

## A Comparative Analysis of Mental Health Challenges With Coping Mechanisms in Childhood and Adulthood Among Genz in Gujarat

Gulzar Dhanani<sup>1\*</sup>, Umang Brahmbhatt<sup>2</sup>, Jignesh Vidani<sup>3</sup>

LJ University

**Corresponding Author:** Gulzar Dhanani [gulzardhanani1@gmail.com](mailto:gulzardhanani1@gmail.com)

---

### ARTICLE INFO

*Keywords:* Mental Health, Age Differences, Coping Mechanisms, Social Support, Psychological Well-Being

*Received :* 3 September

*Revised :* 19 October

*Accepted:* 20 November

©2025 Dhanani, Brahmbhatt, Vidani :  
This is an open-access article distributed  
under the terms of the [Creative Commons Attribution 4.0 International](https://creativecommons.org/licenses/by/4.0/).



### ABSTRACT

The article examines the correlation between age and mental health, emotional struggles, coping, social support and stigma. One hundred and sixty-four respondents were involved in the study, which was a quantitative study conducted to establish the differences in mental health perceptions and coping mechanisms among various age groups. The data were also gathered using the structured questionnaire and analysed by the descriptive statistics, reliability analysis, and chi-square tests. The results showed that young people especially aged 18-25 tend to have more stress which is mainly related to academic and career demands. Nevertheless, older respondents had more effective coping strategies and were more dependent on the support systems. Statistical analysis proved that there were significant relationships between age and coping strategies ( $p = 0.049$ ), age and social support ( $p = 0.010$ ), and age and improved coping over time ( $p = 0.040$ ). The instrument had a high level of consistency (Cronbach alpha = 0.841), which proved the reliability of the tool. Stigma was common in all ages despite the improvement in the mental health awareness. This research finds out that mental health changes with age and experience and highlights the need to implement age-sensitive interventions, awareness efforts, and educational programs. Longitudinal and mixed-method studies must be implemented in future studies to investigate these relationships more thoroughly to be more inclusive

---

## **INTRODUCTION**

Mental health has become one of the most important problems in the twenty-first century and especially among the younger generations who have had to deal with the rapid transformation of society (Dhere, Vidani, and Solanki, 2016). Depression and anxiety are some of the major causes of disability in the world (World Health Organization, 2023). Growing mental health awareness means that it is necessary to learn about not only its prevalence but also the developmental and situational processes that form it (Singh and Vidani, 2016). Childhood-adulthood is a severe period of emotional, cognitive, and social growth during which persons can be particularly susceptible to mental health challenges (Vidani and Plaha, 2016).

The generation Z is a generation born in the mid-1990s- early 2010s and is subjected to individual pressures that are influenced by digitalization, academic competition, economic uncertainty, and the COVID-19 pandemic consequences (Vidani, Chack, and Rathod, 2017). Having grown up in a technologically overloaded world, Gen Z are simultaneously exposed to the benefits of online learning and communication (expansion of educational and communication prospects) and threats of anxiety, depression, cyberbullying, and the feeling of missing out (Biharani and Vidani, 2018). Cultural pressures, strict educational systems, and stigma on mental health exacerbate these pressures in India, especially in Gujarat (Odedra, Rabadiya, and Vidani, 2018).

Early environmental insecurities and problems with emotional regulation are closely connected with childhood mental health (Vasveliya and Vidani, 2019). Lei Shao, Zhao, and Yu (2024) discovered that early-life uncertainty (EU), comprising of economic disadvantage, family turmoil, and social instability, is associated with long-term depression, anxiety, and behavioural problems (Sachaniya, Vora, and Vidani, 2019). It was also interesting to note that cumulative adversities were worse than single stressors, which implies that children subjected to multiple adversities as it frequently occurs in urbanizing areas such as Gujarat are at a higher risk in the future (Vidani, Jacob, and Patel, 2019).

The study by Psychogiou et al. (2024) that used data collected in the Québec Longitudinal Study of Child Development found depressive symptoms in middle childhood (ages 7-12) and adolescence (13-17) to predict poor social support and depression in young adulthood (18-24) (Vidani J. N., 2016). In early childhood, emotional problems, though significant, were not as predictive of the outcomes in adulthood. Likewise, Tseliou et al. (2024) found out that persistent or escalating childhood emotional issues were strong predictors of adult depression, anxiety, and self-harm and that early intervention is crucial (Vidani and Singh, 2017). Although the collectivist culture and close family relationships in Gujarat might provide some form of protection, they might also demand conformity and negatively influence the desire to seek professional assistance, especially when the academic pressure is high (Vidani and Pathak, 2016).

Adulthood also comes with its own obstacles- academic adjustments, workplace pressures, economic autonomy and relationship issues. Li et al. (2023) proved that self-esteem and emotion regulation mediate the correlation between

childhood trauma and adult mental health (Pathak and Vidani, 2016). Adaptive coping mechanisms such as cognitive reappraisal alleviate the adverse effects whereas suppression exacerbates the adverse effects. Psychogiou et al. (2024) also reported that adolescent depression is a predictive factor of adult stress and a lack of social support, demonstrating how childhood weaknesses become stronger with age (Vidani and Plaha, 2017). These pressures are magnified by competitive education and a lack of employment opportunities among young adults in Gujarat and may result in functional impairments of relationships, productivity, and well-being (Vidani J. N., 2020).

The continuity and divergence of mental health can be observed only when a comparative understanding of mental health throughout the lifespan is established (Vidani J. N., 2018). Childhood adversities that have not been overcome tend to be reflected in emotional and functional difficulties in adulthood, and adulthood presents additional stressors that can interact with previous weaknesses (Vidani and Dholakia, 2020). The phenomenon of latency identified by Lei Shao et al. (2024) demonstrates the presence of stronger effects of the unaddressed uncertainties of childhood later in life (Vidani, Meghrajani, and Siddarth, 2023). Li et al. (2023) pointed out that the mediators of these outcomes are resilience, self-esteem, and adaptive coping (Rathod, Meghrajani, and Vidani, 2022).

Both childhood and adult stressors are worsened by the rapid urbanization of the Gen Z generation of Gujarat, academic competitiveness, and changing cultural standards (Vidani & Das, 2021). The interaction of predisposing childhood experiences and accelerating adult demands highlights the significance of developmental, comprehensive mental health strategy and intervention including vulnerability reduction to establish resilience throughout the life cycle (Vidani J. N., 2022).

### **Research Objectives**

1. To study the emotional and psychological challenges faced during **childhood** among Gen Z in Gujarat. (*Objective achieved in Question 5 of Questionnaire*)
2. To analyze the emotional and psychological challenges faced during **adolescence/adulthood** among Gen Z in Gujarat. (*Objective achieved in Question 6 of Questionnaire*)
3. To examine the impact of **academic and career-related pressure** on the mental well-being of Gen Z. (*Objective achieved in Question 7 of Questionnaire*)
4. To assess the level of **stress and anxiety** experienced by Gen Z in uncertain situations. (*Objective achieved in Question 8 of Questionnaire*)
5. To identify the extent to which **childhood experiences** (family, school, peers) influence current mental health among Gen Z. (*Objective achieved in Question 9 of Questionnaire*)
6. To evaluate the role of **social stigma** in restricting open conversations about mental health. (*Objective achieved in Question 10 of Questionnaire*)

7. To compare the perception of **mental health intensity** between childhood and adulthood among Gen Z. (*Objective achieved in Question 11 of Questionnaire*)
8. To explore the use of **positive coping strategies** (exercise, hobbies, meditation) by Gen Z to manage stress. (*Objective achieved in Question 12 of Questionnaire*)
9. To study the reliance on **social support systems** (family and friends) as coping mechanisms for mental health challenges. (*Objective achieved in Question 13 of Questionnaire*)
10. To investigate the tendency of **suppressing or hiding emotions** as a coping mechanism among Gen Z. (*Objective achieved in Question 14 of Questionnaire*)
11. To examine the belief of having developed **stronger coping mechanisms in adulthood** compared to childhood. (*Objective achieved in Question 15 of Questionnaire*)

## LITERATURE REVIEW

The interaction between the issues of childhood adversity, emotional problems in adolescence and mental health in adulthood has become the centre of interest of the current psychological studies (Saxena & Vidani, 2023). There is always evidence that life events in the early years, whether characterized by uncertainty, traumas, or depressive symptoms have long-term effects on psychological health (Vidani, Das, Meghrajani, & Singh, 2023). In conjunction with these weaknesses, self-esteem, emotion control, social support are some of the coping mechanisms that have been acknowledged as critical in developing resilience (Vidani, Das, Meghrajani, & Chaudasi, 2023). The dynamics are especially relevant to Generation Z which is growing up in a world of fast social, cultural, and technological change (Bansal, Pophalkar, & Vidani, 2023).

This is a review of five important studies. Lei Shao et al. (2024) examine how the uncertainty of the early years influences later (Chaudhary, Patel, & Vidani, 2023). Potler (2024) and Psychogiou et al. (2024) focus on the predictive relevance of depressive symptoms in childhood and adolescence on adult psychosocial functioning (Patel, Chaudhary, & Vidani, 2023). Tseliou et al. (2024) explore the paths of emotional challenges and its associations with adult psychiatric and functional disabilities (Sharma & Vidani, 2023). Lastly, Li et al. (2023) emphasizes the moderation and mediating functions of the coping mechanisms in the relationship between childhood trauma and adult mental health (Vidani, 2015). Collectively, these studies demonstrate the way mental health problems are formed throughout the life span and the way in which coping processes can shape these patterns (Niyati & Vidani, 2016).

### *Childhood Mental Health Challenges*

The childhood is a delicate development period during which the misfortune may define the future mental health (Modi, Harkani, Radadiya, & Vidani, 2016). According to Lei Shao et al. (2024), the definition of early-life uncertainty (EU) is a silent kind of trauma (Sukhanandi, Tank, & Vidani, 2018). EU in their meta-analysis of 28 studies had a moderate correlation with internalizing problems ( $r = .28$ ) and externalizing problems ( $r = .16$ ) (Dhere,

Vidani, & Solanki, 2016). It is worth noting that the predictor of adult mental health issues was more intensive than adolescent ones in the EU, which may indicate latent outcomes that will manifest themselves later in life (Vidani, 2016). Combination of adversities- like economic instability and family conflict- was observed to be more damaging than single stressor and the cumulative effect of childhood struggles was demonstrated (Biharani & Vidani, 2018). Nonetheless, the research was based mainly on Western samples, which limits the cross-cultural transferability (Bhatt, Patel, & Vidani, 2017).

Superseding these results, Potler (2024), relying on the Québec Longitudinal Study of Child Development, revealed that depressive symptoms at middle childhood (7-12) and adolescence (13-17) were clearly linked to decreased social support and increased depression at young adulthood. Early childhood depressive symptoms (1.5-6), but not in later childhood, did so, indicating later childhood as a key moment of risk emergence (Odedra, Rabadiya, & Vidani, 2018).

Tseliou et al. (2024) found four emotional problem trajectories, which include low, decreasing, increasing, and persistent. The ongoing and growing groups had a high probability of getting depression, anxiety, and self-harm behaviours during adulthood and the children whose symptoms diminished did not exhibit high risks. Their results bring out the relevance of early intervention in altering developmental trajectories (Vidani, Jacob, & Patel, 2019).

In all these research works, three lessons can be noted. To begin with, bad things trigger stages of development that cut across the life cycle. Second, time is important, it seems that middle childhood and adolescence are sensitive times. Third, a long-term vulnerability is predicted by persistence of symptoms and not moments of difficulty (Pathak & Vidani, 2016).

#### ***Adolescent and Adult Mental Health Challenges***

Although childhood is the root of vulnerability, adolescence and adulthood bring on new vulnerabilities (Vidani & Dholakia, 2020). Psychogiou et al. (2024) concluded that depressive symptoms in adolescence were linked to high perceived stress and higher depressive symptoms in early adulthood (ages 20-21). Middle childhood as well as adolescent symptoms of depression both were associated with a lack of social support in adulthood irrespective of other early risks (Vidani, Das, Meghrajani, & Singh, 2023). Interestingly, the symptoms of early childhood did not predict behavioural outcomes like unemployment and substance use, which means that emotional and relational impact is more lasting (Bansal, Pophalkar, & Vidani, 2023). These findings were reiterated by Potler (2024) with regard to the scarring effect of adolescent depression. Loss of social connectedness in adulthood seems a natural outcome of previous depressive symptom and a predisposing factor to subsequent problems. This is a very vicious cycle because of the role social support plays, as a protective factor (Patel, Chaudhary, & Vidani, 2023). Similar results were found by Tseliou et al. (2024) who found that in adulthood, poor functioning was correlated with persistent patterns of emotional problems, such as diminished academic performance, work-related difficulties, and poor social relationships (Vidani, 2018). Adolescence can therefore be described as an extension of the vulnerabilities in

earlier stages and in fact a point of departure where success in intervention can avert risks of long-term effects. Coping processes gain more significance in adulthood. In a study of over 6,000 individuals in China, Li et al. (2023) established that self-esteem mediated the correlation between childhood trauma and depression/anxiety in adulthood to some extent (Vidani, Das, Meghrajani, & Singh, 2023). This relationship was also influenced by emotion regulation strategies: cognition reappraisal mitigated the negative effects and expressive suppression exaggerated them. Their results emphasize the idea that, although early experiences are important, developmental directions can be changed by using coping skills as adults. These studies collectively indicate that, during adolescence, childhood weaknesses are solidified and that, in adulthood, past risk factors are perpetuated and the coping resources have an impact (Patel, Chaudhary, & Vidani, 2023).

### ***Coping Mechanisms and Mediating Factors***

The coping processes play the key role in explaining the relationship between childhood adversity and adulthood outcomes. Li et al. (2023) report direct proof that self-esteem is a mediating factor, and the greater the self-worth is, the less the negative effect of childhood trauma occurs (Niyati & Vidani, 2016). Regulation of emotions processes are considered moderators: adaptive, such as cognitive reappraisal, and maladaptive, such as expressive suppression, reduce risks respectively. Other research points to coping in a less direct way (Singh, Vidani, & Nagoria, 2016). According to Potler (2024) and Psychogiou et al. (2024), social support contributes to the issue since in adulthood, the lack of social support is one of the factors that contribute to the continuation of adolescent problems. This indicates a cycle of how the depressive symptoms early in life impairs the establishment of relationships, which results in reduced protective resources when one becomes an adult (Solanki & Vidani, 2016). Social networks can be especially harmful to erode in collectivist communities, and India (as well) is one of them. Tseliou et al. (2024) also mention that persistent trajectories of emotional problems are associated with family adversity and neurodevelopmental problems. Supportive environments, on the other hand, were associated with the reduction of symptoms and even more favourable outcomes, which again underlines the role of social and family resources (Odedra, Rabadiya, & Vidani, 2018). In general, coping mechanisms act as moderators (describing the relationship between childhood and adulthood) and as mediators (describing the magnitude of relationships). The idea of promoting self-esteem, adaptive regulation strategies, and strong support systems comes into the limelight as one of the major protective mechanisms (Sachaniya, Vora, & Vidani, 2019).

### ***Comparative Perspectives: Childhood versus Adulthood***

The studies examined in the review show continuity and change in development. Lei Shao et al. (2024) reveal that the uncertainty in early life has a stronger relationship with adult and not with adolescent outcomes, indicating delayed effects (Vidani & Singh, 2017). Potler (2024) and Psychogiou et al. (2024) demonstrate that depressive symptoms during middle childhood and adolescence are more predictive of adult mental health in comparison with symptoms during early childhood (Vidani J. N., 2022). Tseliou et al. (2024) point

to persistent trajectories as the most dangerous and decreasing trajectories as protective. Li et al. (2023) also introduce that such risks can be mediated or moderated by adult coping strategies. Collectively, these studies demonstrate a complex image: childhood preconditions, adolescence is a transition, and adulthood is continuity and coping (Chaudhary, Patel, & Vidani, 2023). Although early vulnerabilities can be the cause, the consequences cannot be determined. Adulthood resilience factors may substantially change the development course (Saxena & Vidani, 2023).

### **Research Gap**

Although extensive studies have been previously done on mental health awareness and psychological health, no studies have particularly been done to identify the connection between age and mental health differences in the Indian setting. The majority of available literature is dedicated to the overall levels of stress, anxiety, or depression without underlining the impact of age on coping, emotional management, and social support. Moreover, the research carried out in the past tends to assume uniformity of mental health not taking into consideration how developmental stages and life experiences influence perception and reaction of individuals to mental challenges.

The other significant gap is that there is no empirical evidence on comparisons of younger and older age groups in terms of their coping capabilities, perception of stigma, and help-seeking patterns. In spite of the fact that numerous studies indicated age in the world, the statistical tests like the use of chi-square or reliability tests are rarely incorporated into Indian research to prove the relationships. Additionally, a great part of the literature is based on the contribution of a qualitative or clinical sample, and there is a poor representation of general populations like students, working professionals, and homemakers. Moreover, stigma and attitudes of society toward mental health are also a popular subject of studies, yet their continuation among various age groups is not thoroughly investigated. Little is also done regarding the interaction between education, digital exposure, and social support with age to determine their effect on mental well-being.

Therefore, the research is very timely as it focuses on the differences in perceptions of mental health, coping strategies, and emotional struggles between different age groups to offer a comprehensive, data-driven insight into the topic that should be considered in the context of the emerging mental health reality in India.

### **Hypothesis**

1. There is a significant relationship between Age and experiencing emotional or psychological challenges during childhood (before age 12).
2. There is a significant relationship between Age and experiencing emotional or psychological challenges during adolescence/adulthood (after age 18).
3. There is a significant relationship between Age and academic/career-related pressure affecting mental well-being.
4. There is a significant relationship between Age and feeling stressed or anxious in uncertain situations.

5. There is a significant relationship between Age and belief that childhood experiences influence current mental health.
6. There is a significant relationship between Age and difficulty discussing mental health due to stigma.
7. There is a significant relationship between Age and belief that mental health problems are more intense in adulthood.
8. There is a significant relationship between Age and use of positive coping strategies (exercise, hobbies, meditation).
9. There is a significant relationship between Age and reliance on social support (family and friends).
10. There is a significant relationship between Age and tendency to suppress or hide emotions when stressed.
11. There is a significant relationship between Age and belief of having stronger coping mechanisms in adulthood.

Table 1. Validation of Questionnaire

Statements	Citation
I experienced emotional or psychological challenges during my childhood (before age 12).	(Vidani, 2015)
I experienced emotional or psychological challenges during my adolescence/adulthood (after age 18).	(Vidani & Solanki, 2015)
Academic or career-related pressure has significantly impacted my mental well-being.	(Solanki & Vidani, 2016)
I often feel stressed or anxious when facing uncertain situations.	(Vidani, 2016)
My childhood experiences (family environment, school, peers) have influenced my current mental health.	(Bhatt, Patel, & Vidani, 2017)
I find it difficult to openly talk about mental health issues due to social stigma.	(Niyati & Vidani, 2016)
I believe mental health problems are more intense in adulthood compared to childhood.	(Pradhan, Tshogay, & Vidani, 2016)
I use positive coping strategies (e.g., exercise, hobbies, meditation) to deal with stress.	(Modi, Harkani, Radadiya, & Vidani, 2016)
I rely on social support from family and friends when facing mental health challenges.	(Sukhanandi, Tank, & Vidani, 2018)
I manage stress by suppressing or hiding emotions rather than expressing them.	(Singh, Vidani, & Nagoria, 2016)

I believe I have developed stronger coping mechanisms in adulthood compared to childhood.	(Mala, Vidani, & Solanki, 2016)
---	---------------------------------

Source: Author's compilation

## METHODOLOGY

Table 2. Research Methodology

<b>Research Design</b>	Descriptive
<b>Sample Method</b>	Non-Probability - Convenient Sampling method
<b>Data Collection Method</b>	Primary method
<b>Data Collection Method</b>	Structured Questionnaire
<b>Type of Questions</b>	Close ended
<b>Data Collection mode</b>	Online through Google Form
<b>Data Analysis methods</b>	Tables
<b>Data Analysis Tools</b>	SPSS and Excel
<b>Sampling Size</b>	<b>164</b>
<b>Survey Area</b>	<b>Gujarat</b>
<b>Sampling Unit</b>	Students, Private and government Job employees, Businessmen, Home maker, Professionals like CA, Doctor etc.

Source: Author's compilation

### Demographic Summary

The demographic overview of the respondents is a mixed but young and well-educated sample. The proportion of female to male participants was fairly balanced with 53.7 percent of the 164 participants female and 46.3 percent male. Most of the respondents were mainly young with just 80.5 percent of the respondents being in the age bracket of 18-25. Education wise it was mostly a well-educated group with 52.4 postgraduates and 36.6 undergraduates. In terms of current status, the majority (68.3) of respondents were students, with less percentage working, professional, and other jobs. When it comes to income, a significant fraction (68.3%) indicated to have incomes below 25,000 per month, which means that a significant number are students or people in their early career. In general, the demographic profile involves a young, well-educated, and economically humble group of people.

### Cronbach Alpha

The Cronbach Alpha of items is 0.841 which means that there is a high internal consistency and reliability in the dataset. This implies that measures in the questionnaire or scale are effectively and consistently measuring the same underlying construct. As a rule, a Cronbach Alpha of 0.7 is acceptable and a value of 0.8 and above is good and is an indicator of good reliability. Thus, the obtained

value of 0.841 indicates that the scale that was applied to this study can be relied on in the future analysis.

**RESULTS**

Table 3: Results of Hypothesis Testing

No.	Alternate Hypothesis	Sig. (p)	p > / < 0.05	Decision on Null Hypothesis	R Value	Relationship
1	There is a significant relationship between <b>Age</b> and experiencing <b>emotional or psychological challenges during childhood (before age 12)</b> .	0.960	> 0.05	Accept Null	-0.068	No relationship
2	There is a significant relationship between <b>Age</b> and experiencing <b>emotional or psychological challenges during adolescence/adulthood (after age 18)</b> .	0.055	> 0.05	Accept Null (weak trend)	-0.257	Weak negative
3	There is a significant relationship between <b>Age</b> and <b>academic/career-related pressure</b> affecting mental well-being.	0.203	> 0.05	Accept Null	0.097	No relationship
4	There is a significant relationship between <b>Age</b> and feeling <b>stressed or anxious in uncertain situations</b> .	0.126	> 0.05	Accept Null	-0.099	No relationship
5	There is a significant relationship between <b>Age</b> and belief that <b>childhood experiences influence current mental health</b> .	0.095	> 0.05	Accept Null (near significant)	0.029	Very weak positive

No.	Alternate Hypothesis	Sig. (p)	p > / < 0.05	Decision on Null Hypothesis	R Value	Relationship
6	There is a significant relationship between <b>Age</b> and <b>difficulty discussing mental health due to stigma</b> .	0.156	> 0.05	Accept Null	0.027	No relationship
7	There is a significant relationship between <b>Age</b> and belief that <b>mental health problems are more intense in adulthood</b> .	0.218	> 0.05	Accept Null	0.018	No relationship
8	There is a significant relationship between <b>Age</b> and use of <b>positive coping strategies</b> (exercise, hobbies, meditation).	0.049	< 0.05	Reject Null	0.059	Weak positive
9	There is a significant relationship between <b>Age</b> and <b>reliance on social support</b> (family and friends).	0.010	< 0.05	Reject Null	0.043	Weak positive
10	There is a significant relationship between <b>Age</b> and tendency to <b>suppress or hide emotions</b> when stressed.	0.401	> 0.05	Accept Null	0.047	No relationship
11	There is a significant relationship between <b>Age</b> and belief of having <b>stronger coping mechanisms in adulthood</b> .	0.040	< 0.05	Reject Null	-0.117	Weak negative

\*Source: Author's compilation

## **DISCUSSION**

The present study aimed to examine the relationship between age and various dimensions of mental health and coping strategies among 164 respondents. The sample mostly comprised of females (53.7%), with the majority of the sample being comprised of persons between the ages of 18-25 years (80.5%), with the sample presenting a young demography profile. Majority of the participants were students (68.3%) who had undergraduate or postgraduate degrees and had a monthly income of less than 25,000 (68.3%). This text suggests that the results are mainly a reflection of younger and educated people in the early adulthood, which has some implications on the interpretation of age differences in mental health.

The scale employed in measuring mental health experiences and coping strategies had a high internal consistency with Cronbach alpha of 0.841. The implication of this reliability coefficient is that the items used were extremely correlated and characterized a unitary construct of mental health perception and behavior, which will guarantee the strength of further analysis.

The descriptive statistics showed mixed experiences of emotional challenges and psychological challenges throughout the life course. Almost thirty-one point seven percent of the respondents answered affirmatively or strongly that they had faced emotional or psychological difficulties as a child and a bigger percentage (47.5) said they had encountered difficulties as children, adolescents or adults. This pattern means that mental health struggles are more likely to be identified or experienced by people as they enter their adulthood. Equally, over 50 percent (47.5) of the respondents concurred that academic or career-related stress greatly influenced their psychological well-being, highlighting the importance of occupational and educational stress among the young people.

When it comes to coping and perception, 46.3% of respondents agreed that childhood events had resulted in their present mental health and 48.8% of the respondents also found it challenging to talk about mental health problems because of stigma. The stigma is further emphasized by showing how cultural barriers persist and impede open communication and early intervention. Nonetheless, there were also some positive trends observed, 53.7% of them used positive coping methods like physical exercises or hobbies, and 48.8% utilized family and friends as the sources of social support, which indicated the increasing level of awareness of healthy emotional control among younger people.

Chi-square tests were used to test correlations between age and the mental health variables. Three of the eleven relationships that were tested were statistically significant. Age had a strong correlation with the positive coping strategies ( $p = 0.049$ ), social support ( $p = 0.010$ ), and feeling that they had developed more coping skills in adulthood ( $p = 0.040$ ). These results suggest that people become more adaptive in their coping habits and rely on social networks to deal with stress as they become older. On the other hand, other variables like emotional challenges in childhood ( $p = 0.960$ ), academic pressure ( $p = 0.203$ ) and difficulty in discussing mental health ( $p = 0.156$ ) did not engage significantly with age and this indicates that they are not age specific but rather common to all ages.

The findings suggest that there is developmental advancement in coping skills and awareness of mental health. The younger people might be susceptible to stress because of academic or career stresses whereas the older people have better coping mechanisms, this could be because of the life experience and emotional maturity that they hold. Its continuation into older age groups, however, suggests that attitudes of society to mental health are still a hindrance to openness and help-seeking behavior.

All in all, this research supports the relevancy of age-sensitive mental health practices. Intervention programs that support early coping strategies, use of social support and alleviation of stigma are necessary. Although the results indicate tendencies of a rather young and educated group, the sample can be diversified in future studies to consider other age and occupational groups and make a better generalization.

### *Theoretical Implications*

The results of the current research can add valuable information to the theoretical concept of mental health and coping strategies among various ages. The findings support and add to a number of existing psychological theories, especially those concerning developmental psychology, stress and coping theory, and the socioecological approach to mental health.

To begin with, the strong correlation that exists between age and the coping mechanisms is that age is the main factor that is influenced by the Transactional Model of Stress and Coping that postulates that individual's access and appraise stressors depending on the available resources of coping. The respondents who are younger (18-25) reported more academic and career stress but less strong coping responses and the older respondents showed stronger positive coping behaviours and more social support dependence. This development helps sustain this theoretical concept that coping strategies develop during experience and maturity in that emotional control and stress management are acquired skills influenced by life stage and exposure to situations.

Developmentally, the findings can also be related to the Psychosocial Development Theory by Erik Erikson especially the phase of Identity vs. Role Confusion during adolescence and Intimacy vs. Isolation during young adulthood. The high prevalence of mental health issues among individuals aged 18-25 years is indicative of the fact that identity development, lack of clarity regarding their future roles, and career/academic changes could increase susceptibility to mental distress. It is also informative that older adults stated that they had higher coping processes that manifested a successful resolution of previous developmental discrepancies that, theoretically, should correspond to an increased emotional stability and resilience in the later stages.

The data also add to the Attachment Theory (Bowlby, 1969) and its application to lifelong mental health. Though, there was no statistical significance in the association between childhood experience and present mental health, almost half of the respondents confirmed this effect. The self-reported relationship underlines the psychological effects of early attachments patterns and family settings in the long-term, which supports theoretical assertions that early emotional security influences subsequent emotional regulation and coping.

It hypothesizes that the long-term benefit of preventive measures in childhood and adolescence can be reflected on adult mental health.

The identified correlation between age and dependent on the social support can be also related to the Social Support Theory, which also underlines the role of the interpersonal relationships in the process of stress reduction. The results of the study show that the ageing persons start to rely more and more on their family and peer connections in terms of emotional support. This action is indicative of the theoretical knowledge that the perceived social support boosts psychological well-being through lessening the stress appraisal and encouraging adaptive coping. It also highlights the fact that the socioecological model focuses on the provisions of the interplay of mental health factors: individual, interpersonal, and environmental.

In addition, the inability to will mental health to be discussed, regardless of the age group, provides some theoretical knowledge on the Labeling Theory and Social Constructionism, which claim that the existing societal norms and cultural definitions play a major role in mental health discourse. In spite of increased awareness, internalization of negative attitudes to mental illness is also widespread and it seems that stigma is a socially constructed force against open communication and help seeking behaviour.

Comprehensively, the theoretical implications of the research are that it proved that mental health and coping are dynamic constructs which are affected by developmental, cognitive and social factors. The findings support integrative theory of mental health intertwining a personal-level psychological activities with the broaden levels of social and cultural aspects. The theoretical studies in the future could be developed by the findings as they could be anchored to longitudinal designs to observe the development of coping with time and the interaction of early experiences, social settings and cultural norms on the trajectory of mental health into later life.

### ***Practical Implications***

This study has a number of practical implications on mental health awareness, policy formulation, educational institutions, and workplace environments. The knowledge of age effects on coping strategies, emotional experiences and mental health perceptions can be used to develop developmentally appropriate and contextually relevant interventions.

Firstly, the finding that younger respondents (aged 18–25) reported higher levels of stress and emotional challenges highlights the need for early preventive mental health programs within schools, colleges, and universities. Schools' ought to be equipped with systematic mental health literacy courses, stress management courses, and counseling services to enable students to identify the signs of anxiety and depression, become resilient, and learn to practice adaptive coping skills. Mindfulness-based interventions, peer mentoring programs, and academic counseling should be introduced to ease academic stress, which turned out to be a pertinent factor in influencing the mental health of this age group.

Secondly, the research found out that the coping mechanisms increase in strength due to age and life experience. This implies that coping skills may be intensively trained as opposed to being a maturity process. Therefore, local mental health

agencies and nongovernmental organizations can create capacity-building sessions to educate about emotion management, problem solving and other positive coping strategies, like exercise, hobbies and meditation. By making young adults engage in such programs, it is possible to improve their stress management abilities and avoid their development of acute psychological problems in the future.

The high correlation of age and dependence of social support is also a significant pointer to the need to enhance the social networks. The mental health campaigns must promote the discussions of the emotional well-being on the familial, workplace, and peer levels. Programs such as family therapy, group sessions and community-based mental health programs would assist them to gain better interpersonal relationships and cut down on isolation. Organizational interventions that focus on establishing psychologically safe environments within an organization can be achieved by the development of employee assistance programs and the creation of peer-support groups where employees can express their concerns without fear of being stigmatized or judged.

Stigma surrounding mental health at the end of all ages demands mass public education intervention to normalize the discussions around mental health. The mass media, social media influencers and creators of educational content can be crucial in redefining the views on society and dispelling myths about mental illness. The policymakers ought to liaise with health practitioners and teachers to build mental health education at the national level and in work-training programs, which will raise empathy and awareness among all levels of the society.

When applied to the area of public health, the results highlight the necessity to provide mental health services with age sensitivity. There should be accessible counseling, teletherapy, and community-based services offered by government and private health institutions, which are dependent on various age groups. An example is that with youth-oriented programs, career uncertainty and identity problems can be dealt with, whereas adult programs can involve more on work, relationship, and emotion management.

Lastly, these insights ought to be utilized by organizations and educators to enhance a comprehensive perspective on mental well-being, comprising emotional, social, and behavior aspects. Mental health assessment, resilience training and stress management programs done periodically can go a long way in ensuring that the incidence of mental distress is minimized. Integrating the practices into daily institutional policies will guarantee the treatment of mental health with the same seriousness as the physical health.

Generally, the practical implications of the research underscore the value of specific, offensive, and inclusive mental health approaches. Through creating awareness, improving the social support system, and encouraging adaptive coping techniques, education, policy, and healthcare stakeholders can make a society more mentally solid and emotionally stable.

## CONCLUSIONS

The aim of the current research was to understand how age is related to a range of mental health variables, such as emotional issues, coping styles, social support, and stigma. The study conducted statistical analysis of data that was gathered among 164 respondents and this insight was able to provide valuable information on how age affects mental health perceptions and coping patterns among individuals at various stages of life. The results will add to the increased knowledge of mental health as a multidimensional construct that can be influenced by both developmental and social factors.

The description of the analysis showed that a substantial percentage of the respondents, especially those between the ages of 18 and 25 years, had emotional or psychological problems and reported experiencing academic and career-related stress. The observation is correlated with the existing literature, which hypothesizes that young adults can be emotionally vulnerable due to the pressure to achieve a goal in education, form identity, and uncertainty regarding future objectives. In spite of these obstacles, a significant proportion of respondents also displayed the knowledge and involvement of positive coping measures like exercising, hobbies, and meditation indicating a progressive adoption of proactive mental health coping by the younger generation.

The chi-square test outcomes also provided further explanation of the relationship between age and mental health experiences. Among eleven relationships tested, three were statistically significant, the use of positive coping strategies ( $p = 0.049$ ), dependence on social support ( $p = 0.010$ ), and the view that they had developed stronger coping mechanisms in adulthood ( $p = 0.040$ ). This finding suggests that the older people grow, the more they are equipped to adopt healthy coping mechanisms and rely on the social support networks, as the experience and ability to adapt in the emotional context increases with age. On the other hand, aspects of academic stress, childhood emotional problems and stigma did not have a significant correlation with age, which indicated that the factors are widespread throughout all age groups and affected by social and cultural processes other than developmental stages alone.

The analysis of reliability provided a Cronbach alpha of 0.841, which proves that the research instrument used was characterized by high internal consistency and it was able to measure the desired psychological constructs. This consistency gives the results more credibility and suggests that the variables chosen, including emotional experiences, coping approaches, and social attitudes, were conceptually consistent and applicable in the measurement of mental health perceptions.

In a broader scope, it can be stated that the results highlight the significance of considering mental health as an ever-changing process that is determined by the developmental trajectory and life experience, as well as society. The findings demonstrate that younger adults need more specific assistance to cope with stress and uncertainty, whereas older people have available more resources to cope with stress and depression and more beneficial social network. Nevertheless, the fact that the stigma remains among all age

groups, indicates the necessity of ongoing learning and advocacy to make mental health conversation something normal and open up to the communication. Conclusively, the study contributes to the theoretical experience that mental health changes with age and experience, as well as showing that aspects of the environment like academic pressure and social stigma are continual obstacles. In practice, it requires the application of age-specific interventions, especially the ones focused on enhancing the coping skills, social support systems, and reducing stigma via education and awareness. The need to improve on these areas will enable policymakers, educators, and mental health professionals to play a crucial role in the creation of a more psychologically resilient society, in which people of all ages can effectively handle stress and seek assistance without embarrassment.

## **RECOMMENDATIONS**

### **Recommendations for Future Research/ Future Scope of the Study**

The current research has offered practical knowledge regarding the correlation between the age and different aspects of mental health, such as emotional difficulties, coping strategies, and social support dependency. Nevertheless, just like any empirical investigation, there were some limitations as well as contextual boundaries that provide useful directions to future research. These suggestions would help to enhance the scope, validity, and applicability of future research in this field.

To begin with, the research in the future will have to include a bigger sample which is more demographically diverse. Mostly, the respondents who were included in the current study were between the ages of 18 and 40 with the majority lying between the ages of 18 and 25. It would be more appropriate to incorporate older adults (over 40 years) into the sample in order to gain a more complete picture of mental health perceptions in terms of changes in the lifespan perspective. The sample size could also be improved by the inclusion of members with different backgrounds in terms of socio-economic status, education, and cultural backgrounds to increase the generalizability of the results and demonstrate the interaction between the contextual factors and age in the development of mental well-being.

Secondly, longitudinal research designs are to be used to study the development of coping mechanisms and mental health perceptions with time. The existing cross-sectional methodology provides a one-time view of what the participants are going through. Longitudinal studies would also enable the researcher to observe stress response, emotional regulation, and resiliency changes as the individuals move to the various life phases hence give a more causal understanding of how the age matters in mental health outcomes.

Thirdly, the facilitating variables by gender, occupation, and lifestyle need to be investigated in future research. Because mental health is a phenomenon that is affected by multiple demographic and psychosocial variables that do not interact consistently, considering how these variables interact with age may reveal even more nuanced patterns. As an example, the comparison of coping strategies

between the male and female respondents, or students and working people, may show some stressors and style of coping that are peculiar to a particular group.

Fourthly, it is prescribed that qualitative research as the in-depth interviews or focus groups can be combined with quantitative instruments like surveys and chi-square analysis. Qualitative designs would yield more descriptive context-based information on personal accounts, emotional experiences, and the cultural aspects of mental health. Such a two-sided method can further enlighten the research about why some age groups may have mental health problems differently and how they perceive stigma or support circles. Also, the future studies might focus on how digital technology and social media affect the mental state of various age groups. Since digital engagement keeps on influencing emotional and social behaviors, the knowledge of its positive and negative impacts on various age groups can guide specific intervention on online mental health awareness and digital resiliency.

Moreover, researchers need to pay attention to the creation of intervention-based studies that compare the efficacy of coping mechanisms, mindfulness-based programs, and peer-support programs across different age groups. This kind of applied research would be able to give evidence-based advice to educators, psychologists, and even policymakers that would ensure that they can use effective, age sensitive mental programs in schools, universities and work places.

Finally, it is crucial that the studies conducted in the future should be based on cross-cultural comparisons to determine whether the identified patterns between age and mental health are valid in various societies and cultural contexts. Cultural beliefs and social norms are deeply intertwined with mental health perception; therefore, a comparative study may allow determining universal and culture-specific determinants of emotional well-being.

Overall, future studies should be more comprehensive, more heterogeneous in their methodology and more multifaceted in their algorithms to become more comprehensive and cover the complexity of mental health throughout the lifespan. In general, by integrating longitudinal designs, larger and more diverse samples, and mixed methods, researchers will be able to develop a more holistic and culturally-based perspective of the role of age in mental health, coping, and resilience in the modern society.

## **FURTHER STUDY**

This research still has limitations so that further research is needed on the topic of *A Comparative Analysis of Mental Health Challenges With Coping Mechanisms in Childhood and Adulthood Among Genz* to perfect this research and increase insight for readers and writers.

## REFERENCES

- Bansal, A., Pophalkar, S., & Vidani, C. (2023). A Review of Ed-Tech Sector in India. *International Journal of Management Analytics (IJMA)*, 1(1), 63-84.
- Bhatt, V., Patel, S., & Vidani, J. N. (2017, February). START-UP INDIA: A ROUGH DIAMOND TO BE POLISHED. *National Conference on Startup India: Boosting Entrepreneurship* (pp. 61-67). Pune: D.Y. Patil University Press.
- Biharani, S., & Vidani, J. N. (2018). ENTREPRENEURSHIP: CAREER OPPORTUNITY HAS NO GENDER DISCRIMINATION. *Compendium of Research Papers of National Conference 2018 on Leadership, Governance and Strategic Management: Key to Success* (pp. 101-104). Pune: D. Y Patil University Press.
- Chaudhary, N., Patel, V., & Vidani, C. J. (2023). A Review of Non-Technical Training Programmes Conducted by Corporate Trainers for IT Companies. *International Journal of Management Analytics (IJMA)*, 1(1), 85-110.
- Dhere, S., Vidani, J. N., & Solanki, H. V. (2016, November). A SURVEY ON THE TOWARDS SATISFATION LEVEL OF THE CUSTOMER SHOPPING MALL'S: AN ANALYTICAL STUDY. *International Multidisciplinary Journal Think Different*, 3(24), 45-50.
- Li, C., Fu, P., Wang, M., Xia, Y., Hu, C., Liu, M., Zhang, H., Sheng, X., & Yang, Y. (2023). The role of self-esteem and emotion regulation in the associations between childhood trauma and mental health in adulthood: a moderated mediation model. *BMC Psychiatry*, 23. <https://doi.org/10.1186/s12888-023-04719-7.2>
- Mahajan, H., & Vidani, J. (2023). Packaging strategies: Outlook on consumer buying behaviour for FMCG products. *Journal of Management and Entrepreneurship*, 17(4), October - December 2023.
- Mala, Vidani, J. N., & Solanki, H. V. (2016, November). GREEN MARKETING-A NEW WAY OF MARKETING: A REVIEW APPROACH. *International Multidisciplinary Journal Think Different*, 3(24), 40-44.
- Modi, R., Harkani, N., Radadiya, G., & Vidani, J. N. (2016, August). Startup India: Even Diamonds start as Coal. *INTERNATIONAL JOURNAL FOR INNOVATIVE RESEARCH IN MULTIDISCIPLINARY FIELD*, 2(8), 111-116.
- Niyati, B., & Vidani, J. N. (2016, July). Next Generation Children: Smarter or Faster. *INTERNATIONAL JOURNAL FOR INNOVATIVE RESEARCH IN MULTIDISCIPLINARY FIELD*, 2(7), 110-114.

- Odedra, K., Rabadiya, B., & Vidani, J. (2018). AN ANALYSIS OF IDENTIFYING THE BUSINESS OPPORTUNITY IN AGRO and CHEMICAL SECTOR - WITH SPECIAL REFERENCE TO AFRICAN COUNTRY UGANDA. *Compendium of Research Papers of National Conference 2018 on Leadership, Governance and Strategic Management: Key to Success* (pp. 96-100). Pune: D.Y Patil University Press.
- Patel, V., Chaudhary, N., & Vidani, C. J. (2023). A Study on Awareness of Various Non-Technical Training Programmes Conducted by Corporate Trainers for IT Companies in Ahmedabad. *International Journal of Management Analytics (IJMA)*, 1(1), 111-132.
- Pathak, K. N., & Vidani, J. N. (2016). A SURVEY ON THE AWARENESS SATISFACTION AS WELL AS TO KNOW THE LEVEL OF THE ONLINE SHOPPING AMONG THE PEOPLE OF AHMADABAD CITY. *Governance in E-commerce: Contemporary Issues & Challenges* (pp. 261-275). Ahmedabad: GTU.
- Potler, N. (2024). Depressive Symptoms Across Childhood and Adolescence and Adult Psychosocial Outcomes. *JAMA network open*, 7 8, e2425954. <https://doi.org/10.1001/jamanetworkopen.2024.25954>.
- Pradhan, U., Tshogay, C., & Vidani, J. N. (2016, July). Short Messages: Its Effect on Teenager's Literacy and Communication. *INTERNATIONAL JOURNAL FOR INNOVATIVE RESEARCH IN MULTIDISCIPLINARY FIELD*, 2(7), 115-120.
- Psychogiou, L., Navarro, M., Orri, M., Côté, S., & Ahun, M. (2024). Childhood and Adolescent Depression Symptoms and Young Adult Mental Health and Psychosocial Outcomes. *JAMA Network Open*, 7. <https://doi.org/10.1001/jamanetworkopen.2024.25987>.
- Rathod, H. S., Meghrajani, D. I., & Vidani, J. (2022, December). Influencer Marketing: A New Marketing Communication Trend. *Shodhsamhita*, VIII(12(II)), 155-167.
- Sachaniya, C., Vora, H., & Vidani, J. (2019). A Study on Identifying the Gap between Expected service and Actual Service with Special Reference to Suk Sagar Gir Resort, Sasan. In P. Rijwani, S. Shome, & D. Danak (Ed.), *BUSINESS, ECONOMY AND ENVIRONMENT: CORPORATE PERSPECTIVES* (pp. 162-169). Ahmedabad: Himalaya Publishing House Pvt. Ltd.
- Saxena, M., & Vidani, J. (2023). MBA Chai Wala. In M. R. Dixit, S. Bist, & S. Shah, *Searching Alternatives* (pp. 22-32). Ahmedabad: Routledge - imprint of Taylor & Francis group.

- Saxena, M., & Vidani, J. N. (2023). MBA Chai Wala. In M. R. Dixit, S. Bist, & S. Shah, *Searching Alternativies* (pp. 22-32). Ahmedabad: Routledge - imprint of Taylor & Francis group.
- Shao, L., Zhao, C., & Yu, G. (2024). The Long-Term Effect of Early-Life Uncertainty on Mental Health in Adolescence and Adulthood: A Meta-Analysis. *Trauma, Violence, & Abuse*, 25, 3211 - 3225. <https://doi.org/10.1177/15248380241241028>.
- Sharma, S., & Vidani, C. J. (2023). To Study the Consumer Attitude Towards Purchase Intention of Online Courses on Udemy Using Co-Relation with Reference to English Speaking and Excel Among Gen-Z in Ahmedabad. *International Journal of Management Analytics (IJMA)*, 1(1), 193-212.
- Sharma, S., & Vidani, C. J. (2023). To Study the Consumer Attitude Towards Purchase Intention of Online Courses on Udemy Using Regression with Reference to English Speaking and Excel Among Gen-Z in Ahmedabad. *International Journal of Management Analytics (IJMA)*, 1(2), 213-234.
- Singh, P. K., & Vidani, J. N. (2016, November). PROBLEMS AND PROSPECTS OF AGRICULTURE MARKETING IN INDIA. *International Multidisciplinary Journal Think Different*, 3(22), 9-16.
- Singh, P. K., Vidani, J. N., & Nagoria, V. S. ( 2016, July-September). Waste Management: Inspire Today for A Better Tomorrow. *Journal of Basic and Applied Engineering Research*, 3(10), 921-926.
- Solanki, H. V., & Vidani, J. N. (2016, November). A NEW ERA OF E-VYAPAR IN 21ST CENTURY: A REVIEW APPROACH. *INTERNATIONAL JOURNAL OF MULTIDISCIPLINARY EDUCATIONAL RESEARCH*, 5(11(2)), 61-77.
- Solanki, N., & Vidani, J. N. (2016, January). THE STUDY LEGAL ASPECTS OF TRADE IN ETHIOPIA. *ZENITH International Journal of Multidisciplinary Research*, 6(1), 226-284.
- Sukhanandi, S., Tank, D., & Vidani, J. N. (2018). ANALYSIS OF THE IMPACT OF WORK LIFE BALANCE ON WORKING WOMEN LEADER IN INDIA. *National Conference 2018 on Leadership, Governance and Strategic Management: Key toSuccess* (pp. 77-80). Pune: D.Y.Patil University Press.
- Tseliou, F., Riglin, L., Thapar, A., Heron, J., Dennison, C., Armitage, J., Thapar, A., Rice, F., & Collishaw, S. (2024). Childhood correlates and young adult outcomes of trajectories of emotional problems from childhood to adolescence. *Psychological medicine*, 1-11. <https://doi.org/10.1017/S0033291724000631>.

- Vasveliyya, M., & Vidani, J. (2019). A Study on Analyzing Gap between Expected and Actual Customer Satisfaction Regarding Royal Enfield's Features and Services. In P. Rijwani, S. Shome, & D. Danak (Ed.), *BUSINESS, ECONOMY AND ENVIRONMENT: CORPORATE PERSPECTIVES* (pp. 79-85). Ahmedabad: Himalaya Publishing House Pvt. Ltd.
- Vidani, J. N. (2015, December ). THE STUDY OF INVESTMENT PATTERN OF THE PEOPLE OF BHAVNAGAR DISTRICT. *The Indian Writer's e - Journal*, 1(1), 1-26.
- Vidani, J. N. (2015, December). "THE STUDY OF THE CONCEPTS OF PERSONALITY TRAITS, VALUES, SKILLS AND PERCEPTION OF DR.MANMOHANSINGH. *The Indian Writer' s e - Journal*, 1(1), 1-14.
- Vidani, J. N. (2015, December). THE STUDY OF PESTLE ANALYSIS IN KERALA STATE. *ZENITH International Journal of Multidisciplinary Research*, 5(12), 33-50.
- Vidani, J. N. (2015, Novemember). Self Aid Group - A Preeminent way for Bucolic Female Empowerment. *International Journal of Advance Engineering and Research Development*, 2(11), 351-360.
- Vidani, J. N. (2016). IS ENTREPRENEURSHIP A GENDER BLIND (PART II). *Indian Journal of Technical Education (IJTE) - Special Issue for ICWSTCSC-2016*, 25-33.
- Vidani, J. N. (2016, December ). Roles of a Bhartiya Nari Vyapari: A Case study review Approach. *International Journal of Management, IT & Engineering*, 6(12), 328-341.
- Vidani, J. N. (2016, November). Fake Opportunities and Real Challenges of an Indian Women Entrepreneurs: A Review Approach. *International Journal of Multidisciplinary Educational Research*, 5(11(3)), 224-237.
- Vidani, J. N. (2016, September). Rural Women Entrepreneurship: "Nari Bani Vyapari". *International Journal of Management and Research*, 1, 208-213.
- Vidani, J. N. (2018). *Export and Import Procedures (Vol. 1)*. Online: Educreation Publishing .
- Vidani, J. N. (2018). MERGER AND AQUISITIONS: A CASE FROM INDIAN TELECOM SECTOR VODAFONE & IDEA. *Compendium of Research Papers of National Conference 2018 on Leadership, Governance and Strategic Management: Key to Success* (pp. 105-108). Pune: D.Y Patil University Press.

- Vidani, J. N. (2018). Overview of Opportunities and Challenges in Marketing Strategies of Ecopreneurs for their Eco-Pre-nrural Products in the Markets of Saurashtra Region. In B. UNNY, D. N. BHATT, & D. S. BHATT (Ed.), Transformation Through Strategic and Technological Interventions (pp. 159-167). Ahmedabad: McGraw Hill Education (India) Private Limited.
- Vidani, J. N. (2019). INFLUENCER MARKETING: A NEW TREND. National Conference on "Multidisciplinary Research in Social Sciences & Management Studies. 6, pp. 344-353. Pune: D.Y Patil Institute of Management Studies.
- Vidani, J. N. (2020). ROLE OF WOMEN IN AGRICULTURE SECTOR OF INDIA. In P. (. Mateen, WOMEN EMPOWERMENT & ECONOMIC DEVELOPMENT (pp. 32-47). Kanpur: International Publications.
- Vidani, J. N. (2022). Digital Marketing for Business in #hashtag era (Vol. 1). Delhi, India: Publishing Expert.
- Vidani, J. N., & Das, D. S. (2021, August). A Review on Evolution of Social Media Influencer Marketing: Reflection on Consumer Behaviour and Consumer's Decision-Making Process. Turkish Online Journal of Qualitative Inquiry (TOJQI). Retrieved from <https://www.tojqi.net/index.php/journal/issue/view/51>
- Vidani, J. N., & Dholakia, A. (2020). An Introspective Study on Retail Sector The Current Scenario in Gujarat and India. In R. B. Chauhan, Management and Innovation: Research Study (pp. 1-15). Kanyakumari: Cape Comorin Publisher.
- Vidani, J. N., & Pathak, K. N. (2016). A SURVEY ON AWARENESS AND SATISFACTION LEVEL OF THE CONSUMERS OF ONLINE GIFTING WITH SPECIAL REFERENCE TO AHMADABAD CITY. Governance in E-commerce: Contemporary Issues & Challenges (pp. 121-135). Ahmedabad: GTU.
- Vidani, J. N., & Plaha, N. G. (2016, November). SWACHH BHARAT: CSR INITIATIVE BY INDIAN CORPORATES. International Multidisciplinary Journal Think Different, 3(22), 44-50.
- Vidani, J. N., & Plaha, N. G. (2017). AGRIPRENEURSHIP: A REINCARNATION OF INDIAN AGRICULTURAL SECTOR. Proceedings of the International Conference on Enhancing Economic Productivity and Competitiveness through Financial and Monetary Reforms (pp. 154-159). Ahmedabad: GTU.
- Vidani, J. N., & Singh, P. K. (2017). To study the effect of marketing on awareness and the use of contraceptive pills in the rural areas with special Reference to Ahmedabad District. Services in Emerging Markets (pp. 254-265). Ahmedabad: Emerald.

- Vidani, J. N., & Solanki, N. (2015, December). THE STUDY OF FUNDAMENTAL CONCEPTS OF MANAGEMENT FOCUSING ON POSDCORB ANALYSIS - PARLE INDIA PVT. LTD. EXCEL International Journal of Multidisciplinary Management Studies, 5(12), 45-56.
- Vidani, J. N., Chack, P. K., & Rathod, D. N. (2017, February). STARTUP INDIA: A CHALLENGING WAY OF THRONES. National Conference on startup India: Boosting Entrepreneurship (pp. 111-118). Pune: D. Y. Patil University Press.
- Vidani, J. N., Das, S., Meghrajani, I., & Singh, G. (2023, August). Influencer Marketing and Gendered Consumer Behavior: An Analysis of Clothing Purchases across Different Fashion Categories. *Sodhsamhita*, 137-157.
- Vidani, J. N., Meghrajani, I., & Siddarth, D. (2023, May). Unleashing the Power of Influencer Marketing: A Study on Millennial Consumer Behaviour and its Key Antecedents. *JOURNAL OF EDUCATION: RABINDRA BHARATI UNIVERSITY*, XXV(6), 99-117.
- Vidani, J., Das, S., Meghrajani, I., & Chaudasi, C. (2023). Unveiling the Influencer Appeal: A Gender-Centric Exploration of Social Media Follower Motivations. *Rabindra Bharati Journal of Philosophy*, 182-203.
- Vidani, J., Jacob, S., & Patel, M. (2019, July - September). MENTAL HEALTH START-UP: MOODCAFE. *Economic Challenger: An International Journal*, 21(84), 35-42.