BS	1.008	1.650	.541	-2.225	4.241
MSc	.927	1.672	.579	-2.350	4.205
MPhil	2.265	1.649	.170	-.966	5.496
Department of Respondent (Computer science & IT as reference category)					
Arts and language	.877	.458	.055	-.020	1.774
Science	-.181	.362	.618	-.890	.529
Social Science	-.844	.486	.082	-1.795	.108

Source: Survey

Table 4 reported the socioeconomic determinants of mental health and Table 5 reported the socioeconomic determinants of the mental health with the mediating effect of empowerment and social media. Gender as a female have negative and significant effect on mental health, its also proved that females are more sensitive as compared to male(Hunt & Eisenberg, 2010; Winchester, Jones, Allen, Hope, & Cryer-Coupet, 2022). Age of respondent with increasing years and rural locality have positive and significant effect on the mental health(Bandura, 2001; Bansal et al., 2015; Cann & Thomas). On the other hand, among the different classes of students BS, MSc and MPhil have positive and significant effect on the mental health as compared to PhD program taken as reference category, it also proved that PhD program is more stressful for students as compared to other programs. Students belongs to the household with increasing income most probability to be better mental health(Forbes-Mewett & Sawyer, 2019; Fryers et al., 2005; Gibbons, Thorsteinsson, & Loi, 2015). Subsequently checking the effects of departments on the mental health of students, it has been found that social science and science

have negative effects on mental health and arts and language has positive effect on mental health as compared to computer sciences and information technology taken as reference category. Empowerment showing the positive and significant effect on mental health in its three different dimensions as decision making, self-esteem and self-confidence(Opara, Lardier Jr, Garcia-Reid, & Reid, 2022). Frequent and more use of social media, YouTube, Facebook and Tiktok have negative impact on the mental health of students(C. Huang, 2022; J. Huang et al., 2018; Huggett et al., 2017). Age of students with mediating effect of decision making, self-esteem have positive on the other hand, age of students with mediating effect of self-confidence have negative effect on mental health of students(Holland, 2016; Stallman & Shochet, 2009). Female students with mediating effect of decision making, self-esteem and self-confidence have positive impact on mental health. It proved that mental health of female' students are at risk, but if they are empowered through decision making, self-esteem and self-confidence then their mental health more probability to be improve(Cann & Thomas; Johansson et al., 2007; Opara et al., 2022; Winchester et al., 2022). Students from the rural area with mediating effect of self-confidence has positive and significant effect on mental health. Students having good parents' behavior with mediating effect of self-confidence positively improved the mental health. On the other hand, parents' good behavior and more household income with the mediating effect of decision making have negative impact on the mental health.

Age of students with the mediating effect of social media have positive impact on mental health, its proved that more usage of social media harm the mental health but in the mediating effect of social media with age positively impact the mental health. Females with the mediating effect of social media have the probability to upset the mental health. Awareness and knowledge about the mental health is as necessary as about the physical health. And positive social media use of social media is very effective to spread the knowledge and awareness about the mental health care(Hunt & Eisenberg, 2010; Jensen & Foster, 2010).

All the results supported that the best therapy to improve the mental health to create self-confidence and create a believe that you are able to do everything in your life. Many time just giving a decision power to your children can able him/her to have satisfaction and confidence(Cadigan et al., 2019; Jorm et al., 1997; Lathrop, Kasambira-Emerson, Squires, & Santibañez, 2022; Opara et al., 2022). At the same time results proved the negative impact of social media, is its is used negatively and more frequently. Among the university students, social media is more frequently use in the form of YouTube, Facebook and TikTok and usage of these media have the negative impact on the mental health of students(C. Huang, 2022; Ulvi et al., 2022; Valkenburg, Meier, & Beyens, 2022).

Figure 4: Impact of Location with the mediating role of social media, Decision making, Self-Confidence on Mental Health

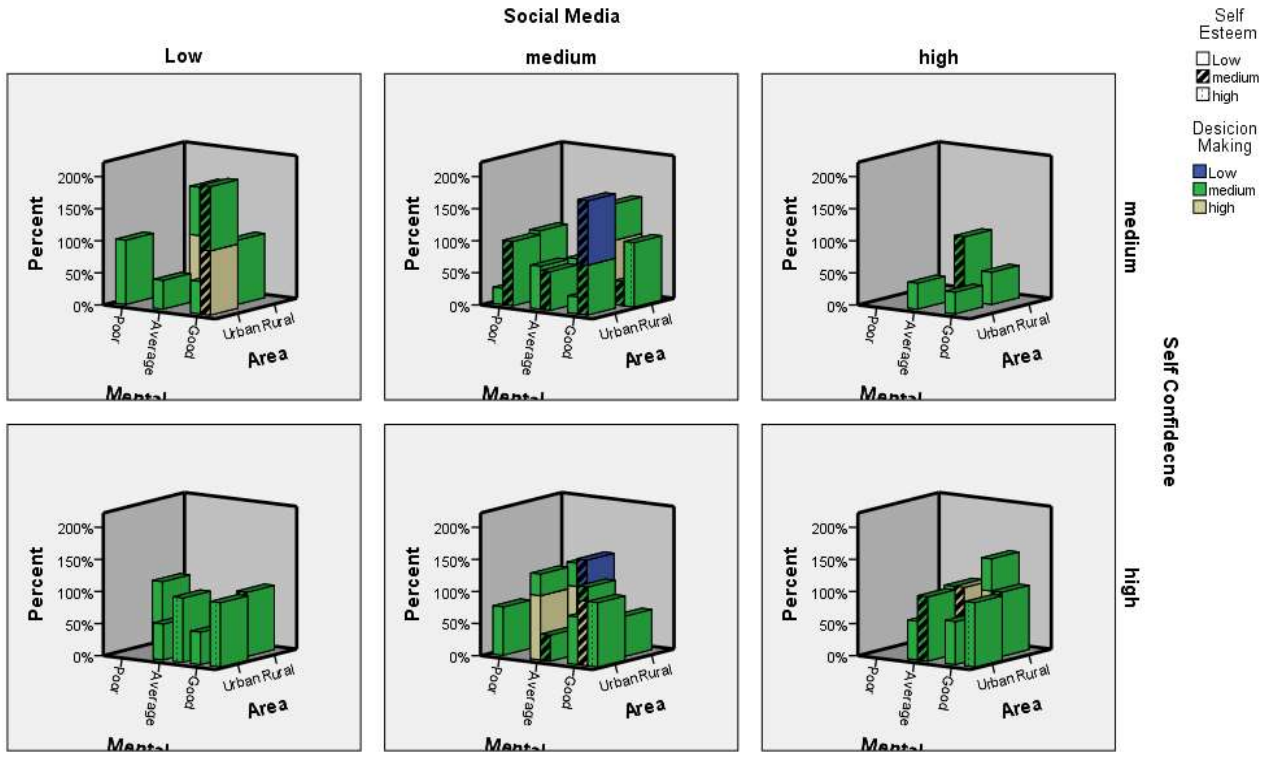


Figure 5: Impact of Age with the mediating role of social media, Decision making, Self-Confidence on Mental Health

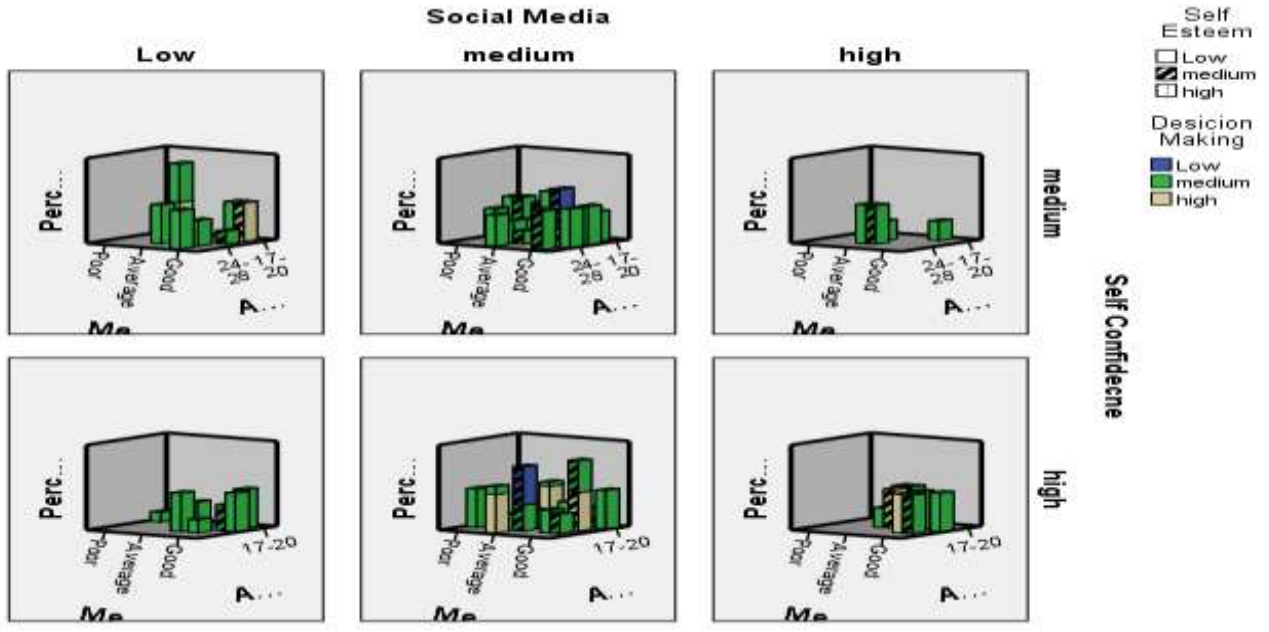


Figure 6: Impact of Parents Behavior with the mediating role of Social media, Decision making, Self-Confidence on Mental Health

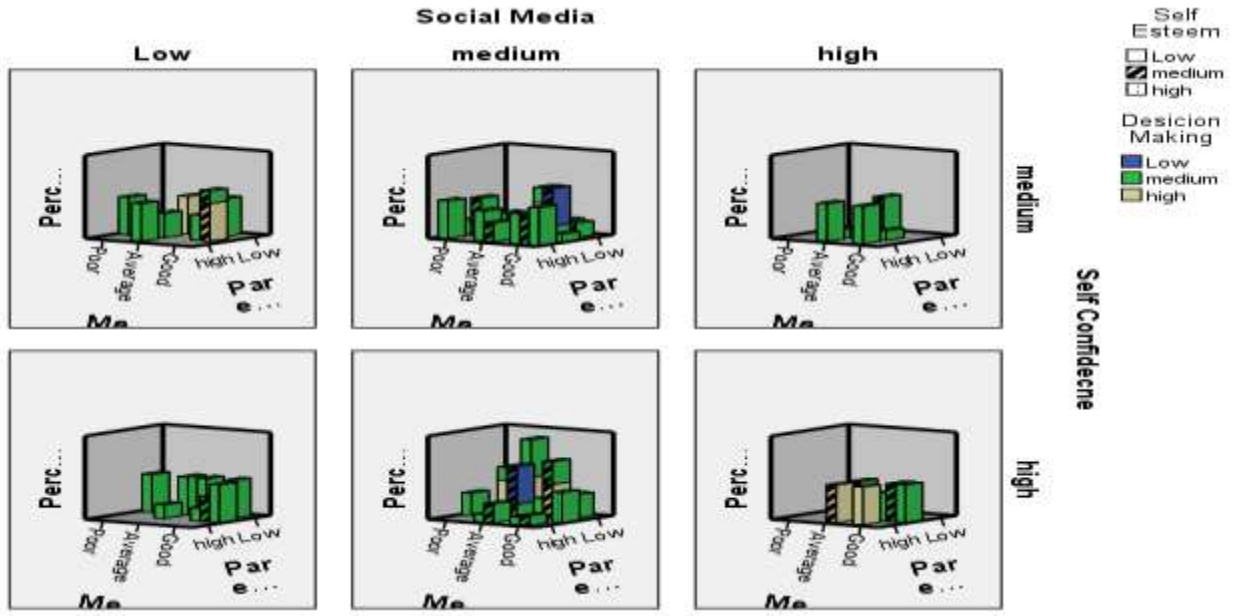


Figure 7: Impact of Gender with the mediating role of Social media, Decision making, Self-Confidence on Mental Health

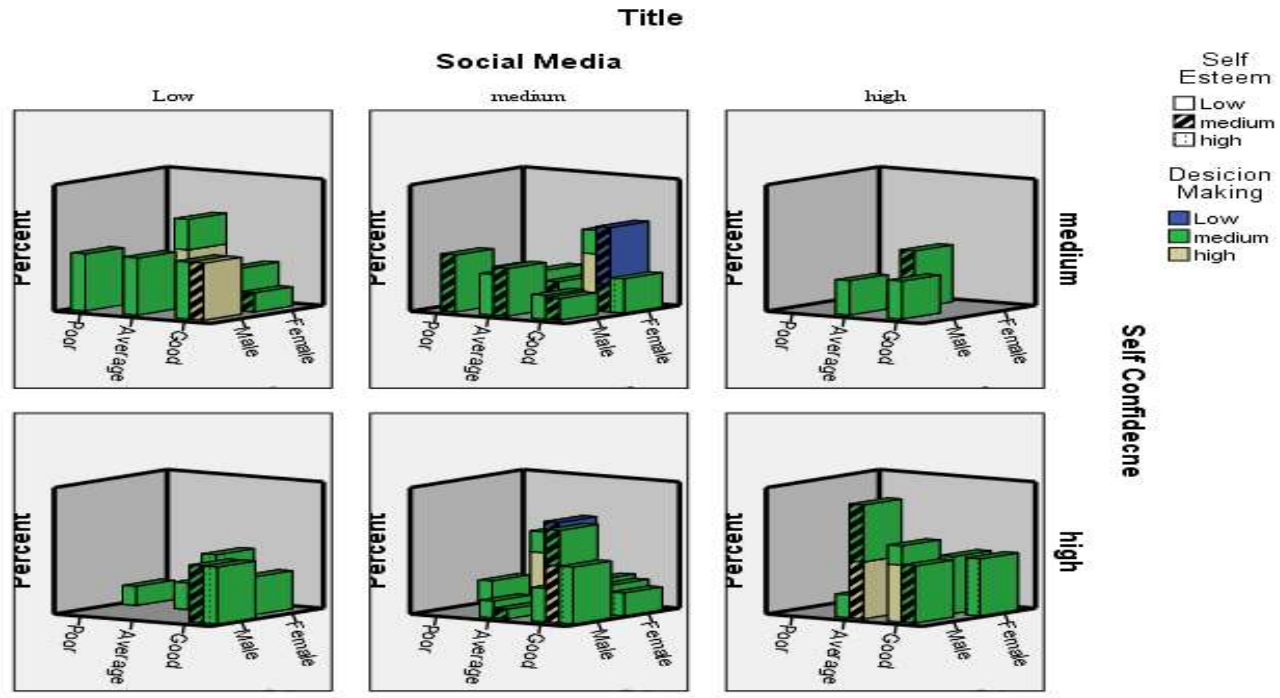
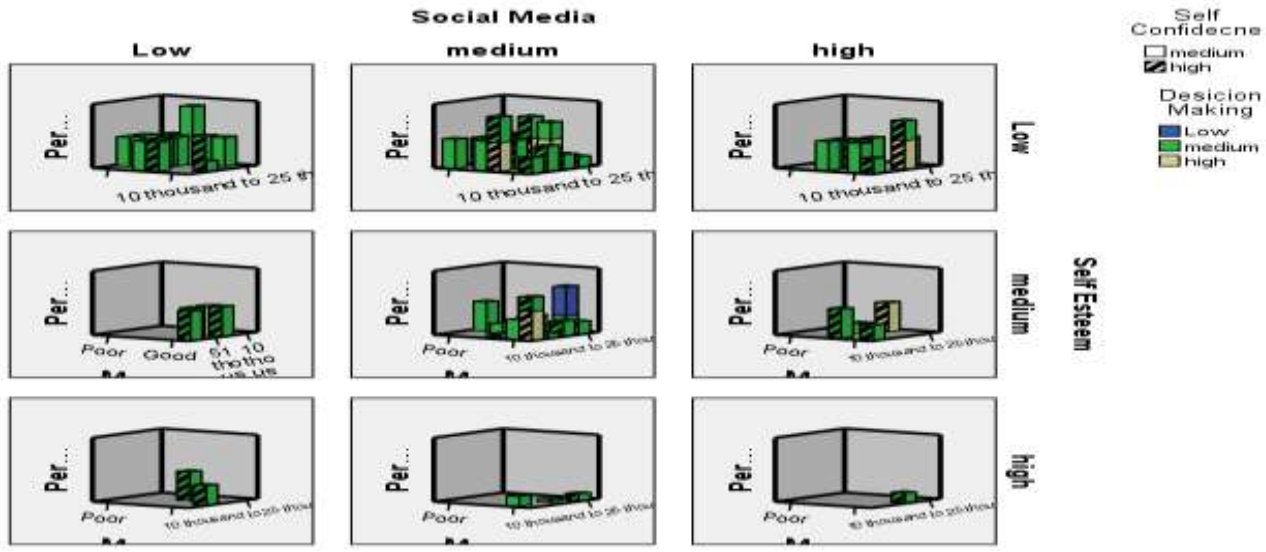


Figure 8: Impact of Household Income with the mediating role of social media, Decision making, Self-Confidence on Mental Health



5. CONCLUSIONS AND RECOMMENDATIONS

According to World Health Organization, one person from six (0-19 years old) is suffering depression just because of ignoring the most important socioeconomics factors of mental health. In the current study, an attempt has been done successfully to find these factors. Mental health is "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community." This optimistic aspect of mental health brings into line completely with the World Health Organization description of health "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO, 2014). Good physical health cannot be possible without good and sound mind health furthermore sound and safe mind health remains an important and for most community health matter (DeSalvo & Levi, 2019). Safe and sound mind health considers in what way a human, or somebody considers, believes, and take actions. But unfortunately, most of the people especially young people are unaware about their mental health and unable to judge either they are mentally stable or not. Any person with little mental health disorder, or feeling depression did not able to spend a normal life. And in many causes, such a person becomes dangerous for family, communities, societies and nations. All around the world nearly 13% physical diseases caused due to mental health illness or depression.

On the basis of survey results of the university, it is necessary that all the academic institutions should be care about the mental health of their students. And student's mental health should be evaluated at the time of admission and during the semester. And then take the necessary actions for the improvement of their mental health.

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