

**A STUDY OF STRESS AND DEPRESSION AMONG  
HATIM COLLEGE STUDENTS**

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### CERTIFICATE

This is to certify that the present piece of research titled is a bonafide research conducted by Vanlalmangaihi under my supervision. Vanlalmangaihi worked methodologically for her dissertation for the Under Graduate Degree in Psychology of Higher and Technical Institute, Mizoram University.

This is to further clarify that the research conducted by Vanlalmangaihi has not been submitted in support of an application to this or any other college or Institution of learning.

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### DECLARATION

I, Vanlalmangaihi, hereby declare that the subject matter of this dissertation is the record of work done by me, that the content of this dissertation did not form basis for the award of any previous degree to me or to the best of my knowledge to anybody else, and that the dissertation had not been submitted by me for any research degree in any other university or institute.

This is submitted to Higher and Technical Institute, Mizoram, for the undergraduate degree in Psychology.

  
(R. LALFAMKIMI)

**Supervisor**

## ACKNOWLEDGEMENT

I extend my utmost gratitude to the Almighty for his guidance in every chapter of my research journey. It is you Lord who has strengthened me, and paved the necessary ways for me in the duration of my research.

My deepest gratitude to my supervisor, R. Lalfamkimi , who had been the best supervisor to me and was keen to share knowledge, encouragement, wisdom and guidance in my studies. It is through your encouragement that I have the confidence in my research process.

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I express my appreciation to the principal of HATIM for giving me the permission to carry out my research. My heartfelt gratitude goes to everyone who helped in data collection and to all those who participate in my study. My hope and wishes that this study will bring a fruitful result for all of us in the future.

My heartfelt thanks to my dear friends and family. You all reminded me of the value of the support system. Throughout my journey, you have accompanied me and provided a safe place for me to work in. Your prayers for me have been a blessing. I pray that the Lord shall repay your kindness and all your selfless act with abundance of reward.

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## ABSTRACT

The present study examined the gender difference between male and female on Stress and Depression. 296 Participants (143 male and 153 female) were selected randomly from HATIM College students in Lunglei. Psychological variables were measured using Depression Anxiety Stress Scale (DASS) by Lovibond et.al, (1995). Descriptive analysis and parametric assumptions were made checked. T-test and Pearson's Correlation method were utilized. The findings revealed significant gender differences in Stress and Anxiety among the population. Females were found to have higher stress and depression than male students. Further findings indicated a significant correlation between Stress and Depression.

**Keywords** - Stress, Depression, Gender Differences, College Students, DASS.

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# CHAPTER I

## INTRODUCTION AND LITERATURE REVIEW

### INTRODUCTION

A College student is an individual who is enrolled in a university or college for a particular course. They are a part of the institution while they pursue the course and then become the part of the alumni association once they complete the course. In India, students can choose to study at the college level from age 18 onwards. The majority of students attend a free public college or university, while others may choose a private institution for their education.

Indian colleges offer degrees in the field of agriculture, engineering, pharmacy and technology usually take around four years to complete. In comparison, Law, medicine and architecture can take up to five years.

Over the past few decades, there have been the need to investigate college students. This is because the latest data as per NCRB's report 2021 claimed that in India, since 1995, the country lost the highest number of students to suicides in 2021, while nearly 2 lakhs of them have died by suicide in the past 25 years.

It was found that a decline in mental health leads to increased suicidal tendencies. They take the forms of;

- Academic Pressure:

High expectations from parents, teachers and society can lead to excessive stress and pressure to perform well in exams. This pressure to succeed can be overwhelming for some students, leading to feelings of failure and hopelessness.

- Mental Health Issues:

Mental health problems such as depression, anxiety, and bipolar disorder can contribute to student suicides. These conditions can be exacerbated by stress, loneliness, and lack of support.

- Isolation and Loneliness:

Many students in educational hubs come from far away and live away from their families and friends. This can lead to feelings of isolation and loneliness, which can be particularly difficult to deal with in an unfamiliar and competitive environment.

- Financial Concerns:

Financial difficulties, such as not being able to afford tuition fees or living expenses, can create a great deal of stress and worry for students. This can lead to feelings of hopelessness and desperation.

- Cyber Bullying:

Cyber bullying and online harassment are becoming increasingly common and can contribute to student suicides. Cyber bullying can take many forms, such as harassment, cyberstalking, or bullying through social media.

- Substance Abuse:

Substance abuse can lead to mental health problems, financial difficulties, and legal issues, all of which can be overwhelming for students.

- Relationship Problems:

Relationship problems, such as break-ups, family conflicts, and friendship issues can also contribute to student suicides.

These problems can be particularly difficult to deal with for students who are far from home and have limited support.

- Lack of Support:

Many students in educational hubs are reluctant to reach out for help when they are struggling.

This can be due to stigma surrounding mental health problems or a fear of being judged.

This lack of support can lead to feelings of hopelessness and desperation

## STRESS

The term stress has been derived from 'stringere' which is a Latin word meaning, 'to draw tight'

Hans Selye (1974) described stress as a response of the body to certain demand that is made on it and he further stated that this response was nonspecific.

Schafer defined stress as “arousal of mind and body in response to demands made on them”.

These definitions focus on the demand and an individual’s response to the same. Thus, the focus here is on the response of the individual. Though definition by Selye focuses only on body, definition by Schafer brings in the important aspect of mind, implying that stress is a response of both body as well as mind.

There is another definition of stress was given by Lazarus and Folkman. They define stress as “a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his/ her resources and endangering his/ her wellbeing”.

Lastly, Truxillo et al. defined stress as “the body’s reaction to a change that requires a physical, mental or emotional adjustment or response”. This definition has further elaborated the response as being physical, mental or emotional in nature.

Stress can be categorised into different types as follows:

1) Eustress: Stress can be good stress that is explained as ‘Eustress’. Eustress can be defined as “good stress, caused by a positive response to a desired stressor, such as a wedding or a new job”

2) Neustress: When stress is not helpful nor harmful, it can be described as Neustress.

3) Distress: This is the third category of stress that most people commonly relate stress with. ‘Distress’ occurs when the arousal experienced by the individual is very high or very low.

Symptoms of Stress: Stress can have an impact on various aspects of life that include behaviour, cognition, emotions as well as physical health.

Stress has many symptoms, which fall into various dimensions, which include;

Physical symptoms: The physical symptoms of stress include low levels of energy, stomach upset, headaches and migraines, lack of sleep, dryness in mouth, experiencing tension in muscles, frequent infections and so on.

Emotional symptoms: The emotional symptoms include, displaying frustration, getting irritated or agitated easily, feelings of worthlessness, feeling lonely and even depressed.

Psychological symptoms: The cognitive symptoms related to stress include worrying constantly, experiencing racing thoughts, lack of organisation in thinking, forgetting, not able to focus, lack of judgement or poor judgement and also pessimism.

Behavioural symptoms: The behavioural symptoms of stress include performance effectiveness, indulgence in substance use, prone to accidents, nervous mannerism, poor time management, displaying checking rituals, changes in appetite, procrastination, eating faster, even talking or walking faster, impaired speech and so on.

There are various sources of stress. These includes-

Life events: Stress can be caused due to varied life events. These could be death of a loved one, divorce or separation, losing one's job, marriage and so on. These could be termed as significant life events in one's life that may put pressure on the adjustment and coping resources of the person as they expose the individual to certain new and unique challenges. Thus, life events can lead to stress which in turn can have detrimental effects on the individual.

Daily hassles: Similar to life events, daily hassles can also create stress. Daily hassles like lack of time, work overload, daily roles, responsibilities and duties and so on can lead to stress.

Interpersonal relationships: Stress can also be caused due to issues related to interpersonal relationships. Interpersonal relationships could be in the context of family, work or it could be with peer groups. Conflicts could occur between individuals that can have an impact on the interpersonal relationship, which in turn may lead to stress.

Stress as a result of social conditions: Social conditions in which the individual exists can also lead to development of stress. These social conditions can be related to crowding, discrimination, technological developments and changes, pollution and so on. The individual today exists in a world that is much more complex. There is globalisation, increased competition, and high amount of social pressure. These have a negative impact on the individual and makes him/ her prone to stress.

There have been discussions on the theories of stress. Some of them are –

Fight or Flight Response: According to Cannon, stress is an outcome of an environmental demand that was external and that led to an imbalance in the natural steady state of an individual. Thus, when an individual faces a situation that is threatening, he/ she will either get ready to fight the threat or may flight or run away from the situation. The individual will

experience certain physiological changes that gets him/ her ready to fight or flight. These physiological changes include sweating, dry mouth, tensed muscles and so on. There is also increase in blood pressure and pulse rate. Besides the breathing may also become rapid and pupils may widen. Basically, in this moment, the individual's body will transfer the energy from body systems that are not required to respond to the situation to the body systems that are required to function in order to respond to the situation at hand. The stimulation of sympathetic nervous system and endocrine system takes place.

General Adaptation Syndrome (GAS): Hans Selye put forth three stages that are experienced by an individual when he/ she is in a situation that is stressful.

Stage one: The first stage is that of 'alarm reaction' that is denoted by a decreased resistance to stress. This stage is similar to that of fight or flight response. During this stage, the autonomic nervous system and endocrine system are activated by the hypothalamus. Further, the epinephrine and norepinephrine are released by the adrenal glands. There is also increase in energy production that is as a result of cortisol produced by adrenal glands. Similar to fight or flight response, the individual's body will transfer the energy from body systems that are not required to respond to the situation to the body systems that are required to function as a response to the situation at hand. Thus, functions related to digestion, immune system and even reproductive system do not receive any energy during this stage.

Stage two: In the second stage, that is 'resistance', the adaptation is maximum and the equilibrium is restored. During this stage, there is an adaptation on part of the individual and he/ she resists the stimuli that create stress, though resistance to other stimuli decreases. During this stage as well, a lot of energy is required, thus, the nonessential functions related to digestion, immune system and even reproductive system do not receive any energy. Thus, the individual continues experiencing physiological changes such as increased pulse rate and blood pressure, rapid breathing and so on. These activities are mainly directed towards restoration of the equilibrium or balance. Though, if the stress is still experienced and the defence mechanisms are inactive then the individual will experience the third and last stage. The duration of this stage will depend on the nature, degree and intensity of the stressor that the individual is exposed to as well as the condition of the individual when he/ she is exposed to the stressor.

Stage three: The last stage is that of 'exhaustion' where there is a collapse of adaptive mechanisms. Exhaustion occurs as a result of collapse in adaptation mechanisms and due to

decrease in the physiological resources. When an individual experiences stress for a long period of time, the individual's physiological resources deplete and this can have a negative impact on the physical health of the individual and may become susceptible to various illnesses and health related issues.

**Cognitive Appraisal Model:** This model relates to the perspective put forth by Lazarus and his colleagues. Lazarus believed that stress occurs as a result of an interaction between the individual and the environment. He also focused on the cognitive appraisal that is carried out by an individual while determining whether a situation/ event is stressful or not. He further stated that individual differences exist in the way in which the cognitive appraisal is carried out. The term cognition denotes various mental processes like thinking, reasoning and deciding besides attention, perception, memory, problem solving and creativity. The cognitive appraisal model states that as the individual faces a stressful situation, they carry out appraisal of the situation in terms of primary appraisal and secondary appraisal. Primary appraisal is done on the basis of the negative effect of the stress on the physical and psychological aspects of the individual. And secondary appraisal is done on the basis of whether the Models of Stress individual possesses adequate resources to deal with the stressful situation and avoid its detrimental effect

**Person- Environment Fit Model (P-E Fit):** This model was proposed by French, Harrison and Caplan in 1982. The main assumption of this model is that individual differences exist with regard to needs and abilities and stress is created when there is a misfit between the demands that an individual is exposed to and the resources that he/ she possesses. An employee who is well prepared for one of the important presentations in his/ her organisation will look at this as an opportunity and not threat and thus will not experience any significant stress. But if the demands of the environment are high and the employee feels that he/ she does not possess adequate resources or ability to carry out the presentation, then he/ she will experience stress.

In research conducted by Bijoy Chhetri, since December 2019, a large number of students are affected because of a prolonged break from academic activities and staying at home. The focus of this study is to understand the stress levels of Indian students, any psychological imbalances, and their major hurdles during the COVID-19 lockdown. Using the snowball method, he observed that students were generally stressed during lockdown and the pandemic. Females were more stressed than males as they were constantly under pressure

because of stressful life events and apprehensive about their studies. Hence there is always a further need to study it.

## DEPRESSION

According to WHO, depressive disorder (also known as depression) is a common mental disorder. It involves a depressed mood or loss of pleasure or interest in activities for long periods of time.

Depression is different from regular mood changes and feelings about everyday life. It can affect all aspects of life, including relationships with family, friends and community. It can result from or lead to problems at school and at work.

Depression can happen to anyone. People who have lived through abuse, severe losses or other stressful events are more likely to develop depression. Women are more likely to have depression than men.

The DSM-5 outlines the following criterion to make a diagnosis of depression. The individual must be experiencing five or more symptoms during the same 2-week period and at least one of the symptoms should be either (1) depressed mood or (2) loss of interest or pleasure.

1. Depressed mood most of the day, nearly every day.
2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.
3. Significant weight loss when not dieting or weight gain, or decrease or increase in appetite nearly every day.
4. A slowing down of thought and a reduction of physical movement (observable by others, not merely subjective feelings of restlessness or being slowed down).
5. Fatigue or loss of energy nearly every day.
6. Feelings of worthlessness or excessive or inappropriate guilt nearly every day.
7. Diminished ability to think or concentrate, or indecisiveness, nearly every day.
8. Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.



The diathesis-stress model, which is central to an understanding of depression, considers depression to be triggered by a combination of negative or stressful life event(s) (e.g. loss of an important source of love, security, identity or self-worth; death of a loved one, breakdown of a relationship or a significant personal failure) and vulnerability factor(s) (termed 'diathesis') that make the individual susceptible to depression. The theory was predicated on observations that depressive episodes are often preceded by negative life events. A depressive episode therefore tends to occur when a person who is vulnerable to depression experiences a negative life event, and this can be characterised by feelings of hopelessness and/or worthlessness, which may resolve quickly or turn into long-term depressive illness.

WHO investigates a total of 717 students were recruited following the multistage cluster sampling method, and data were collected by a specially designed structured questionnaire, academic achievement record and a standardized University Students Depression Inventory. Findings disclosed that 37.7%, 13.1%, and 2.4% of the students were suffering from moderate, severe, and extremely severe depression. A significant difference was found across semester, that is, semester II students reported a higher level of depression than semester III students. So far as academic stream is concerned, students from humanities and social science were found to be suffering from more depression compared to students from science and management streams. The study further disclosed that the students who reported positive views about the university academic environment and living arrangements had lower level of depression compared to their counterparts. Personal resilience's such as being able to sharing personal problems with others and doing regular exercise were found to be associated with positive mental health. The findings of the study emphasize the need for immediate mental health support services for about 15.6% of the students who were either suffering from severe or extremely severe depression at the University.

#### LITERATURE REVIEW

Helolang, L.T., & Polack, A.K. (2017) studied the associations between stressful life events and depression among the students in an University in Botswana. Depression and stressful life events were assessed in 304 students at the university in Botswana using the 21-item Beck Depression Inventory and the 26-item Social Readjustment Rating Scale. Regression models were fitted to study the associations between stressful life events and depression while a way analysis of student's variances was performed to compare subjects with the

minimal, mild, moderate and severe depression on reporting stressful events. The study found that depression is not only common but also significantly and increasingly associated with stressful life events.

Thwala D.J., & Pilang, I (2022) have studied adult first year student reports of depressive symptoms at a rural South African University. They administered the University Students Depressive Inventory (USSDI) to a sample of 318 undergraduate students between 22 and 54 years at a rural based university in the KwaZulu-Natal province of South Africa. 64.2% of the sample comprised of women. The results showed that men and rural students reported significantly more depressive symptoms, with 7.9% of the sample reporting thoughts of suicide and 16.7% questioning whether life is worth living most or all the time. Almost a quarter of the participants have reported that they spent more time alone than they did previously and 17.9% reported loss of interest in previously enjoyed activities. Although the participants reported fewer depressive symptoms overall, compared to an earlier study of the university students, the present findings raise concerns.

Rosseau L.K., & Thomas, G., F. (2016) have studied trends in the prevalence and severity of depressive symptoms among undergraduate students at a South African University, from 2016 to 2019. They aimed to describe recent trends in depression and suicide ideation among South African University students. They analysed both archival (N=2593) and original Beck Depression Inventory-Second Editions reports (N=499), sampled between 2016 and 2019. The result shows that depression and suicidal ideation scores increased significantly over time, and first year students reported significantly more depression and suicidal ideation than students of subsequent years.

Pillay, L.A., & Bundhoo, Y.H. (2011) have studied Mauritian Undergraduate University Students of Stress and Support. In this study, sources of stress and support were examined in 327 undergraduate students. The results showed that academic concern were the most stressful areas, with women more significantly affected than men. Over 90% of the participants perceived their parents and friends as their supporters, while three quarters of the sample viewed siblings and classmates as supporters.

Haldorsen, H., et al., (2012) have studied stress and symptoms of depression among medical students at the University of Copenhagen. Two dimensions of stress, frequency and perception were measured on a scale from 0 to 6. Odds ratios and significance of associations between the various exposure variables and outcome measure of depression were calculated

using multiple logistic regression and wild test. The result showed that 30.5% of the students reported depressive symptoms. Stress frequency measured a mean of 2.26. The mean for stress perception was 2.85. Women reported higher levels of stress and depression compared to male medical students, but the differences were not significant. Only the dimension of stress and coping were significantly associated with reporting symptoms of depression.

Othino, J. C., et.al., (2015) have studied the prevalence and types of injuries related to traumatic experiences, post traumatic experiences and stress symptoms, depression and health – risk behaviour among university students in Kenya. They used a cross sectional study to collect data on a random sample of university students using a questionnaire to record sociodemographic variable while injuries experiences were recorded using the Centres for Disease Control Criteria and Breslau 70-items screener was used to detect Post Traumatic Stress Disorders Symptoms. Depressive symptoms were measured using Centre for Epidemiological Studies For depression. 923 students were included in the Studies. Serious injuries in the past 2 months were reported by 29% of the students. PTSD was present in 15% of the students. Out of the total, 41.33% had depressive symptoms. In the multi variable logistic regression being poor, health risk behaviour was significantly associated with injuries within the last 12 months.

Hong, M.S., et.al., (2020) have studied if university students were more depressive than non-university students. The scale they use was Rimom Brief Depression Scale to examine the associations of university status and gender on depression among 1728 subjects in Sydney, Australia, between the ages of 17 to 40. Analysis showed that women were significantly more depressive than men. However, no significant difference was found between university students and non-university students.

Kamble. G.R., & Minchekar, V.S. (2018) has studied academic stress and depression among college students. 360 students with age range, 17 to 21 years, were administered the test. Students were asked to solve American Stress Scale. The data was analysed by using descriptive statistic, students t-test and Pearsons Product Moment Correlation Coefficiency. The result showed that there is significant difference between college stress and depression among college students. There is a positive correlation between them.

Yikealo, D., et.al., (2018) have conducted research on the level of stress among college students in Eritrea Institute of Technology. Descriptive research was undertaken to assess the students' level of stress on a randomly drawn participants which assess 5 domains

(physiology, social, psychological, academics and environmental). The result showed that there was a moderate level of stress among the students, with academics and environmental stressors contributing the most.

Nandi, M., et.al., (2012) have studied stress and its risk factors in medical students of a university in Kolkata in India with consenting 3rd, 6th and 9th semesters. The 215 students were given questionnaires which captured personal and interpersonal details. The second part of the questionnaire consisted of the Warwick Edinberg mental well-being scale to assess mental health. The result reveals that women have significantly higher stress level than me

## **CHAPTER II**

### **STATEMENT OF THE PROBLEM**

There have been many researches on stress and depression all over the world. However, a study on the college students of Mizoram has been quite limited. Stress has become an inseparable component of students' academic life due to a variety of internal and external outlook placed upon their shoulders. According to WHO, college students are stressed by study workload and assignment deadlines. In addition to these monetary difficulties, parental anxiety and impractical hopes also cause stress among students. Depression is one of the most common mental health conditions and affects people of all ages, including college students. According to WHO, Depression is about 50% more common among women than among men and the APA has claimed that woman reported more stress than men.

Mental illnesses are common. Unfortunately, among college students, a lack of awareness is a significant barrier to seeking mental health help. In addition, about one-third of college students do not know that counselling services and support are available on campus. Hence, the present study is vital to identify students who may be at risk for mental health-related problems so that effective preventions can be made.

#### **OPERATIONAL DEFINITIONS**

##### **STRESS**

Stress is defined as the nonspecific response of the body to any demand (Hans Selye, 1936).

##### **DEPRESSION**

Depression is defined as depressed mood or loss of pleasure or interest in activities for long periods of time. (WHO).

##### **GENDER**

Gender refers to the attitudes, feelings, and behaviours that a given culture associates with a person's biological sex (APA, 2012).

## **GENDER DIFFERENCES**

Gender differences is defined as the social, Psychological, cultural and behavioural aspect of being a man, woman or other gender identity (WHO).

## **COLLEGE STUDENTS**

A College student is an individual who is enrolled in a university or college for a particular course. They are a part of the institution while they pursue the course and then become the part of the alumni association once they complete the course.

## **OBJECTIVES**

To determine the gender difference in the level of stress and depression among HATIM College students.

To examine the correlation between stress and depression among HATIM College students

## **HYPOTHESIS**

1 It is expected that there a significant gender difference in the prevalence of stress and depression among HATIM college students.

2 It is hypothesized that there will be a positive correlation between stress and depression among HATIM college students.

## CHAPTER III

### METHODS AND PROCEDURE

A population study was employed among HATIM students for the research. 296 students participated in the study. Among them, 143 were males and 153 were females. The age of the participants in the study ranges between 18-25 years with a mean age of 21.5.

#### RESEARCH DESIGN

The study will employ quantitative method and data will be collected using standardized procedure. To achieve the objectives of the study, the study will incorporate a two-way classification of variables of "gender" (male and females) as depicted in FIGURE 1

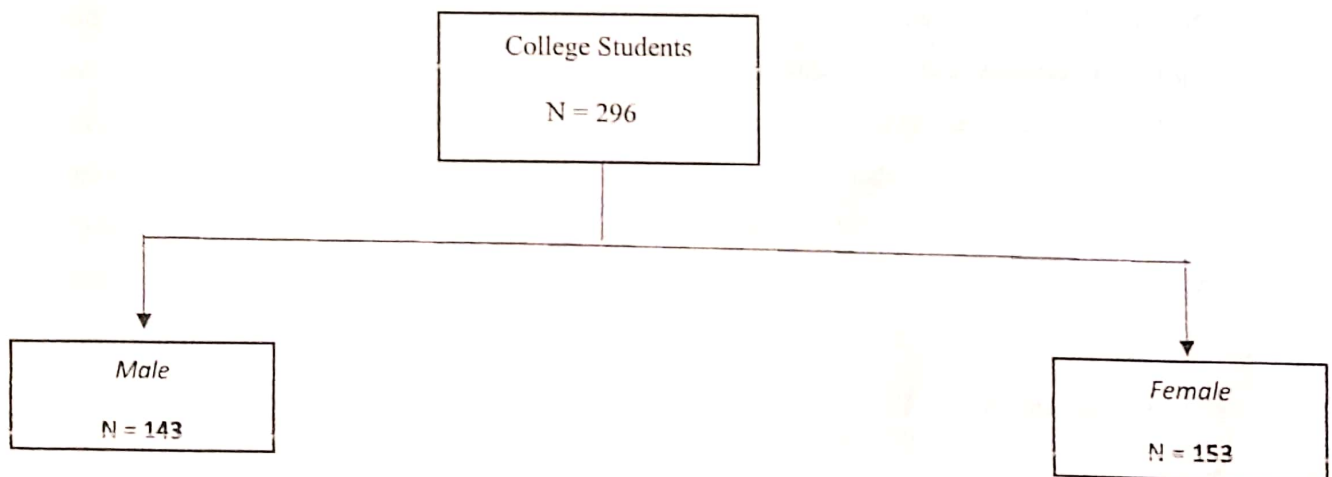


Figure 1: showing the two-way classification of variables 'gender' as females and males.

#### PROCEDURES

Permission was taken from the teachers of the concerned classes by the researcher before the conduction of the research. The researcher makes sure that a good rapport was established between the researcher and the participants before the test. Then the questionnaire was introduced to the participants and instructions on how to response was given. Any doubts raised were clarified.

Participants consent form was given for ethical consideration. The researcher makes sure to let the participants know the confidentiality of their response as well as their rights to withdraw from the survey at any point in time without obligation.

Sociodemographic details were collected along with administration of the questionnaire. After, the participants give their responses, the researcher makes sure that every response and details were given. Finally, the collected data were taken for scoring.

## **PSYCHOLOGICAL TOOLS**

### **Sociodemographic details**

Sociodemographic variables which include age, father's name, sex, gender and city/town were gathered using the sociodemographic questionnaire.

Depression, Anxiety and Stress Scale 21 items (DASS-21) (Lovibond et.al, 1995): the depression, anxiety and stress scale is a set of three self-report scales designed to measure the emotional scales of depression anxiety and stress. Each pf the three DASS 21 scales contains 7 items, divided into subscales with similar content. Respondents rate each item on a 4-point Likert scale ranging from 'Did not apply to me at all' to 'Applied to me very much or most of the time'. DASS-21 has good internal consistency reliability with Cronbach's Alpha ranged between .74 and .93.

## **STATISTICAL ANALYSIS**

The current study employs the following analysis;

- Statistical descriptive (skewness, kurtosis, mean, standard deviation)
- Pearson's correlation
- T-test



## CHAPTER-IV

### RESULTS AND DISCUSSION

This chapter showed the results and the findings.

#### RESULTS

The results of the study were computed in a stepwise manner : (i) raw data was checked for missing and outlier of data; (ii) checking the assumption of parametric statistics (skewness, kurtosis and homogeneity) were done for selection of appropriate statistic; (iii) presentation of descriptive statistics to illustrate mean difference and any significant difference on level of Stress and Depression (mean comparison between the groups); and (iv) checking relationship between dependent variables (Pearson's' correlation analysis) in a sequential manner.

The result table-1 shows the Mean, Standard Deviation (SD), Skewness, and Kurtosis for the samples

TABLE: 1: Showing the mean, standard deviation, skewness, kurtosis on Stress and Depression.

STRESS\_DEPRESSION

Descriptives

		Statistic	Std. Error	
Depression	Mean	7.19	.241	
	95% Confidence Interval for Mean	Lower Bound	6.71	
		Upper Bound	7.66	
	5% Trimmed Mean	7.06		
	Median	7.00		
	Variance	17.212		
	Std. Deviation	4.149		
	Minimum	0		
	Maximum	20		
	Range	20		
	Interquartile Range	6		
	Skewness	.358	.142	
	Kurtosis	-.309	.282	
	Stress	Mean	7.34	.216
95% Confidence Interval for Mean		Lower Bound	6.91	
		Upper Bound	7.76	
5% Trimmed Mean		7.23		
Median		7.00		
Variance		13.831		
Std. Deviation		3.719		
Minimum		0		
Maximum		18		
Range		18		
Interquartile Range		5		
Skewness		.398	.142	
Kurtosis		-.164	.282	

The result table 1 showed that mean calculated was 7.34 (SD= 3.719) for stress and 7.19 (SD = 4.149) for depression. Skewness was 0.398 for stress and 0.359 for depression. This showed normality in skewness.

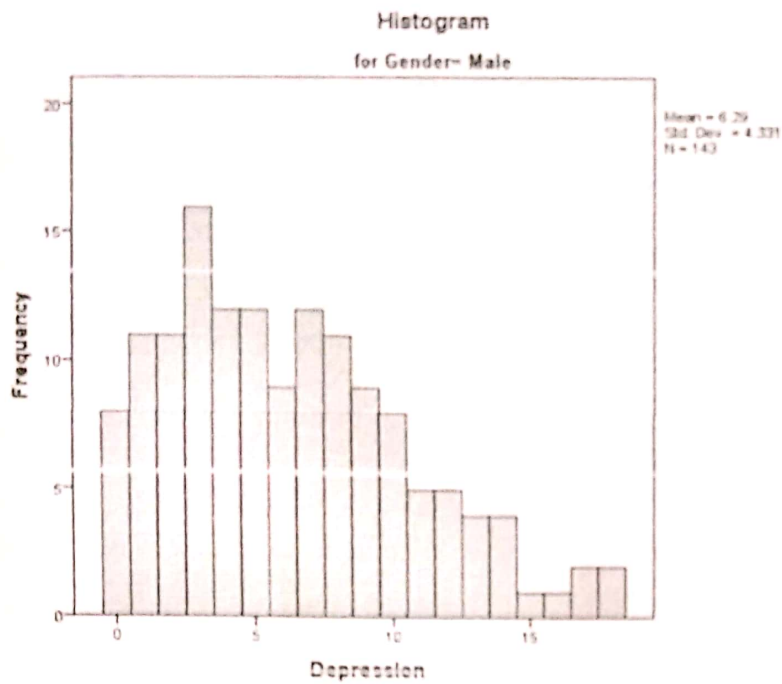


Figure -2: showing score distribution of Depression among male students of HATIM

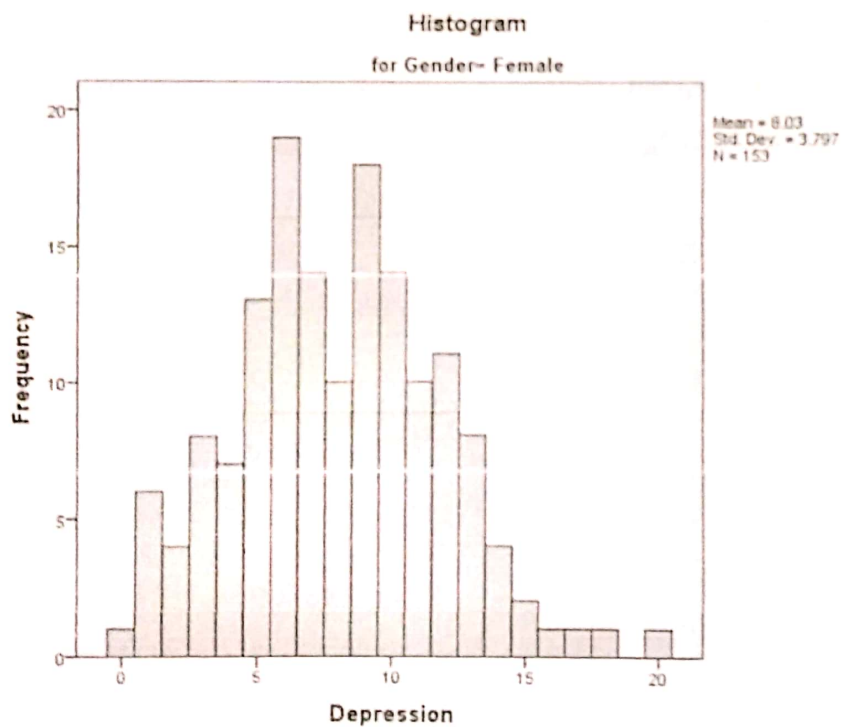


Figure - 3: showing score distribution of depression among female students of HATIM.

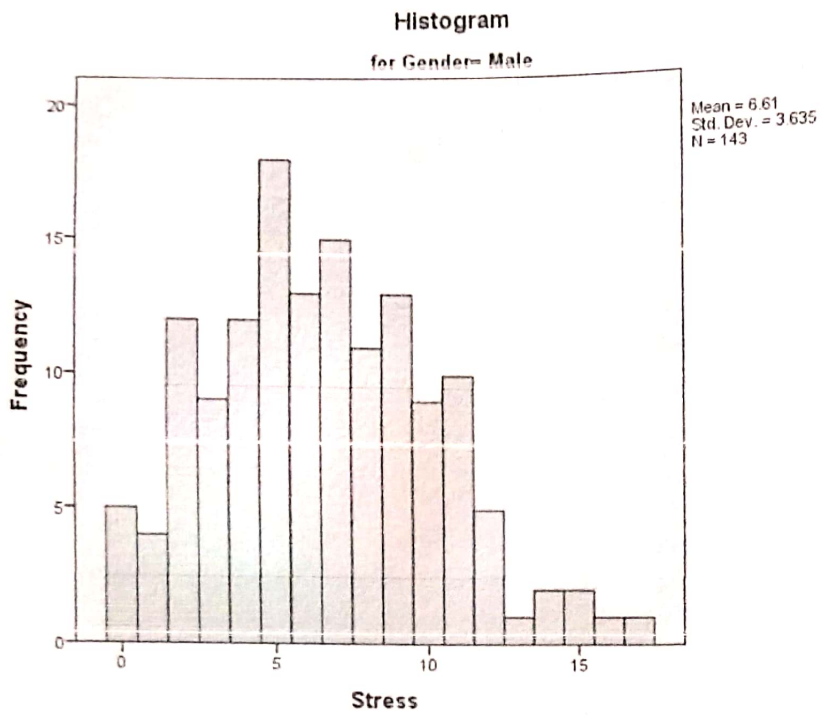


Figure- 4: showing score distribution of stress among male students of HATIM

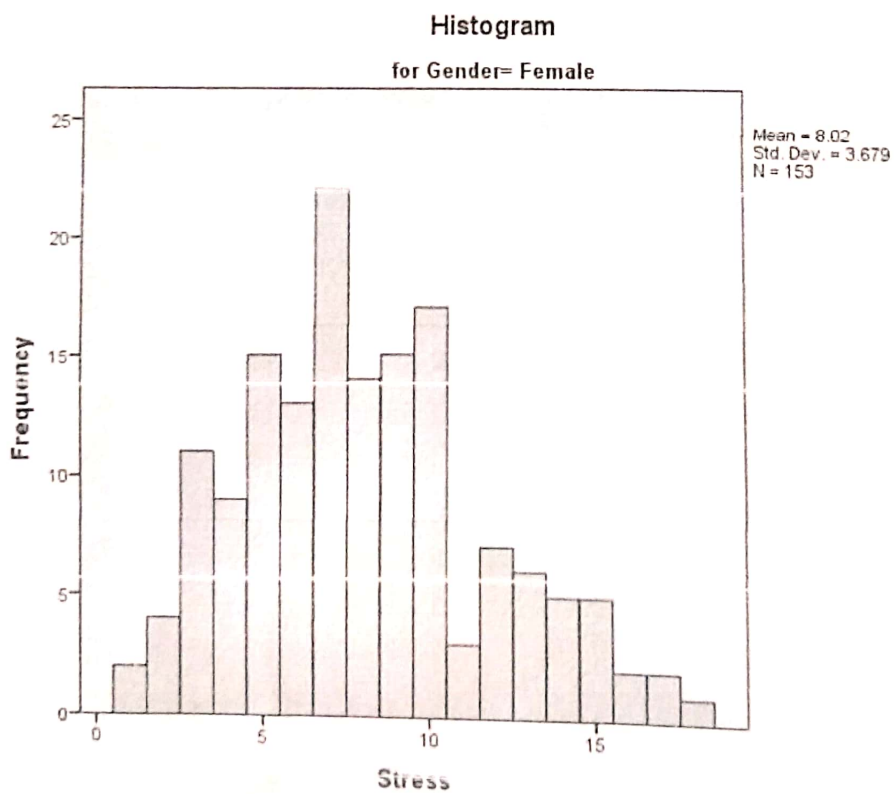


Figure-5: showing score distribution of stress among female students of HATIM.

Table 2: showing the group statistic for Stress and Depression.

Group Statistics					
	Gender	N	Mean	Std. Deviation	Std. Error Mean
Depression	Male	143	6.29	4.331	.362
	Female	153	8.03	3.797	.307
Stress	Male	143	6.61	3.635	.304
	Female	153	8.02	3.679	.297

#### Independent Samples Test

Table 2 shows the mean difference among male and female on stress and depression which portrays that Female students (M=8.03) score higher than Male (M= 6.29) in Depression. It is also shown that female students (M=8.02) score higher than male (M=6.61) in stress.

Therefore, we can calculate that female students of HATIM college have higher level of stress and depression than male students.

Table – 3: Showing the level of significant using Lavene’s test for equality of variances for stress and depression.

Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Depression	Equal variances assumed	3.144	.077	-3.665	294	.000	-1.732	.473	-2.663	-.802
	Equal variances not assumed			-3.649	282.916	.000	-1.732	.475	-2.667	-.798
Stress	Equal variances assumed	.016	.899	-3.317	294	.001	-1.411	.425	-2.248	-.574
	Equal variances not assumed			-3.319	293.086	.001	-1.411	.425	-2.248	-.574

Table 3 shows the Levene’s statistics was showing significance for Stress (.077) which portrayed the homogeneity of the data while for Depression it was at significance (.899). This suggested that parametric statistics may be used for further analysis with caution.

Table – 4: Showing the correlations between stress and depression.

		Depression	Stress
Depression	Pearson Correlation	1	.640**
	Sig. (2-tailed)		.000
	N	296	296
Stress	Pearson Correlation	.640**	1
	Sig. (2-tailed)	.000	
	N	296	296

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

The correlation between the two dependent variables was calculated by employing Pearson correlation, and the results showed the significant positive relationship between dependent variables- Stress and Depression,  $r = .640$ ;  $p < 0.01$  level (2 tailed).

## DISCUSSION

The aim of the study is to find out the gender differences on stress and depression among HATIM college students as well as the correlation between stress and depression. Depression Anxiety Stress Scale (DASS) by Lovibond et.al, (1995) was used for the research. It was hypothesized that 1) It is expected that there will be a significant gender difference in the prevalence of stress and depression among HATIM college students, 2) It is hypothesized that there will be a positive correlation between stress and depression among HATIM college students.

It was found that there was indeed a significant gender difference on stress in HATIM. Females have a higher level of stress than men. This is supported by many researches. Nandi, M., et.al., (2012) & Graves, B.S., et al., (2021) in their research found that female experience higher level of stress than males, which was conducted on the student of a college in Kolkata, India and in Boca Raton, Florida.

It was found that there was a significant gender difference on depression among HATIM College students. Females have a higher level of depression than males. This is supported by several researches. Hong, M.S., et.al., (2020) and Boggiano, A.K., & Barrett, M. (1991) in their researches have found that females have a higher level of depression than males in Sydney, Australia and in Voentiane, Laos.

It was found that there was a positive correlation between stress and depression. Many researches supported these findings. Kamble. G.R. et al., and Liu, Y., et al., in their researches have found that there is a positive correlation between stress and depression among the college students of Ohio, America and among a Chinese public college.



## CHAPTER V

### SUMMARY AND CONCLUSION

#### SUMMARY

The present study entitled, 'A study of Stress and Depression among HATIM College Students', aimed to study the gender differences between male and female on stress and depression level among the HATIM College students.

There is a significant difference between female and male on stress and depression. Females were found to be higher on stress and depression. There is a positive correlation between stress and depression among the HATIM college students.

To achieve the objective and test the hypothesis of the study, 296 students (143 males and 153 females) were selected. A quantitative exploratory design was utilized to achieve the objectives of the study. The study incorporated a two-way classification of variable 'gender' (male and female). Depression Anxiety Stress Scale by Lovibond et.al, (1995) was employed for psychological evaluation of the population, all prescribed instructions were given in the manual, and APA Guidelines for research were followed.

#### IMPLICATIONS

- 1) There has been limited research that seeks to examine the difference in prevalence of stress and depression between males and females among HATIM college students. This study has revealed that females have higher level of stress and depression as compared to males.
- 2) The present study also tells us that there is a positive correlation between depression and stress. This information could lead to the instigation of well-fare programs that educate the students on stress management, life skills and promote understanding between students and teachers.

## LIMITATIONS

The finding of this study has seen the light of some limitations.

- 1) The unique cultural patterns of HATIM students may affect the generalizability of the conclusion obtained. This means that the findings in this research may not be applicable to college students from other areas. Moreover, with the rampant changes that takes place within the last decade, the content of the DASS-21 questionnaire may not be able to accurately enquire the level of stress and depression
- 2) There were limited researches done on stress and depression among the college students of Mizoram in general and HATIM in particular. As such, there were very few articles directly related to the present study for which hypothesis could be based upon.

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## APPENDICES

### CONSENT FORM

#### PURPOSE OF THE RESEARCH:

This academic research is conducted for partial fulfilment of B.A. Psychology 5th semester course at HATIM. All the information given will be kept with full confidentiality.

(Name of the student/researcher)

#### CONSENT OF THE PARTICIPANT

I have gone through the purpose of this research, and I am willing to participate in it to help the researcher/student in the fulfilment of their course.

(Name of participant)

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#### SOCIO DEMOGRAPHIC PROFILE:

1. NAME: \_\_\_\_\_
2. AGE: \_\_\_\_\_
3. SEX: Male ( ) Female ( )
4. SUBJECT/COURSE: \_\_\_\_\_
5. SEMESTER: \_\_\_\_\_
6. NAME OF COLLEGE: \_\_\_\_\_
7. CITY/TOWN: \_\_\_\_\_

## DASS-21 Scoring Instructions

The DASS-21 should not be used to replace a face to face clinical interview. If you are experiencing significant emotional difficulties you should contact your GP for a referral to a qualified professional.

### Depression, Anxiety and Stress Scale - 21 Items (DASS-21)

The Depression, Anxiety and Stress Scale - 21 Items (DASS-21) is a set of three self-report scales designed to measure the emotional states of depression, anxiety and stress.

Each of the three DASS-21 scales contains 7 items, divided into subscales with similar content. The depression scale assesses dysphoria, hopelessness, devaluation of life, self-deprecation, lack of interest / involvement, anhedonia and inertia. The anxiety scale assesses autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect. The stress scale is sensitive to levels of chronic non-specific arousal. It assesses difficulty relaxing, nervous arousal, and being easily upset / agitated, irritable / over-reactive and impatient. Scores for depression, anxiety and stress are calculated by summing the scores for the relevant items.

The DASS-21 is based on a dimensional rather than a categorical conception of psychological disorder. The assumption on which the DASS-21 development was based (and which was confirmed by the research data) is that the differences between the depression, anxiety and the stress experienced by normal subjects and clinical populations are essentially differences of degree. The DASS-21 therefore has no direct implications for the allocation of patients to discrete diagnostic categories postulated in classificatory systems such as the DSM and ICD.

Recommended cut-off scores for conventional severity labels (normal, moderate, severe) are as follows:

NB Scores on the DASS-21 will need to be multiplied by 2 to calculate the final score.

	Depression	Anxiety	Stress
Normal	0-9	0-7	0-14
Mild	10-13	8-9	15-18
Moderate	14-20	10-14	19-25
Severe	21-27	15-19	26-33
Extremely Severe	28+	20+	34+

Lovibond, S.H. & Lovibond, P.F. (1995). Manual for the Depression Anxiety & Stress Scales. (2<sup>nd</sup> Ed.) Sydney: Psychology Foundation.

## DASS21

Name:

Date:

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over *the past week*. There are no right or wrong answers. Do not spend too much time on any statement.

*The rating scale is as follows:*

- 0 Did not apply to me at all
- 1 Applied to me to some degree, or some of the time
- 2 Applied to me to a considerable degree, or a good part of time
- 3 Applied to me very much, or most of the time

1	I found it hard to wind down	0	1	2	3
2	I was aware of dryness of my mouth	0	1	2	3
3	I couldn't seem to experience any positive feeling at all	0	1	2	3
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5	I found it difficult to work up the initiative to do things	0	1	2	3
6	I tended to over-react to situations	0	1	2	3
7	I experienced trembling (eg, in the hands)	0	1	2	3
8	I felt that I was using a lot of nervous energy	0	1	2	3
9	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10	I felt that I had nothing to look forward to	0	1	2	3
11	I found myself getting agitated	0	1	2	3
12	I found it difficult to relax	0	1	2	3
13	I felt down-hearted and blue	0	1	2	3
14	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15	I felt I was close to panic	0	1	2	3
16	I was unable to become enthusiastic about anything	0	1	2	3
17	I felt I wasn't worth much as a person	0	1	2	3
18	I felt that I was rather touchy	0	1	2	3
19	I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	0	1	2	3
20	I felt scared without any good reason	0	1	2	3
21	I felt that life was meaningless	0	1	2	3