The correlation of lifestyle behaviors with generalized anxiety disorder and depression among youth in the Kurdistan region of Iraq: A cross-sectional study

Omar Hama Ahmed [1], Asti Aram Osman [2], Ako Dyarko Omar [3], Brusk Sherwan Hama-Salh [4]

Department of Educational and Psychological Counseling, College of Education, University of Sulaimani, Sulaimania, 46001, Iraq [1,2,3,4]

omar.muhamad@univsul.edu.iq[1]

Corresponding Author: Omar Hama Ahmed*

ABSTRACT

This study was designed to examine the relationship between the lifestyle behavior of young people and their mental health. It also aimed to assess the levels of the primary variables and differences in gender, age, and screen time among young people. The study included 513 youth from three provinces in Iraq's Kurdistan Region: Erbil, Sulaimaniyah, and Halabja. The study found that lifestyle had significant negative associations with depression and anxiety symptoms, and a strong positive correlation between anxiety and depression. It was notable that 44.1% of youth had a low level of physical activity; furthermore, 40.9% were moderate. Stress management was rated as poor by 33.1% and as moderate by 43.3%. However, depression and anxiety symptoms were common among youth, with 19.9% experiencing severe depression symptoms; moreover, 12.1% experienced severe anxiety symptoms. Although there was no significant difference in lifestyle between genders, females were more susceptible to experiencing anxiety and depression in comparison to men. Notably, the youth group aged 18-24 had a higher level of depression and anxiety symptoms than the 25-34 age group, despite age not being a factor in lifestyle. Youths with 5+ hours of screen time, which ranges from social media platforms such as Instagram, TikTok, and Facebook, to playing video games and watching videos, were connected to a poor lifestyle and high levels of depression and anxiety symptoms. We conclude by addressing the high prevalence of depression and anxiety symptoms among youth. It is important to target modifiable risk factors (physical activity, stress management, and screen time) and improve access to mental health support.

KEY WORDS: Lifestyle, Depression, Anxiety, Youth, Screen Time.

1. INTRODUCTION

Depressive and anxiety disorders are the leading contributors to mental illness globally (Wanjau, et al., 2023). The alarming levels of unhealthy lifestyle behaviors and mental illnesses among young people are major public health concerns (Xu, et al., 2024; Lee, et al., 2025). Depression and anxiety are the most common mental health issues in the world, as stated by the WHO (2025). Furthermore, anxiety disorders and depression are the most common psychiatric illnesses affecting youth (Kalin, 2021).

The international definition of the youth age group has not been universally agreed upon (UN, 2023). The WHO (2023) defined three categories: "Adolescents" (10-19 years of age), "youth" (15-24 years old), and "Young people" (10-24 years old). Moreover, the UN (2023 and UNESCO (2024) commonly label individuals aged 15 to 24 as "Youth". However, according to the OECD 2017,

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youth are defined as aged 15 to 29. Furthermore, the age range of youth, as defined by UN-Habitat (n.d.), Moshi (2014), and the African Union (2006), is 15 to 35 years. Some suggest a range of 10 to 40 years (Timreck, et al., 2025). Ultimately, its definition changes based on social, cultural, policies, and occupational contexts. The age range of young adults in this study is 18 to 35.

According to the WHO (2023), a healthy lifestyle includes consuming a balanced diet with minimal salt and sugar, ample fruit and vegetables, regular physical activity, avoiding harmful substances such as tobacco, and managing stress. The American Psychiatric Association (2013) reported that the term major ¨depression disorder¨ is characterized by periods that last for two weeks. Decreased interest or pleasure, as well as impaired functioning, are both symptoms of marked changes in emotion, cognition, and autonomic nervous system functioning. Generalized anxiety disorder (GAD) is a mental and behavioral disorder that causes excessive, uncontrollable, and usually unjustified worry about certain things (Mishra, et al., 2023).

Peuters, et al. (2024) emphasized that a healthy lifestyle can have positive effects on mental health. Similarly, extensive evidence demonstrates that physically active individuals experience fewer depressive symptoms, while those who spend more time on screens experience higher levels of psychological distress (Liu, et al., 2024). In addition, lifestyle habits and behaviors, such as healthy diets and sufficient sleep duration, are linked to better mental health in adolescents (Cruz et al., 2024). Given the high prevalence of unhealthy lifestyles in this clinical population of children, it is crucial to place greater emphasis on improving lifestyle interventions (Van, et al., 2025).

Furthermore, an Australian Bureau of Statistics survey of mental health, conducted in 2022, showed that the 12-month prevalence of mental disorders among young people has increased by 50% over the past 19 years and is disproportionately affected by females. In 2021, the same bureau showed that rates of depression among young adults in Australia had more than tripled over the past 20 years, using a survey of mental health and well-being. Additionally, a national survey in Iraq revealed that young adults aged 18 to 35 years, including students, had higher rates of depression and anxiety (Ahmed et al, 2026).

Subsequently, the results of studies have remained inconsistent and vary across populations, cultures, and study designs. Some studies have shown that physical activity and sufficient sleep have protective effects on depressive symptoms (Liu et al., 2024). Relatedly, evidence linking the quality of diets or screen time with mental health outcomes fluctuates, with studies showing clear and direct associations with anxiety and depression (WHO 2025). Zablotsky et al. (2025) suggest that most studies use parent-reported data, which could misrepresent the magnitude or nature of these associations. Moreover, Xiang and Jiang (2025) stated that adolescent health is closely linked to their daily movement behaviors, including physical activity.

The main purpose of this study was to investigate the connection between the lifestyle habits of young individuals and their mental health. From this perspective, this study attempts to address the following statements:

1. The level of lifestyle behavior and prevalence of depression and GAD among young people.
2. The differences in lifestyle, depression, and anxiety among participants due to age, gender, and screen time.
3. The significant relationship between lifestyle, depression, and GAD.

2. LITERATURE REVIEW

Lifestyle interventions can be a more accessible and cost-effective option for treating depression and anxiety, which are both common mental health

issues that affect individuals worldwide (Amiri et al., 2024). However, Wang et al. (2023) revealed that lifestyle scores had significant negative associations with depression and anxiety. Studies by Zhao et al. (2023) and Haapala et al. (2025) reported that a healthy lifestyle reduces the likelihood of depression. Relatedly, Nguyen et al (2022) suggested that sleep problems increase the risk factor for anxiety and depression over time. Additionally, Lin and Gao (2023) propose that anxiety states can be alleviated through aerobic exercise, mindfulness, and other forms of exercise.

According to Hossain et al. (2024), exercise is a treatment option that is accessible, inexpensive, and effective, and can be used in settings such as primary care and mental health clinics. Furthermore, Xie et al. (2021) demonstrate that aerobic exercises such as treadmill running and cycling can improve depression, sleep quality, and psychological well-being. Hence, unhealthy lifestyle behaviors, including lack of physical activity, excessive screen time, inadequate sleep, poor diet, and substance abuse, can lead to a gradual increase in the symptoms of depression and anxiety (Dabravolskaj et al. 2023; Ding et al. 2024; Zhang et al. 2025).

Nevertheless, physical activity can be highly beneficial in improving the symptoms of depression and anxiety, and it should be a mainstay approach in managing depression and anxiety (Wanjau et al. 2023; Singh et al. 2023; Noetel et al. 2024; Zeng and Wang 2025; Palazuelos-González et al. 2025; Dai and Ouyang 2025; Amiri et al. 2024; Liu et al. 2024). Therefore, those who exercise more often had a lower chance of developing depression than those who exercise less (Schuch et al. 2018; Fahim et al. 2024). McDowell et al. (2019) concluded that engaging in physical activity can help protect against anxiety symptoms. Ultimately, it could be that not having experience in psychological management is a factor in high depression and anxiety, as these techniques are proven to be efficient in reducing mental illness (Xiong et al. 2023).

Further, nutritional medicine is considered mainstream in psychiatric practice (Sarris 2015). Similarly, it can be tied to the studies of Kris-Etherton et al. 2021 that indicate that diet and nutrition have a role in the prevention and treatment of behavioral health disorders such as depression. Epidemiological evidence highlights that high-quality dietary patterns, such as the Mediterranean or traditional diets rich in vegetables, fruit, and whole grains, are associated with a lower risk of anxiety. For instance, the SMILES trial demonstrated that individual nutrition counseling to follow a modified Mediterranean diet significantly reduced anxiety symptoms (Kris-Etherton et al. 2020).

Presently, this period in human history is known as the technological era, and Gen-Z and other young people are right in the middle of it. Contact with our natural environment is inversely related to screen time and has decreased with increased screen time (Oswald et al. 2020). According to Dai and Ouyang (2025), a daily screen time of equal to or more than 4 hours was linked to a higher risk of anxiety and depression. Those who were exposed to a greater amount of self-reported total screen time, especially mobile device usage in childhood, showed higher scores for perceived stress and depressive symptoms (Liu et al. 2024; Haapala et al. 2025)

Despite their importance, most studies have been conducted in Western countries and China, with none in the Kurdish region of Iraq (KRI). Their focus has been narrowed to only two lifestyle dimensions linked to mental health; additionally, they have concentrated on children and adolescents without distinction between different age groups. Psychological management techniques are usually neglected. This study's significance lies in examining all aspects of lifestyle, specifically stress management, among youth and adults, and distinguishing between the two age groups.

3. METHODOLOGY

3.1 Study Design and participants

The study used a cross-sectional design to collect data from three governorates of the Kurdistan Region of Iraq (Erbil, Sulaimani, Halabja) and employed a quantitative descriptive design. To gather data, the team used an electronic survey form (KoboToolbox) that was shared on social media. The platforms that were utilized were Facebook, WhatsApp, Messenger, and Instagram. Due to the lack of electronic data collection, a team that visited Halabja collected 50 paper forms. The participants were between 18 and 34 years old. The collection

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period ran from February 2nd, 2026, to February 28th, 2026.

3.2 Measures

3.2.1. Healthy Lifestyle Scale (HLS)

To quantify lifestyle, we utilized the healthy lifestyle scale (HLS) developed by Iftikhar et al. (2025). The (HLS) comprises 29 items that are intended to measure health-promoting habits in people who live in countries or regions with cold and harsh winters as well as hot and dry summers. Physical activity, healthy diet, stress management, environmental responsibility, substance use avoidance, preventive health, and social well-being are among the seven domains it assesses. The response format for each item is A>z, either YES (1 point) or NO (0 points). Individuals who score 20-29 are considered to have a good lifestyle, 10-19 are considered to have moderate lifestyle behavior, and 0-9 are considered to have poor lifestyle behavior. We pursued the adaptation process by sending three scales translated from English into Kurdish and subsequently back-translated into English by language experts. Lastly, we had a social psychologist review the results. The translations of the scales were accepted and confirmed. On January 28th, 2026, the scale's owner provided their consent for usage via e-mail. Cronbach's alpha for this scale in this study was 0.77.

3.2.2. Patient Health Questionnaire-9 (PHQ-9)

The Patient Health Questionnaire-9 (PHQ-9) (Kroenke, 2021) was utilized to evaluate depression. The scale was based on the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and measures depressive symptoms with nine items. The scores for each item range from 0 (never) to 3 (almost every day). A score between 0 and 4 means there is no depression, whereas a score of 20 to 24 means there is severe depression. Minimal: The patient may not require depression treatment. Mild: The duration of symptoms and degree of functional impairment are the criteria for determining appropriate treatment according to clinical assessment. Moderate: Treatment is determined by the duration of the patient's symptoms and the level of functional impairment, as assessed clinically. The use of antidepressants, psychotherapy, or a mix of therapies is viable for treatment. Severe: Depression can be treated with the use of antidepressants and/or psychotherapy. This scale had a Cronbach's alpha of 0.86 in this study.

3.2.3. Generalized Anxiety Disorder (GAD-7) Scale

The Generalized Anxiety Disorder Scale (GAD-7) (Spitzer et al., 2006) was utilized in this study to evaluate anxiety. Patients were asked how frequently they experienced each symptom during the past 2 weeks on this scale. The options included not at all (0) and almost every day (3). Scores of 0-4 indicate minimal anxiety, 5-9 mild anxiety, 10-14 moderate anxiety, and scores of 15 or greater indicate severe anxiety. In this study, the GAD-7 and PHQ-9 scales are grouped into three levels: Minimal to mild, moderate, and severe. Shortening for comparison is a key factor in scientific studies, as evidenced by Ahmed et al. (2026). Cronbach's alpha value for this scale was 0.86.

3.2.4. Statistics Analysis

After the data was transferred to SPSS 27, descriptive statistics were employed to determine the participants' levels of depression, anxiety, and socio-demographic characteristics. Cronbach's alpha was utilized to determine the internal consistency of the scales. An independent sample t-test was employed to consider the differences between variables. Meanwhile, a one-way ANOVA (Scheffe post hoc test) was used to determine statistical differences among group variables. To confirm the effect size, Eta squared, and Cohen's d were utilized. Ultimately, the Pearson correlation coefficient was employed to assess the connection between the main variables.

3.2.5. Ethical Approval

Before submitting the (online/hard copy) form, the respondents were informed about the study and provided a consent form. Those individuals willing to volunteer by participating in the event filled out the form.

4. Findings / Analysis

4.1. Participants' Characteristics

Table 1. Illustrates the socioeconomic traits of the participants. Data were obtained from 513 young people, of whom 351 were females (68.4%), and

162 were males (31.6%). The majority were university students, aged 18 to 34. Singles accounted for the largest share of participants, with 439 individuals (85.6%). Secondly, we included married individuals with 67 samples, accounting for 13.1%. We also had a minority of divorced individuals. There were various levels of living standards; the moderate group had 467 (91.0%) participants, followed by 31 (6%) in the poor group and 15 (2.9%) in the rich group.

Table 1. Participants Traits

Variables	Categories	Frequency	%
Province	Erbil	176	34.3
	Sulaimani	259	5.5
	Halabja	78	15.2
Sex	Male	162	31.6
	Female	351	68.4
Marital status	Single	439	85.6
	Married	67	13.1
	Divorced/separated/widowed	7	1.4
Economic Status	Poor	31	6.0
	Moderate	467	91.0
	Rich	15	2.9
Age	18-24	438	85.4
	25-34	75	14.6

4.2. Levels of Lifestyle, GAD and Depression

Fig. 1. Illustrated that the lifestyle quality of youth was 54.2% moderate. 28.1% had a healthy lifestyle, while 17.7% had a poor lifestyle. It was notable that the youth had a low level of physical activity at 44.1%, followed by 40.9% who were moderately active. Stress management was rated as poor by 33.1% and as moderate by 43.3%. However, young people were very good at preventive health, with 67.4% reporting good preventive health practices. Environmental responsibility at 61.6%, substance use avoidance at 60.8%, social well-being at 45.4%, and moderate in healthy diet that stood at 60.8%. However, among youth in the KRI, a prevalence of anxiety was seen. The ratios stood at 64.5%, 23.4%, and 20.3% of minimal to mild, moderate, and severe anxiety, respectively. The depression level stood at 59.8% minimal to mild, 20.3% moderate, and 19.9% severe, which was a high level.

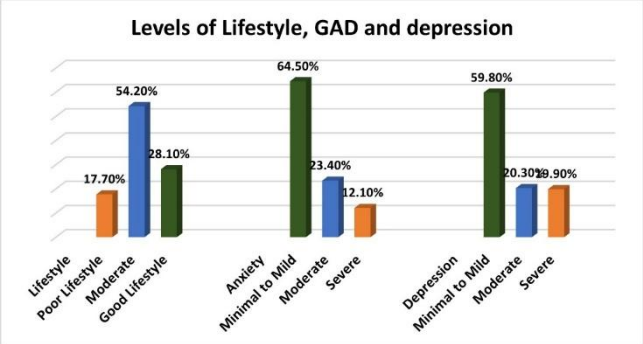


Fig 1. Levels of Lifestyle, GAD, and depression

4.3. Differences in Lifestyle, Anxiety and Depression

As indicated in Table 2. The youth recorded differences in lifestyle, anxiety, and depression. There was no gender difference in lifestyle, but females were more likely to experience anxiety and depression compared to males, with a small effect size of .39 and .36. Lifestyle was not affected by age. However, the youth group aged 18-24 had a higher level of depression and anxiety in comparison to the 25-34 age group. Young individuals who spent more than 5 hours on social media platforms such as Instagram, TikTok, Facebook, etc., had poor lifestyles and were more susceptible to developing depression and anxiety. Furthermore, individuals who devoted more time to playing games had poor lifestyles and elevated levels of depression and GAD. Ultimately, those who spent more time watching videos had worse lifestyles as well as high levels of depression and GAD.

Table 2. Lifestyle, depression, and GAD differ based on sub-variables

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Categories		Healthy Lifestyle				Depression				Generalized Anxiety Disorder			
Variables	Sub Variables	M(SD)	Test Statistic (T/F)	P. Value	Eta squared (effect size) (d/η^2)	M(SD)	Test Statistic (T/F)	P. Value	Eta squared (effect size) (d/η^2)	M(SD)	Test Statistic (T/F)	P. Value	Eta squared (effect size) (d/η^2)
Sex	Male Female	18.35(4.70) 19.01(4.38)	1.50	0.13	-	7.56(4.70) 9.99(6.31)	4.28	<.001	.39	6.91(4.79) 8.74(5.06)	3.94	<.001	.36
Age	18-24 25.34	18.79(4.39) 18.88(5.06)	0.13	0.089	-	9.54(6.38) 7.36(5.05)	2.82	<.005	.33	8.42(5.14) 6.72(4.19)	2.71	<.007	.35
Screen time-(Instagram, TikTok, Facebook, etc.)	Less than an hour 1-2 3-4 5-6 7-8 More than 8 houses	19.96(5.07) 19.26(4.28) 19.23(4.39) 18.23(4.15) 17.93(4.58) 14.85(6.18)	3.95	<.002	.038	7.70(5.85) 7.94(5.78) 8.84(6.10) 10.28(6.22) 10.72(6.60) 12.92(8.27	3.64	<.003	.035	7.96(5.49) 7.64(4.91) 7.83(4.99) 8.87(5.00) 8.51(4.98) 10.00(6.10)	1.29	0.00	-
Screen time Gaming	Less than an hour 1-2 3-4 5-6 7-8 More than 8 houses	18.79(4.40) 19.19(4.56) 18.72(4.53) 17.42(3.69) 11.00(9.64)	2.64	<.033	.022	9.39(6.34) 8.55(5.82) 8.59(4.95) 7.00(4.69) 23.00(4.58)	4.36	<.002	.033	8.31(5.08) 7.84(4.81) 7.04(4.29) 5.28(3.81) 16.00(8.66)	2.86	<.023	.022
Screen time Watching videos	Less than an hour 1-2 3-4 5-6 7-8 More than 8 houses	18.95(4.59) 19.40(4.07) 18.09(3.76) 16.91(4.90) 17.00(2.12)	5.66	<.001	.053	8.41(5.84) 8.55(5.83) 11.86(6.40) 13.08(6.92) 15.00(11.11) 22.50(6.36)	8.64	<.001	.08 Moderate	7.58(4.94) 7.95(4.71) 9.80(4.82) 10.33(6.00) 13.00(7.58) 13.00(10.60)	4.54	<.001	.043

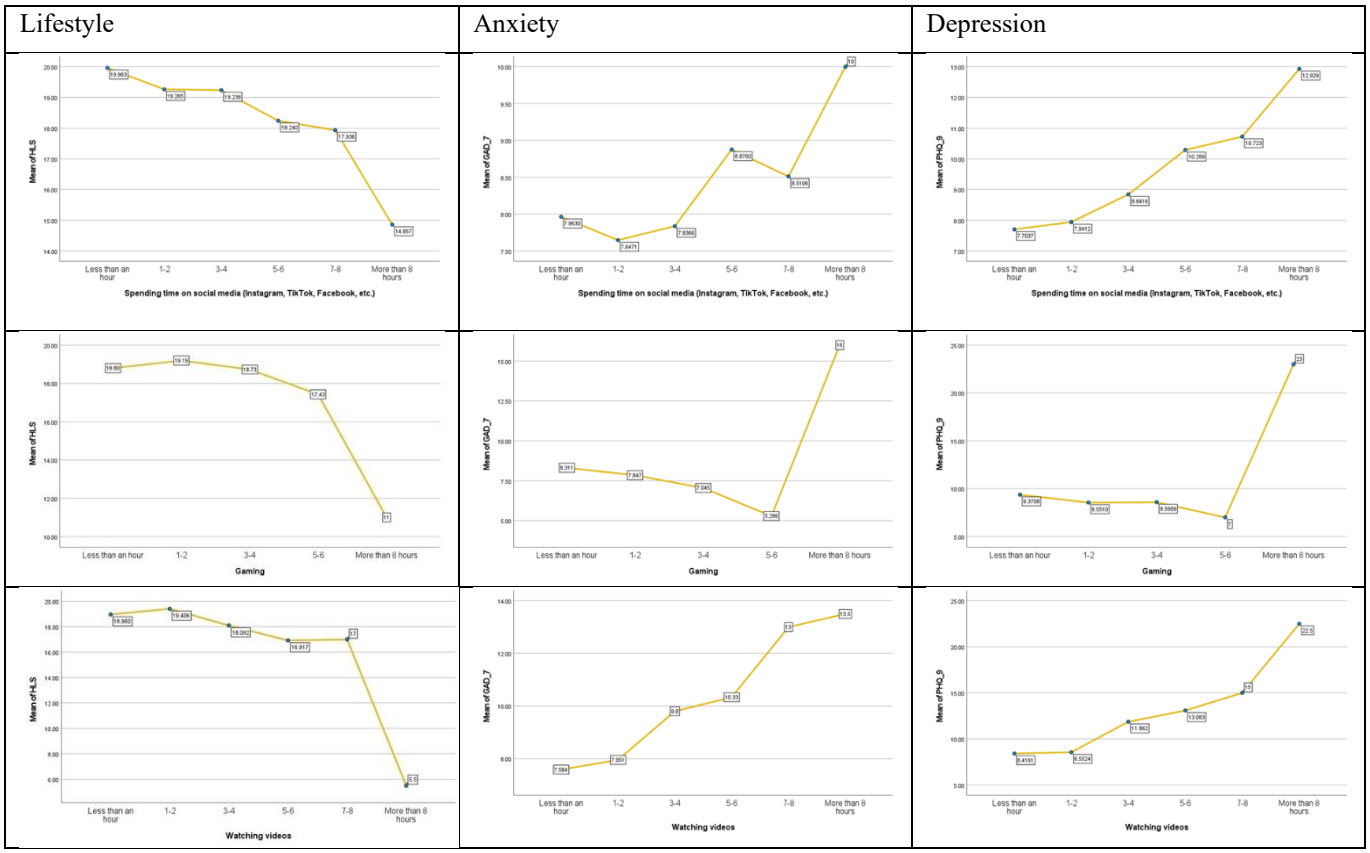


Fig 2. Comparison of lifestyle depression and anxiety levels across sub-variables.

4.4. Relationship between Lifestyle, Anxiety and Depression

The Pearson correlation analysis in Table 3 showed a significant negative association among HL, GAD, and Depression. Particularly, HL demonstrated a weak to moderate negative association with GAD ($r = -.296$, $p < .001$) and depression ($r = -.359$, $p < .001$). It is suggested that a slight decrease in both GAD and depression is associated with an increase in HL. Furthermore, there was a significant correlation between GAD and Depression ($r = .802$, $p < .001$), which indicates that higher levels of GAD are strongly linked to higher levels of depression.

Table 3. Correlation between lifestyle, depression, and anxiety

N	Variables	1	2	3
1	Lifestyle	——	-.296**	-.359**
2	Anxiety	-.296**	——	.802**
3	Depression	-.359**	.802**	——

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

5. Discussion

This study found that depression and anxiety were significantly associated with lifestyle, and there was a strong positive correlation between anxiety and depression. Youth reported a low level of physical activity, with 44.1% and 40.9% reporting moderate levels. 33.1% reported poor stress management, and 43.3% rated it as moderate. Notably, mental illness was prevalent among young individuals, with 19.9% experiencing severe depression symptoms and 12.1% experiencing severe anxiety symptoms. Despite there being no distinction in lifestyle between genders, females were more likely to experience anxiety and depression than males. Spending long periods of time, typically 5+ hours, on screens, including social media platforms such as Instagram, TikTok, Facebook, and playing video games, and watching videos, was found to harm young people's lifestyle and increase their risks of depression and anxiety symptoms. Lifestyle had a significant impact on depression and anxiety, which is aligned with (Wang, et al., 2023; Zhao, et al., 2023; Çakir, et al., 2025). Mental illness was more

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prevalent among young people with a poor lifestyle. Failure to address adolescent mental health conditions can have long-term effects, affecting both physical and mental health, and preventing adults from leading lives (WHO, 2025). Another major reason could be a lower level of physical activity (Yang et al., 2026), which triggers physiological and hormonal changes that improve mood and mental health (Nortel et al., 2024; Wanjau et al., 2023; Kandola et al., 2019). The youth are commonly affected by anxiety and depression. The pressures of education and political crises, wars, financial crises, job shortages, and housing crises may be due to characteristics of this generation.

Additionally, young people's lack of experience in psychological management may be a contributing factor to high depression and anxiety, as these techniques are effective in reducing mental illness (Xiong, et al., 2023). Anxiety and depression were more prevalent among women than men. Despite the many factors involved in cultural differences, roles, and physiological gender differences, females were less active and involved in less vigorous activities than men (Çakir, et al., 2025). Youth who spend a lot of time on screens are at a higher risk of developing depression and anxiety symptoms. This statement aligns with Haapala et al. (2025) and Dai and Ouyang (2025). We conclude that addressing the high prevalence of depression and anxiety symptoms requires focusing on modifiable risk factors such as physical activity, stress management, and screen time, in addition to improving access to mental health support. Future work must include diverse samples of young people and rely heavily on mixed methods and longitudinal research.

6. Conclusion

This study was designed to examine the relationship between the lifestyle behavior of young people and their mental health. Moreover, comprehend the levels of all the main variables, along with the disparities in gender, age, and screen time among young people. The study revealed that lifestyle has significant negative connections with depression and anxiety, and a significant positive link between anxiety and depression. Moreover, it was notable that the youth engaged in little physical activity or stress management. In addition, mental illness was prevalent among youth. Although males and females had similar lifestyles, women had a higher chance of experiencing anxiety and depression. Youth groups aged 18-24 experienced higher levels of depression and anxiety than those aged 25-34, regardless of age's role in their lifestyle. Young individuals who spend prolonged periods on screens, social media platforms, playing video games, and watching videos were linked to poorer lifestyles and high levels of depression and anxiety. When studying applications, government and official institutions must implement national strategies that combine mental health promotion and healthy lifestyles and expand the availability of mental health services. To foster healthy behaviors among young people, educational institutions such as universities, schools, and youth organizations should have mental health programs. Regular physical activity, stress management techniques, a balanced diet, and healthy sleep are among the factors to consider. Ultimately, Social organizations and institutions should utilize diverse communication channels to raise awareness about the significance of mental health and physical activity. while also refraining from excessive use of social media. The study's limitations were that it relied primarily on college students and did not include a large number of young people outside the university environment, or those who were working or unemployed. Future studies must incorporate a range of young people and rely heavily on mixed-methods and longitudinal research.

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Conflict of Interest: None

Availability of data: All the necessary data are included in the study, and upon request, the corresponding author has all the data.

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Abbreviations:

KRI: Kurdistan Region of Iraq
LS: Lifestyle Scale
HLS: Healthy Lifestyle Scale
GAD: Generalized Anxiety Disorder

WHO: World Health Organization
PHQ-9: Patient Health Questionnaire
GAD-7: Generalized Anxiety Disorder Scale
SPSS: The Statistical Package for Social Sciences
UN: The United Nations
UNESCO: United Nations Educational, Scientific and Cultural Organization.
OECD: Organization for Economic Co-operation and Development

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پەیوەندی شێوازی ژیان بە دڵەڕاوکێ و خەمۆکی لە نێوان گەنجاندا لە هەرێمی کوردستانی عێراق: توێژینەوەیەکی بڕبڕەیی پوختە

ئامانجی ئەم توێژینەوەیە بریتییە لە لێکۆڵینەوە لەپەیوەندی نێوان شێوازی ژیانی گەنجان و تەندروستی دەروونییان. هەروەها ئاستی هەموو گۆڕاوە سەرەتاییەکان و جیاوازی ڕەگەز، تەمەن و بەسەربردنی کات لەسەر شاشە لە نێوان گەنجاندا. توێژینەوەکە ٥١٣ گەنجی لە سێ پارێزگاکانی ناو هەرێمی کوردستان بە تایبەتی هەولێر و سلێمانی و هەڵەبجە لەخۆگرتبوو. توێژینەوەکە دەریخستووە کە شێوازی ژیان پەیوەندییەکی بەهێزی لە نێوان دڵەڕاوکێ و خەمۆکیدا هەیە. جێگای سەرنج بوو کە 44.1%ی گەنجان ئاستی چالاکیی جەستەییان نزم بووە؛ جگە لەوەش، 40.9% مامناوەند بوون. بەڕێوەبردنی فشار بە ڕێژەی 33.1% بە خراپی و بە 43.3% بە مامناوەند هەڵسەنگێندرا. بەڵام نەخۆشی دەروونی لەنێو گەنجاندا باو بووە، 19.9% نیشانەکانی خەمۆکی تووندیان هەبووە، جگە لەوەش 12.1% نیشانەکانی دڵەڕاوکێی تووندیان هەبووە. هەرچەندە جیاوازییەکی ئاماژەپێکراو لە شێوازی ژیان لە نێوان ڕەگەزەکاندا نەبوو، بەڵام خانمان زیاتر ئامادەبوون بۆ تووشبوون بە دڵەڕاوکێ و خەمۆکی بە بەراورد لەگەڵ پیاوان. جێگای سەرنجە، گروپی گەنجانی تەمەن ١٨-٢٤ ساڵان ئاستی خەمۆکی و دڵەڕاوکێیان بەرزتر بووە لە گروپی تەمەنی ٢٥-٣٤ ساڵان، سەرەڕای ئەوەی تەمەن هۆکارێک نەبووە بۆ شێوازی ژیان. ئەو گەنجانەی کە 5+ کاتژمێر سکرین-تایمیان هەبوو، کە لە پلاتفۆرمی سۆشیال میدیای وەک ئینستاگرام، تیک تۆک، و فەیسبووکەوە دەست پێدەکات، تا یاری ڤیدیۆیی، و سەیرکردنی ڤیدیۆ، پەیوەست بوون بە شێوازی ژیانێکی خراپ و ئاستی بەرزی نیشانەکانی خەمۆکی و دڵەڕاوکێ. ئێمە بە چارەسەرکردنی بەرزی بڵاوبوونەوەی نیشانەکانی خەمۆکی و دڵەڕاوکێ لە نێوان گەنجاندا کۆتایی دێنین. گرنگە هۆکارەکانی مەترسی دەستکاریکراو (چالاکی جەستەیی، بەڕێوەبردنی فشار و کاتی شاشە) بکرێتە ئامانج و دەستڕاگەیشتن بە پشتیوانی تەندروستی دەروونی باشتر بکرێت بۆگەنجان.

وشە سەرەکییەکان: شێوازی ژیان، خەمۆکی، دڵەڕاوکێ، گەنجان، کاتی شاشە.

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العلاقة بين أنماط الحياة والقلق والاكتئاب لدى الشباب في إقليم كردستان العراق: دراسة مستعرضة

المستخلص

صُممت هذه الدراسة للتعرف على العلاقة بين أنماط الحياة لدى الشباب وصحتهم النفسية. بالإضافة إلى ذلك واستهدفت إلى فهم مستويات جميع المتغيرات الرئيسة والاختلافات بين الجنسين والفئات العمرية ومدة استخدام الشاشات لدى الشباب. شملت الدراسة 513 شابًا من ثلاث محافظات في إقليم كوردستان العراق، وهي(أربيل والسليمانية وحلبجة). أظهرت الدراسة وجود ارتباطات سلبية قوية بين أنماط الحياة والاكتئاب والقلق، وارتباط إيجابي قوي بين القلق والاكتئاب. ولوحظ أن 44.1% من الشباب يمارسون نشاطًا بدنيًا منخفضًا، بينما يمارسه 40.9% بشكل متوسط. وقد صنف 33.1% من الشباب إدارة التوتر بأنها ضعيفة، بينما صنفها 43.3% بأنها متوسطة. ومع ذلك، كان اعراض القلق و والاكتآب شائعًا بين الشباب، حيث عانى 19.9% من أعراض اكتئاب حادة، بالإضافة إلى 12.1% من أعراض قلق حادة. على الرغم من عدم وجود فرق ملحوظ في نمط حياتهم بين الجنسين، إلا أن الإناث كنّ أكثر عرضةً للإصابة بالقلق والاكتئاب مقارنةً بالرجال. والجدير بالذكر أن فئة الشباب الذين تتراوح أعمارهم بين 18 و24 عامًا كانت تعاني من مستويات أعلى من اعراض الاكتئاب والقلق مقارنةً بالفئة العمرية من 25 إلى 34 عامًا، على الرغم من أن العمر لم يكن عاملًا مؤثرًا في نمط الحياة. وارتبط قضاء الشباب أكثر من 5 ساعات يوميًا أمام الشاشات، بدءًا من منصات التواصل الاجتماعي مثل: الانستاغرام والتيكتوك والفيسبوك، وصولًا إلى ممارسة ألعاب الكترونية ومشاهدة الفيديوهات، بنمط حياة غير صحي ومستويات عالية من أعراض الاكتئاب والقلق. نختتم هذه الدراسة بالإشارة إلى الانتشار الواسع لأعراض الاكتئاب والقلق بين الشباب. من المهم التركيز على عوامل الخطر القابلة للتعديل (النشاط البدني، إدارة التوتر، ووقت استخدام الشاشات) وتحسين فرص الحصول على الدعم النفسي.

الكلمات المفتاحية: نمط الحياة، الاكتئاب، القلق، الشباب، وقت استخدام الشاشات.