



Navigating Mental Health Complexities: The Interplay of Depression, Self-esteem, Literacy, and Gender

Salbia Abbas ¹, Sehar Ishaq Butt ², Rukhsar Shafique ³ and Safwa Batool ⁴

Keywords:

Depression,
Self-esteem,
Gender,
Literacy,
Sialkot

Article History:

Received:
September 10, 2023
Revised:
December 29, 2023
Available Online:
December 31, 2023



a Gold

Open Access Journal

ABSTRACT

Current research explored a nexus among depression, self-esteem, literacy and gender. Empirical cross-sectional study employing quantitative method involved the collection of data from 500 individuals using purposive sampling. The sample was equally divided between genders, with 250 participants identifying as female—125 educated and 125 uneducated. The remaining 250 were male, with an even distribution of 125 educated and 125 uneducated individuals. Data collection utilized two measurement scales: the Beck Depression Inventory and the Rosenberg Self-esteem Scale (in both Urdu and English versions) level of education was assessed through demographics. Results of correlations between Depression and Self-esteem revealed a significant negative relationship ($r = -.523, p < 0.01$), indicating that as Depression escalates; there's a corresponding decline in Self-esteem. This emphasizes the interdependency between these psychological facets, underscoring how fluctuations in one can influence the other—critical insight in understanding mental health dynamics. Moreover, the correlation involving Literacy, Depression, and Self-esteem ($r = .009, p < 0.01$) showcased an intriguing relationship. As Literacy levels rise, Depression tends to decrease while Self-esteem concurrently ascends. The correlation involving Gender, Depression, and Self-esteem ($r = -.026, p < 0.001$) revealed a negative relationship, implying a link between gender and mental health outcomes. Self-esteem, Literacy, and Gender, emphasizing females' preference for supernatural explanations over-reporting depression. It highlighted education's potential protective role against Depression and the need for improved literacy to understand mental health complexities. Widespread awareness is crucial to dispel misconceptions and enable accurate diagnosis and treatment of mental health issues in communities.

This work is licensed under a [Creative Commons Attribution-NonCommercial 4.0 International License](https://creativecommons.org/licenses/by-nc/4.0/).



Copyright (c) 2023 Salbia Abbas, Sehar Ishaq butt, Rukhsar Shafique & Safwa Batool, Published by Faculty of Social Sciences, the Islamia University of Bahawalpur, Pakistan.

How to cite this paper?

Abbas, S., Butt, S. I., Shafique, R. & Batool, S. (2023). Navigating Mental Health Complexities: The Interplay of Depression, Self-esteem, Literacy, and Gender. *IUB Journal of Social Sciences*, 5(2), 272–281.

¹ Lecturer (Associate), Department of Psychology, Govt. College Women University, Sialkot, Pakistan.

✉ salbia.abbas@gcwus.edu.pk

² MS Scholar, Department of Psychology, Govt. College Women University Sialkot, Pakistan.

✉ seharbutt568@gmail.com

³ MS in Clinical Psychology, Department of Psychology, Govt. College Women University Sialkot, Pakistan.

✉ ch.min29@yahoo.com

⁴ Research Scholar, Department of Psychology, Govt. College Women University Sialkot, Pakistan.

✉ safwabatoolnaqvi@gmail.com

1 Introduction

Against the poignant backdrop of depression, fragile self-esteem, akin to autumn leaves, cast shadows on the literacy canvas. Struggling through the maze of words, low self-worth silently battles knowledge pursuit, weaving a narrative of mental health intricacies. Amidst these shadows, interventions and understanding light the path to resilience and a brighter, literate future. In the work arena, challenges like job dissatisfaction and inadequate compensation breed stress, anxiety, and depression, impacting self-esteem. Examining why educated individuals face higher depression rates becomes a focal point in unraveling this complex interplay.

1.1 Depression

Depression, characterized as a severe medical condition affecting thoughts, emotions, and reactions, may be linked to various factors such as solitary living or income sources, particularly among older individuals, as stated by the American Psychological Association. Depression is the most common psychiatric condition worldwide, and it is a growing public health concern. Even though regulations and programs to control mental health problems are prioritized, depression is a widespread condition that affects an estimated 280 million people worldwide. The recent rise in depression prevalence in low- and middle-income countries (LMICs) can be attributed to population aging and the many dangers of ordinary life stressors (Prince et al., 2015).

Depression is one of the top four causes of disability worldwide (Arafat et al., 2017), and it will be the major source of illness burden by 2030. It is a prevalent, chronic, recurring, and treatable ailment that results in illness and mortality (Arafat et al., 2018). Depression is distinguished by a disrupted mood, a lack of happiness, sleep issues, weight changes, feelings of guilt, inattention, daily dysfunction, and, in severe cases, suicide (Mamun et al., 2020). Depression is linked to a deterioration in quality of life and can have a substantial impact on it.

1.2 Gender and depression

Developmental psychopathology theories propose that the role of gender differences is observed in depression. These theories illuminate the nuanced interplay and convergence of various risk variables across multiple levels of analysis, weaving a complex tapestry that shapes individuals' emotional well-being. At the core of these pathways are dynamic interactions between biological, psychological, and social factors. Biological influences, such as hormonal fluctuations, genetic predispositions, and neurobiological vulnerabilities, set the stage for differential emotional responses between genders. These intrinsic factors, however, do not operate in isolation; they intertwine with psychological elements like cognitive patterns, coping styles, and emotional regulation strategies (Cicchetti & Rogosch, 2002).

1.3 Self-esteem

Self-esteem is one's perception of self-worth and capability to understand self-existence. Many studies suggest that mental health is deteriorating year after year, including anxiety, sadness, psychological stress, and suicide (Keyes et al., 2019). According to Malbi and Reasoner (2000), self-esteem can be broadly described as one's overall appraisal of oneself, whether good or negative. It expresses how much a person thinks himself or herself to be capable and worthy of existence. Self-esteem is the evaluative and emotional dimension of self-concept and is thought to be similar to self-esteem, self-estimation, and self-worth (Harter, 2015). Self-esteem, defined as the contentment and belief in one's capabilities, plays a vital role. Being literate indicates having acquired substantial knowledge through education while being illiterate signifies a lack of education and knowledge. Surprisingly, studies reveal that educated individuals often experience higher levels of work-related depression compared to their less educated counterparts. Conversely, research suggests that low literacy directly correlates with poor health, proposing that an increase in literacy rates could alleviate depression and improve overall health. Self-esteem has been

identified as the most significant and dominant indicator of happiness (Furnham & Cheng, 2000). While low self-esteem leads to maladjustment, positive self-esteem, internal norms, and goals appear to actively contribute to 'well-being' (Glick & Zigler, 1992). In summary, self-esteem is thought to be an influential element in both physical and mental health, and as such, it should be a major priority in health promotion, particularly mental health promotion.

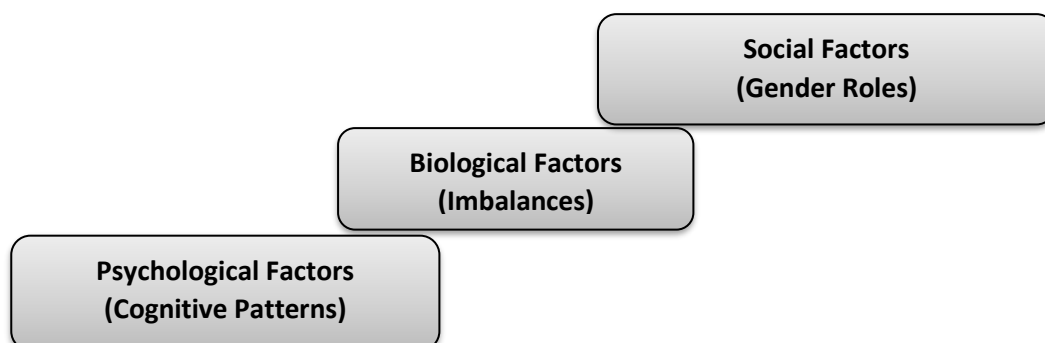
1.4 Gender and Self-esteem

The impact of gender on the development and manifestation of self-esteem has been a subject of scholarly exploration, revealing distinct patterns in the self-perception of males and females. A noteworthy investigation by SarAbadaniTafreshi (2006) established significant disparities in self-esteem levels between boys and girls. This dichotomy extends beyond mere self-esteem, delving into mental health difficulties shaped by a confluence of biological, physical, cognitive, and social-emotional nuances, as posited by Zahn-Waxler et al. (2008). In the realm of adolescent psychology, an array of studies has meticulously probed gender differentials in depression, self-esteem, and aggression. The consensus among researchers, highlighted by Garber (2006), underscores the prominence of the female gender as a pivotal risk factor for teenage depression. The intricacies of this vulnerability are rooted in a complex interplay of biological, psychological, and socio-cultural factors, elucidating why teenage girls may be more susceptible to depressive experiences. Complementing this narrative is the compelling observation articulated by Quatman and Watson (2001), asserting that males, in contrast, exhibit higher levels of self-esteem than their female counterparts. This gender-based distinction in self-esteem aligns with broader societal expectations and norms, which often dictate distinct roles and attributes for boys and girls. The nuanced exploration of these variations provides valuable insights into the intricate landscape of adolescent mental health.

1.5 Biopsychosocial Model in association with depression, self-esteem and gender along with literacy

Within the biopsychosocial model, depression and self-esteem are influenced by intricate interactions of biological (neurotransmitter imbalances), psychological (cognitive patterns), and social factors (gender roles). Literacy, as a social determinant, contributes to this framework, influencing cognitive processes and shaping mental health outcomes. Gender further modulates these dynamics, with societal expectations impacting self-esteem and literacy access affecting mental well-being within this comprehensive model. Researchers have beautifully associated the biopsychosocial model with the amplification of the current constructs.

Figure 1
Biopsychosocial Model



2 Literature Review

In the current era workplace difficulties, such as job dissatisfaction and financial pressure, contribute to stress and depression, affecting self-esteem. Investigating why educated individuals experience higher depression rates is a key focus in understanding this intricate connection. The Diathesis-Stress Model, which is central to understanding depression, holds that depression is caused by a combination of negative or stressful life

event(s) (e.g. loss of an important source of love, security, identity, or self-worth; death of a loved one, breakdown of a relationship, or a significant personal failure) and vulnerability factor(s) (termed 'diathesis') that make the individual vulnerable to depression. The notion was founded on the observation that depressive episodes are frequently preceded by a bad life event. A depressive episode typically occurs when a person who is predisposed to depression suffers a negative life event, and this can be characterized by feelings of hopelessness and/or worthlessness, which may resolve quickly or progress to long-term mental disease (Ingram & Luxton, 2005). The model of depression has a higher relationship with self-esteem than anxiety. Depression and anxiety both have a strong negative affective, or a consistent proclivity to suffer generic distress and unpleasant mood. Whereas sadness is associated with both positive and negative affect, anxiety is primarily associated with negative affect. As a result, according to the Tripartite Model, poor self-esteem is more relevant for depression than anxiety (Clark et al., 1994). Depression, a profound stage arising from stress and anxiety, often stems from economic strain or traumatic experiences. It greatly affects mental health and well-being, particularly prevalent among individuals facing economic burdens, notably in work settings. Stress diminishes motivation, hampering individual performance and cognitive abilities, especially in educated individuals grappling with heavy workloads, low income, and inadequate rewards.

Observational studies have revealed that participation in adult basic literacy education programs can alleviate depression symptoms alongside improving self-efficacy scores, showcasing the potential benefits of literacy interventions on mental health. High self-esteem, as per Baumeister et al. (2003), contributes to increased empowerment and positive emotions. Research indicates that individuals with limited literacy skills are more prone to depression symptoms, emphasizing the pivotal role of literacy in reducing depression and bolstering self-esteem. Depression tends to diminish one's interest and focus on work, lowering performance levels. The relationship between depression and self-esteem is reciprocal, where an increase in one often corresponds to a decrease in the other. Previous studies note that depression can manifest in physical symptoms like digestive issues or sleep disorders, indicating its pervasive impact. High self-esteem is associated with positive outcomes, whereas low self-esteem yields negative consequences. The enhancement of self-efficacy can be observed when depression symptoms decrease, highlighting the potential reduction of stress and anxiety in mitigating depressive symptoms and enhancing self-esteem.

A study delved into the occurrence of bullying and victimization among 7th and 8th-grade students, examining connections to gender, grade, ethnicity, self-esteem, and depression. Surveying 454 public school students, 24% disclosed bullying involvement. Results showed more male bullies, higher involvement in 7th graders, and no ethnicity-based differences. Both bullies and victims exhibited elevated depression levels compared to non-involved students, while no notable distinctions emerged in terms of self-esteem (Seals & Young, 2003). Another study explored gender differences in stress, self-esteem, and self-efficacy among 610 adolescents in the United Kingdom. Girls exhibited significantly higher stress scores in seven out of ten domains, along with lower self-esteem and social self-efficacy but higher emotional self-efficacy. Regression analyses highlighted varied relationships between self-efficacy and stress domains. Notably, gender and self-esteem did not moderate the link between adolescent stress and self-efficacy, revealing consistent patterns. Limited moderating effects of self-efficacy on the relationship between stress and alcohol use were observed, shedding light on the intricate interplay of these constructs (McKay et al., 2014).

In the realm of scholarly works, various studies have traditionally delved into distinct associations among constructs, guided by the researcher's understanding. However, the current study stands out by emphasizing a robust connection among depression, self-esteem, literacy, and gender. The primary objective is to scrutinize the pervasive impact of depression on individuals' daily lives, encompassing both mental and physical dimensions. A critical

focus is directed towards assessing the levels of depression and self-esteem across individuals with differing educational backgrounds, thus aiming to unravel potential discrepancies in self-esteem and depression experienced by literate men, women, and their illiterate counterparts. This comprehensive investigation strives to contribute valuable insights into the intricate interplay of these interconnected factors, shedding light on the nuanced dynamics within this multifaceted terrain.

3 Methodology

3.1 Measures

3.1.1 Rosenberg's Self-esteem Scale

The Rosenberg Self-esteem Scale stands as a robust quantitative tool, comprising 10 items meticulously crafted to measure an individual's self-esteem. Its validity and reliability have been well-established, offering a structured approach to evaluating one's self-worth and confidence. Scores below 15 on this scale serve as a critical threshold, signaling a potential risk of low self-esteem—a valuable indicator prompting attention and intervention to safeguard and nurture an individual's sense of self-worth and well-being.

3.1.2 Beck Depression Inventory

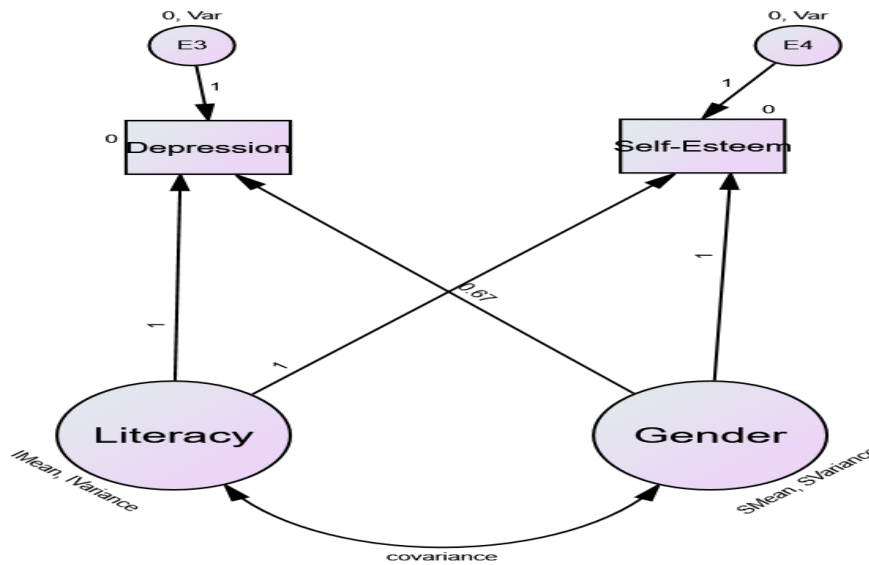
The Beck Depression Inventory (BDI) stands as a comprehensive assessment tool, comprising 21 multiple-choice items designed to gauge the presence and severity of depressive symptoms in individuals. With a graded scale reflecting varying degrees of symptom intensity, the BDI offers a nuanced evaluation of mood disturbance. Scores between 11 and 16 signal mild mood disturbance, while increasing scores denote the escalating severity of depressive symptoms. This instrument serves as a valuable resource in quantifying and understanding the spectrum of depression, aiding in clinical assessment, and guiding appropriate interventions based on symptom severity.

3.2 Procedure

Embarking on a journey of understanding, our research sought to unravel the intricate interplay between depression and self-esteem among 500 diverse individuals in Sialkot. Spanning universities and villages, our survey wielded the powerful tools of the Beck Depression Inventory and Rosenberg Self-esteem Scale. Ethics were our compass. Participants, carefully briefed, understood our pursuit solely as an academic endeavor, safeguarding their privacy with clear assurances of confidentiality. Each step was adorned with informed consent, a formal pledge to honor their trust. In this tapestry of diversity, 250 literate souls emerged from the halls of public and private institutes, joined by 250 counterparts from Sialkot's rural embrace. Every participant was urged to paint their thoughts meticulously on the questionnaires, ensuring each detail was an integral stroke in our canvas of discovery. With precision and care spanning universities to rural homes, our journey unfolded, collecting stories and insights—250 voices resonating in the corridors of academia, enriching our understanding of the human spirit's relationship with self-esteem and the shadows of depression in the heart of Sialkot. Over four months, diligent data collection transpired, capturing a diverse spectrum of perspectives from both educational backgrounds, and contributing to a comprehensive analysis of depression and self-esteem within the Sialkot region.

Figure 2
Model of Literacy and Gender

Model of Literacy and Gender in association with depression and self-esteem



4 Results

Table 1.1
Correlation between depression, self-esteem, literacy, and gender

Correlations							
	N	Mean	SD	1	2	3	4
Self-esteem	500	23.4244	10.70111	1	-.523**	-.031	-.026
Depression	500	45.5049	16.42100	-.523**	1	.009	.017
Education	500	1.1659	1.31078	-.031	.009	1	.047
Gender	500	1.5341	.49944	-.026	.017	.047	1

** . Correlation is significant at the 0.01 level (2-tailed).

Table 1.1 shows the correlation coefficient between depression and self-esteem, with moderate strength ($r = -.523$, $p < 0.01$), unveils a statistically significant and negative relationship. This implies that as depression intensifies, there's a corresponding decline in self-esteem. It highlights the interdependency between these psychological facets, signifying how fluctuations in one can influence the other—a crucial understanding in addressing mental health dynamics. Moreover, the correlation involving literacy, depression, and self-esteem ($r = .009$, $p < 0.01$) unveils an intriguing relationship. As literacy levels ascend, depression tends to decrease while self-esteem concurrently rises. This sheds light on the potential impact of literacy on mental well-being, hinting at a protective effect against depression and a bolstering influence on self-esteem—a compelling narrative advocating for the empowerment of education. Furthermore, the correlation involving gender, depression,

and self-esteem ($r = -.026, p < 0.001$) unravels a notably negative relationship. This intricate web of connections suggests a link between gender and mental health outcomes, indicating that gender might play a role in influencing both depression and self-esteem. This revelation invites deeper exploration into societal influences and gender dynamics that could impact emotional well-being. Collectively, these correlations portray a multi-dimensional network where depression, self-esteem, literacy, and gender interweave, each influencing and being influenced by the others. They underscore the intricate dance of variables shaping mental health, offering pivotal insights into how these factors intricately mold one's emotional landscape—a mosaic essential in comprehending and addressing mental well-being on diverse fronts.

4.1 Linear Regression Analysis

Table 1.2 indicates the constant value of 1.530 represents the expected value of the dependent variable when all independent variables (Self-esteem, Depression, Literacy) are zero. The statistically significant 't' value of 11.700 ($p < 0.001$) indicates that this intercept significantly differs from zero, suggesting its relevance in the model. The negative coefficient (-0.001) implies that holding other variables constant, for every one-unit increase in Self-esteem, the dependent variable decreases by 0.001 units. Self-esteem shows statistical significance with a p-value of 0.013, indicating that Self-esteem has a significant impact on the dependent variable at the conventional 0.05 significance level. The coefficient of 0.000 suggests that, when other variables are held constant, Depression doesn't exhibit a substantial influence on the dependent variable (assuming it's the outcome being studied). While the coefficient is small, it's statistically significant with a p-value of 0.019, indicating that Depression has a significant impact on the dependent variable at the 0.05 significance level. The coefficient of 0.018 suggests that holding other factors constant, a one-unit increase in Literacy is associated with a 0.018 increase in the dependent variable. However, in this model, the effect of Literacy is not statistically significant ($p = 0.347 > 0.05$), indicating that, according to this analysis, Literacy doesn't significantly predict changes in the dependent variable at the conventional 0.05 significance level.

Table 2.1
Linear Regression Analysis for gender, literacy, depression, and self-esteem
Dependent Variable: Gender

Measures	<i>B</i>	<i>SE</i>	B	T	<i>p</i>	95%CI
(Constant)	1.530	.131		11.700	.000	1.273
Self-esteem	-.001	.003	-.021	-.368	.013	-.006
Depression	.000	.002	.005	.089	.019	-.003
Literacy	.018	.019	.047	.941	.347	-.019

Note. *Significance at 0.05, N= 500

4.2 Overall Summary

These interpretations indicate the individual impacts of Self-esteem, Depression, and Literacy on the dependent variable within this specific linear regression model. While Self-esteem and Depression show significant associations with the dependent variable, Literacy, in this context, doesn't seem to have a statistically significant impact on predicting the variations in the dependent variable.

4.3 Discussion

The study explored how literacy, depression, self-esteem, and gender interplay shape mental well-being among 500 individuals in Sialkot. Contrary to expectations, literacy alone did not significantly impact depression or self-esteem levels, challenging common beliefs about education's direct influence on mental health. Instead, the study revealed an intricate

relationship between depression and self-esteem: as depression intensified, self-esteem diminished, highlighting their interdependence. This echoed previous research, suggesting a reciprocal effect between these facets. Gender analysis indicated no overall statistical differences in depression or self-esteem, yet observed trends hinted at females experiencing higher depression and lower self-esteem. This discrepancy raised questions about societal influences shaping emotional expression. While urban living correlated with higher depression levels, no similar link emerged for self-esteem, challenging initial hypotheses. The study underscored the empowering effect of high self-esteem, differing from past literature that heavily emphasized literacy's role in mitigating depression. It urged interventions targeting emotional well-being, emphasizing the need to address depression and bolster self-esteem for improved mental health outcomes. The study painted a complex web of interrelated factors—Depression, Self-esteem, Literacy, and Gender—each influencing and being influenced by the others. It emphasized the importance of holistic interventions, transcending education, and geographical boundaries to comprehensively address mental health complexities. While Self-esteem and Depression significantly impacted Gender, the unexpected insignificance of Literacy in this context highlighted the challenge of solely predicting Gender based on educational levels. In essence, these findings provided crucial insights into mental health's multifaceted nature, advocating for comprehensive interventions addressing education, self-perception, emotional distress, and societal influences to foster overall mental well-being.

5 Conclusion and Recommendations

The study uncovered a tapestry of connections intertwining Depression, Self-esteem, Literacy, and Gender within mental health complexities. Females are much more vocalized in defining the supernatural effects on them rather than reporting it as depression. It illuminated the reciprocal sway between Depression and Self-esteem, highlighting the potential protective influence of education against Depression while enhancing Self-esteem. Additionally, it hinted at the gender-related nuances shaping these aspects. Notably, the research underlined the pivotal roles of literacy and gender in comprehending and reporting depression, advocating for improved literacy to unravel mental health intricacies among both genders. In many community pockets, misconceptions persist, associating mental health issues with superstitions like possession or malevolent forces, underscoring the need for widespread awareness and education to combat such misconceptions and facilitate accurate diagnosis and treatment.

The study's exploration of the interconnections among depression, self-esteem, literacy, and gender underscores the importance of tailored interventions. Notably, it revealed a gender-specific inclination for females to articulate their struggles through supernatural lenses rather than framing them as depressed. Recognizing the reciprocal relationship between Depression and Self-esteem, it emphasizes the potential protective role of education against Depression while simultaneously bolstering Self-esteem. The study underscores the pivotal influence of literacy and gender in comprehending and reporting depression, advocating for enhanced literacy to unravel mental health intricacies across genders. Widespread community misconceptions associating mental health issues with superstitions highlight the urgent need for comprehensive awareness and education initiatives. These efforts should debunk myths, combat stigma, and promote accurate diagnosis and treatment, fostering a supportive environment for mental health discourse and intervention.

The findings of the study have significant implications for both research and practical mental health interventions. The identified reciprocal relationship between Depression and Self-esteem highlights the potential for targeted educational strategies to serve as preventive measures against depression. Understanding the gender-specific nuances in how individuals express and perceive mental health issues underscores the need for personalized and gender-sensitive approaches in mental health interventions. Moreover, recognizing the pivotal roles

of literacy and education in shaping mental health comprehension emphasizes the importance of incorporating mental health education into broader literacy initiatives. The persistence of misconceptions within certain communities underscores the urgency of culturally tailored awareness campaigns, emphasizing accurate information dissemination to combat stigma and facilitate timely and appropriate mental health care. Overall, the study provides valuable insights that can inform a holistic and inclusive approach to mental health promotion and intervention efforts.

References

- Arafat, S. Y., Ahmed, S., & Uddin, S. (2018). Depression literacy status in Bangladesh: a cross-sectional comparative observation. *J Behav Health, 7*(2), 91-97.
- Arafat, S. Y., Shams, S. F., Chowdhury, M. H. R., Chowdhury, E. Z., Hoque, M. B., & Bari, M. A. (2017). Adaptation and validation of the Bangla version of the depression literacy questionnaire. *J Psychiatry, 20*(4), 412.
- Baumeister, R. F., Campbell, J. D., Krueger, J. I., & Vohs, K. D. (2003). Does high self-esteem cause better performance, interpersonal success, happiness, or healthier lifestyles? *Psychological science in the public interest, 4*(1), 1-44.
- Cicchetti, D., & Rogosch, F. A. (2002). A developmental psychopathology perspective on adolescence. *Journal of consulting and clinical psychology, 70*(1), 6.
- Clark, L. A., Watson, D., & Mineka, S. (1994). Temperament, personality, and the mood and anxiety disorders. *J Abnorm Psychol, 103*(1), 103-116. <https://www.ncbi.nlm.nih.gov/pubmed/8040472>
- [Record #5 is using a reference type undefined in this output style.]
- Garber, J. (2006). Depression in children and adolescents: linking risk research and prevention. *Am J Prev Med, 31*(6 Suppl 1), S104-125. <https://doi.org/10.1016/j.amepre.2006.07.007>
- Glick, M., & Zigler, E. (1992). 22 Premorbid competence and the courses and outcomes of psychiatric disorders. *Risk and protective factors in the development of psychopathology, 497*.
- Harter, S. (2015). *The construction of the self: Developmental and sociocultural foundations*. Guilford Publications.
- Ingram, R. E., & Luxton, D. D. (2005). Vulnerability-stress models. *Development of psychopathology: A vulnerability-stress perspective, 46*(2), 32-46.
- Keyes, K. M., Gary, D., O'Malley, P. M., Hamilton, A., & Schulenberg, J. (2019). Recent increases in depressive symptoms among US adolescents: trends from 1991 to 2018. *Social psychiatry and psychiatric epidemiology, 54*, 987-996.
- Malbi, R. S., & Reasoner, R. W. (2000). *Self-Esteem, Enhancing*. Self-Esteem Seminars Sdn. Bhd. .
- Mamun, M. A., Naher, S., Moonajilin, M. S., Jobayar, A. M., Rayhan, I., Kircaburun, K., & Griffiths, M. D. (2020). Depression literacy and awareness programs among Bangladeshi students: an online survey. *Heliyon, 6*(9).
- McKay, M. T., Dempster, M., & Byrne, D. G. (2014). An examination of the relationship between self-efficacy and stress in adolescents: the role of gender and self-esteem. *Journal of youth studies, 17*(9), 1131-1151.
- Prince, M. J., Wu, F., Guo, Y., Gutierrez Robledo, L. M., O'Donnell, M., Sullivan, R., & Yusuf, S. (2015). The burden of disease in older people and implications for health policy and practice. *Lancet, 385*(9967), 549-562. [https://doi.org/10.1016/S0140-6736\(14\)61347-7](https://doi.org/10.1016/S0140-6736(14)61347-7)
- Quatman, T., & Watson, C. M. (2001). Gender differences in adolescent self-esteem: an exploration of domains. *J Genet Psychol, 162*(1), 93-117. <https://doi.org/10.1080/00221320109597883>
- SarAbadaniTafreshi, L. (2006). The relationship between academic achievements, Self-Esteem and Gender with Anxiety of Computer among Postgraduate of Students in

University of Tabeiyat Moallem Tehran. *University of Tabeiyat Moalem, Theran, Iran.*

- Seals, D., & Young, J. (2003). Bullying and victimization: prevalence and relationship to gender, grade level, ethnicity, self-esteem, and depression. *Adolescence*, 38(152), 735-747. <https://www.ncbi.nlm.nih.gov/pubmed/15053498>
- Zahn-Waxler, C., Shirtcliff, E. A., & Marceau, K. (2008). Disorders of childhood and adolescence: gender and psychopathology. *Annu Rev Clin Psychol*, 4, 275-303. <https://doi.org/10.1146/annurev.clinpsy.3.022806.091358>