

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

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CERTIFICATE

This is to certify that the present piece of research titled '*A study on stress and depression among HATIM College students*' is a bonafide research conducted by PC.Lalremzuali under my supervision. PC. Lalremzuali worked methodologically for her dissertation for the Under Graduate Degree in Psychology of Higher and Technical Institute, Mizoram, Mizoram University.

This is to further certify that the research conducted by PC. Lalremzuali 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, PC Lalremzuali, hereby declare that the subject matter of this dissertation is the record of work done by me, that the contents 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.

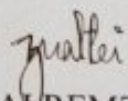
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(PC.LALREMZUALI)

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(PC.LAUREMZUALI)

ABSTRACT

The present study examined the gender difference on stress and depression. 296 (143 males and 153 females) were taken for population from HATIM College students. Psychological variables were measured using Depression, Anxiety and Stress Scale - 21 (DASS - 21). Descriptive analysis and parametric assumptions were checked, T-Test and Pearson Correlation were utilized. The findings revealed significant gender differences in stress and depression, where female students 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, Gender difference, College student, Young adult.

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CHAPTER I

INTRODUCTION

Students enrolled in college generally are of age group between 18-22. Students who have passed Class 12 (HSSLC) with required percentage/marks are eligible for the enrollment in colleges. Stress and Depression are prevalent among college students.

Becoming a college student or making your way through college can be filled with decisions, stress, and responsibilities. It will call for special attention to an emotional state and the need to find outlets and ways to deal with unwanted/overwhelming feelings. Mental health in college is an extremely important aspect of a student's experience, whether he or she is attending an online college or visiting a campus. With good or healthy mental health, he or she will be able to approach challenges, minimize stress, and overcome obstacles. Students' mental health will also impact how they socialize and their motivation in relation to their academics.

In most cases students are usually overburdened with academics and assignments. The amount of stress this causes will definitely have a negative impact on their mental health. On the other hand, some students tend to be very competitive and sometimes want to outshine everyone else. Thus, they would feel pressured to get good grades even at the expense of their friends or not doing the assignment themselves. Such students often develop depression due to increased stress levels. It is normal for students to experience feelings of worthlessness once they fail an exam or lose a competition.

According to the National Alliance on Mental Illness, over 75% of mental health conditions start before the age of 24. Given that this is likely to occur during college. When students are in college, it's a good idea to make their own mental health a priority. Not only will this set a foundation for them for the rest of their lives, but the experiences they have during college are once in a lifetime. So, they will want to make the most of it while being able to deal with whatever life throws their way.

College students commonly experience stress because of increased responsibilities, a lack of good time management, changes in eating and sleeping habits, and not taking enough breaks for self-care. Transitioning to college can be a source of stress for most first-year students. Some predictable stressful times include studying for exams, competing for admissions or internships, and trying to master large amounts of content in small amounts of time. Sudden changes, unexpected challenges, or traumatic events can be unpredictable sources of stress.

Students are expected to make decisions about their careers and academic life and foster new meaningful relationships in their time in college.

Researchers say severe mental illness is more common among college students than it was a decade ago, with most young people seeking treatment for depression and anxiety. A study presented at the American Psychological Association found that the number of students on psychiatric medicines increased more than 10 percentage points over the last 10 years.

STRESS

Hans Selye first introduced the concept of stress into life sciences in 1936 when he published his first brief article in *Nature*, 'A syndrome produced by diverse noxious agents'. He defined stress as the 'lowest common denominator in the organism's reaction to every conceivable kind of stressor exposure, challenge and demand'. He also defined it as 'rate of wear and tear in the organism when he perceives that his well-being is endangered and that he must divert all his energies to its protection' (1956). Selye also said that stress is not necessarily the results of damage but can be caused by physiological function and it is not merely 'the result of a nonspecific action but also comprises of the defense against it.

Wolff (1964), Selye's contemporary, described stress as an inherent characteristic of life since, 'Stress is a dynamic state within an organism in response to a demand for adaptation and since life itself entails constant adaptation; living creatures are constantly in a state of more or less stress.' He also emphasized on the idea that different stressors will have different meanings for individuals depending on the latter's past experience.

According to Haggard (1949), 'an individual experiences emotional stress when his overall adjustment is threatened, when adaptive mechanisms are severely taxed and tend to collapse. This definition lays an emphasis on individual's determination of when stress will or will not occur.

Lazarus et al., (1966), says, 'Stress reaction depends on how the person interprets or appraises either consciously or unconsciously the significance of a harmful, threatening or challenging event.'

According to McGrath (1970), 'stress occurs there is substantial imbalance between environmental demand and the response capability.' This implies that an important aspect of stress is the imbalance in the organism-environment relation where an overload or too much demand is made beyond the capability of an individual.

Initially, researchers focused on stressful events themselves, called **Stressors**. In the United States, for example, people report that money, the economy, work, family health problems, and family responsibilities are their top five stressors (American Psychological Association, 2008). But an experience may be stressful to some people but not to others. One person might find the loss of a job highly stressful, another might see it as an opportunity to try new field, as a challenge rather than a threat.

Stress is a consequence of a person's appraisal processes : primary appraisal and secondary appraisal. **Primary appraisal** occurs as a person is trying to understand what the event is and what it will mean. Events may be appraised for their harm, threat, or challenge. Harm is the assessment of the damage that has already been done, as for example being fired from a job.

Threat is the assessment of possible future damage, as a person anticipates the problems that loss of income will create for him and his family. Events may also be appraised in terms of their challenge, that is, the potential to overcome or even profit from the event. For example, a man who lost his job may regard his unemployment as an opportunity to try something new.

Although events are not necessarily inherently stressful, some characteristics of events make them more likely to be appraised as stressful. **Negative events** produce more stress than do positive events. They produce more psychological distress and physical symptoms than positive ones do. **Uncontrollable events** or unpredictable events are more stressful than controllable or predictable ones especially if they are unexpected. **Ambiguous events** are more stressful than clear-cut events. When a potential stressor is ambiguous, a person cannot take action, but must devote energy to trying to understand the stressor, which is time-consuming, resource-sapping task. **Overloaded** people experience more stress than people with fewer tasks to perform.

Theories of stress

1. Fight or Flight Response :

Walter Cannon, a physiologist at Harvard Medical School, observed that people are normally in a state of internal physiological equilibrium or balance, termed *homeostasis*. When an individual is threatened, the instant responses are either to face and **fight** the source of the threat or take **flight**, that is , run away from the source.

In either case, there is a requirement of extra energy; therefore, the body shifts energy from non-essential body systems to those systems that would be involved in responding to the challenge at hand. The sympathetic nervous system and the endocrine systems are stimulated during stressful events, causing a dramatic rise in two essential hormones namely epinephrine (adrenaline) and non-epinephrine (non-adrenaline). Increase in these hormone levels in the blood stream brings about a number of physiological changes including increase in heartbeat, blood pressure and breathing, widening of pupils and the movement of blood towards the muscles. Similarly, cardiovascular system is also activated directing blood to the brain and muscles. On the other hand, processes that do not help in facing this emergency situation, such as digestive system or reproductive system are stopped or slowed down.

2. General Adaptation Syndrome (GAS) :

Scientist Hans Selye (1907-1982) introduced the General Adaptation Syndrome model in 1936 showing in three phases what the alleged effects of stress has on the body. In his work, Selye developed the theory that stress is a major cause of disease because chronic stress causes long-term chemical changes. The process of the body's struggle to maintain balance is what Selye termed, the General Adaptation Syndrome. Selye proposed that the General Adaptation Syndrome involved two major systems of the body - the nervous system and the endocrine(hormonal) system.

He outlined that the body goes through three distinctive stages in its reaction to stress - alarm reaction, the stage of resistance and the stage of exhaustion.

1) Alarm reaction - The first reaction to stress recognizes there's a danger and prepares to deal with the threat (fight or flight response). Activation of the nervous system (sympathetic NS) and the adrenal glands takes place. During this phase the main stress hormones cortisol, adrenaline and noradrenaline is released to provide instant energy. Heart rate and blood pressure increases, respiration becomes faster, blood diverted away from the internal organs towards the skeletal muscles, sweat glands are activated and the gastrointestinal activity decreases.

2) The stage of resistance - The body shifts into this second phase with the source of stress being possibly resolved. Homeostasis begins restoring balance and a period of recovery for repair and renewal takes place.

3) Stress hormone levels may return to normal and the body adapts to the stressor. If a stressful condition persists, the body adapts by a continued effort in resistance and remains in a state of arousal. Continuing stress will cause continued neurological and hormonal changes.

4) Stage of exhaustion - At this stage the stress has continued for some time. The body's ability to resist is lost because its adaptation energy supply is gone. Often referred to as overload, burnout, adrenal fatigue, maladaptation or dysfunction. Here is where stress levels go up and stay up. This stage is the most hazardous to health. The body's ability to resist is depleted and breakdown results. Chronic stress can damage nerve cells in tissues and organs. Particularly vulnerable is the hippocampus section of the brain. Thinking and memory are likely to become impaired, with tendency toward anxiety and depression. There can also be adverse function of the autonomic nervous system and contributes to high blood pressure, heart disease, rheumatoid arthritis, and other stress related illnesses.

3. Cognitive Appraisal Theory :

According to Richard Lazarus and his colleagues, stress involves an assessment process, which they call **Cognitive appraisal**. The first factor is called the primary appraisal and the second one is the secondary appraisal. When people face potentially stressful event, they first assess and evaluate it from the point of their well-being. They try to mentally calculate whether it will affect their happiness, security, health, comfort, prestige, interests or anything else that they value. Primary appraisal seeks to find the answers to these questions. People experiencing stress also engage in secondary appraisal wherein they assess the resources available for coping with the situation. They search their social network to find people who can help, assess their physical condition and financial position that may come handy in overcoming the situation. According to Cognitive Appraisal Theory, it is only after a proper assessment has been made that individuals react through physiological, emotional, cognitive or behavioral changes. This theory takes into account that humans are thinking beings. The impact of a particular stressor will tend to have different consequences for different people depending on whether the stressor is appraised or assessed as mildly or strongly stressful.

4. Person - Environment Fit Theory :

Person - Environment Fit Theory, developed by French, Harrison & Caplan (1982) is based on the assumption that people vary in their needs and abilities just as jobs vary in their incentives and demands.

When there is a 'poor fit' between the demands made on a person and the resources available P-E Fit Theory predicts that the person's well-being will be reduced and could lead to strain. According to this theory, a person may experience negligible stress, when he finds his resources to be more than adequate in dealing with a stress-causing event.

DEPRESSION

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.

During a depressive episode, a person experiences a depressed mood (feeling sad, irritable, empty). They may feel a loss of pleasure or interest in activities. A depressive episode is different from regular mood fluctuations. They last most of the day, nearly every day, for at least two weeks.

Other symptoms are also present, which may include:

- poor concentration
- feelings of excessive guilt or low self-worth
- hopelessness about the future
- thoughts about dying or suicide
- disrupted sleep
- changes in appetite or weight
- feeling very tired or low in energy.

Depression can cause difficulties in all aspects of life, including in the community and at home, work and school. According to the different theories, depression may be due to biological reasons/genetic influences, insecure attachment, lack of reinforcement of previously-reinforced behaviors, negative interpersonal relations and relations with one's environment and the resulting negative consequences, attributions made by individuals about themselves, the world and their future; and sociocultural changes.

DSM-5 describes several types of depressive disorders. These disorders differ from one another in the frequency and severity with which depressive symptoms occur and the course of the symptoms. The most easily recognized mood disorder is **major depressive disorder**, defined by the absence of manic, or hypomanic episodes before or during the disorder. An occurrence of just one isolated depressive episode in a lifetime is now known to be relatively rare. If two or more major depressive episodes occurred and were separated by at least 2 months during the individual was not depressed, the major depressive disorder is noted as being recurrent. **Persistent depressive disorder (dysthymia)** is defined as depressed mood that continues at least 2 years, during which the patient cannot be symptom free for more than 2 months at a time even though they may not experience all the symptoms of a major depressive episode. Individuals who suffer from both major depressive episodes and persistent depression with fewer symptoms are said to have **double depression**.

Clinicians use eight basic specifiers to describe depressive disorders. They are described below :-

1. **Psychotic features specifiers** - Individuals may experience psychotic symptoms, specifically hallucinations and delusions. Patients may also have somatic (physical) delusions, believing, for example, that their bodies are rotting internally and deteriorating into nothingness. Some may have auditory hallucinations.
2. **Anxious distress specifiers** - The presence and severity of accompanying anxiety, whether in the form of comorbid anxiety disorders or anxiety symptoms that do not meet all the criteria for disorders. For all depressive and bipolar disorders, the presence of anxiety indicates a more severe condition, makes suicidal thoughts and completed suicide more likely, and predicts a poorer outcome from treatment.
3. **Mixed features specifier** - Predominantly depressive episodes that have several (at least three) symptoms of mania would meet this specifier, which applies to major depressive episodes both within major depressive disorder and persistent depressive disorder.
4. **Melancholic features specifier** - Melancholic specifiers include some of the more severe somatic symptoms, such as early-morning awakenings, weight loss, loss of libido (sex drive), excessive or inappropriate guilt, and anhedonia (diminished interest or pleasure in activities).

5. Catatonic feature specifier - This specifier can be applied to major depressive episodes whether they occur in the context of a persistent depressive order or not. Catatonic symptoms may involve an absence of movement or catalepsy, in which muscles are waxy and semi-rigid, so a patient's arms and legs remain in any position in which they are placed. Catatonic symptoms may also involve excessive but random or purposeless movement.
6. Atypical feature specifier - Individuals with this specifier consistently oversleep and overeat during their depression and therefore gain weight, leading to a higher incidence of diabetes. The atypical group also has more symptoms, more severe symptoms, more suicide attempts, and higher rate of comorbid disorders including alcohol abuse.
7. Peripartum onset specifier - 'Peri' means "surrounding", in this case the period of time just before and just after the birth. Between 13% and 19% of all women giving birth meet criteria for a diagnosis of depression, referred to as peripartum depression. Most people including new mothers have difficulty understanding why she is depressed, because they assume this is a joyous time.
8. Seasonal pattern specifier - This temporal specifier applies to recurrent major depressive disorder. It accompanies episodes that occur during certain seasons (for example, winter depression). The most unusual pattern is a depressive episode that begins in the late fall and ends with the beginning of spring. These episodes must have occurred for at least two years with no evidence of non-seasonal major depressive episodes occurring during that period of time. This condition is called Seasonal affective disorder (SAD).

According to the World Health Organization (WHO), "Gender refers to the socially constructed characteristics of women and men, such as norms, roles and relationship of and between groups of women and men. It varies from society to society and can be changed." Gender differences are variants between males and female that are based on biological adaptation that are the same for both sexes. Connections between gender and mental health manifest differently for each child and young person, in combination with a wide range of individual, social and structural factors, and in ways that can change over the course of childhood and shift over time. The gender gap in the prevalence of diagnosable mental health conditions begins to narrow in adolescence, as emotional problems become more common in girls. By early adulthood, women are more likely to be diagnosed with a mental health conditions than men. Girls and young women are more likely than boys and young men to have depressive disorders and anxiety disorders.

Review of Literature

Kamal, R.G. et.al., (2018) studied the academic stress and depression among college students. 360 participants (180 male, 180 female) are selected for the study. The significant gender difference is found on academic stress among college students. Female college students are found more academically stressed than male college students. The significant gender difference is found among in depression among college students. Also, female college students are more depressed than male college students. Increased level of academic stress increases the level of depression among the students.

Karmakar, T.et.al., (2017) studied depression among the college students. The major finding of this study revealed that 27 students have developed minimal depression, 57 students have mild depression, 66 students have suffer from relatively moderate depression and finally 710 students are affected by severe depression. It is found that there is no significant difference exists between male and female college students regard to depression. It is also found that the male college students are comparatively more depressed than female college students.

Yikealo, D. et.al., (2018) studied the level of stress among college students. Total of 123 students of second, third and fourth year degree and diploma program students have participated. This research indicated that the majority of the college students have a moderate level of stress. It is also showed that the environmental and academic components of stress were found to be higher among the students. Both male and female participants were found experiencing a moderate level of stress. Similarly, the study reveals that there is no statistically significant association between the level of stress and CGPA.

Graver, B.S., et.al., (2021) studied gender differences in perceived stress and coping among college students. University students (n=448) enrolled in three different undergraduate exercise science courses were assessed. Overall, females indicated higher levels of stress than their male counterparts. Gender differences were evident in both coping dimensions and individual coping strategies used. Females were found to utilize the emotion-focused coping dimension and endorsed the use of four coping strategies more often than males.

Hetalong, L.T., et.al., (2017) studied the association between stressful life events and depression among students in a university in Botswana. It was assessed in 304 students. Depression was present in 22% of the participants

More than half of the participants reported 10 or more stressful life events. Stressful life events significantly predicted depression. Subjects with minimal, mild, moderate and severe depression significantly differed on reporting stressful life events. Types of stressful events such as relationship difficulties and losses were uniquely associated with depression.

Westefeld, J.S., et.al., (1987) studied suicide and depression among college students. 962 college students were surveyed from three institutions in their experiences with depression and suicide. Results indicate that incidents of depression and suicide are prevalent on college campuses and that there are a number of specific causes of depression, suicide ideation, and suicidal behavior. More than 80% of students had experienced depression since coming to college.

Tandoc, E.C.T. et.al., (2014) studied the Facebook use, envy and depression among college students. 736 college students were surveyed. This study found that Facebook use on its own does not directly lead to depression. Moreover, using Facebook can even actually lessen depression. However when Facebook envy is accounted for in the equation using Facebook for surveillance actually negatively predicts depression. It is also found that Facebook envy predicts depression symptoms. Facebook users are exposed to successes, material good, positive relationships and other information that other users share on Facebook. Exposure to these pieces of positive information can lead to feelings of envy. Thus, when users feel envious constantly, they might develop depression symptoms over time.

Thomas, L.M.B., (2021) studied stress and depression in undergraduate students during the COVID-19 pandemic. School-related life stress and depression measures were studied in a cross-section of 2326 students using an anonymous online survey. Nursing students had higher levels of students-life stress but fewer depressive symptoms than students in any other academic major. Students related that social support and belongingness were critical to their academic perseverance.

Killinger, S.L.et.al., studied stress and depression among Veterinary Medical students. Participants were 1385 students from 33 colleges of veterinary medicine in North America. The result of this study indicated that veterinary medical students suffer from high levels of stress and symptoms of depression throughout all 4 years of study.

Further, the severity of stress and depression differs by gender, with females experiencing higher levels than males throughout all 4 years of training. Moreover, differences by year suggest that years 2 and 3 are most distressing and years 1 and 4 are least. This study also revealed a correlation between stress and depression. Finally, stress predicted depression, and the type of stress was differentially predictive for some years of the sample.

Mirsa, R. et.al., (2004) studied academic stress among college students, American and International students. Participants consisted of 249 American students and 143 international students. The result indicated that International students have lower academic stress and fewer reaction to stressors than their American counterparts in this study. Furthermore, differences in reaction to stress by gender were also found. American participants reported a statistically significant higher level of academic stress from self-imposed stress. This was an expected finding. However, self-imposed stress is characteristic of American culture that values competition, and American students reported higher self-imposed stress than international students. American participants also perceived higher academic stress from pressure and conflict than international student participants. These differences may not necessarily indicate that international participants have lower academic stress from pressure, conflict or self-imposed stress but could be due to stigmatization of admitting to stress.

OPERATIONAL DEFINITIONS

Stress

Stress is a subjective emotional experience accompanied by predictable physiological, psychological, cognitive, and behavioral changes that are directed toward altering the stressful environment (Taylor, 2002).

Depression

Depression is a chronic condition or disorder that lasts more than two weeks. It interferes with the activities of daily life and can cause physical symptoms such as pain, weight loss or gain, sleep problems, loss of interest or lack of energy. (American Psychological Association, 2013).

CHAPTER II

STATEMENT OF THE PROBLEM

Depression and Stress is chosen for the research topic, as both are one of the most common issues among individuals, especially among adolescents. It is important to study depression and stress among adolescents because during this stage, changes in their environment both affect and are affected by the internal change. Depression is estimated to occur among 1.1% of adolescents aged 10-14 and 2.8% of 15-19 years olds. Factors that can contribute to stress during adolescence include exposure to adversity, pressure to conform with peers and exploration of identity.

Some adolescents are at greater risk of mental health conditions due to their living conditions, stigma, discrimination or exclusion or lack of access to quality support and services. An estimated 3.8% of the population experience depression, including 5% of adults (4% among men and 6% among women). Depression is about 50% more common among women than men. It is important to study depression and stress among Mizo adolescents because they usually have several responsibilities in households, society and even in church activities. Apart from their academic responsibilities, there are many factors that can result in stress and depression.

OPERATIONAL DEFINITIONS

Stress

Stress is a negative emotional experience accompanied by predictable biochemical, physiological, cognitive, and behavioral changes that are directed toward altering the stressful event or accommodating to its effects. (Taylor, S.E., 2015).

Depression

Depression is extreme sadness or despair that lasts more than days. It interferes with the activities of daily life and can cause physical symptoms such as pain, weight loss or gain, sleeping pattern disruptions, or lack of energy. (American Psychological Association).

Gender

Gender refers to the characteristics of women, men, girls and boys that are socially constructed. This includes norms, behaviors and roles associated with being a woman, man, girl or boy, as well as relationships with each other. (WHO, 2019).

Gender difference

Gender difference is defined as the social, psychological, cultural, and behavioral aspects of being a man, woman, or other gender identity. (WHO).

College Student

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. (Teachmint, 2022).

Young adult

Young adulthood is a unique developmental period that occurs between the ages of 18 and 25 years, during which there are key developmental tasks that allow the young adult to participate in self exploration and identity formation. (Hihley, Elena, 2019).

OBJECTIVES

- 1) To determine the gender difference of stress and depression among HATIM college students.
- 2) To determine the correlation between stress and depression.

HYPOTHESIS

- 1) It is expected that there will be gender difference in the level of stress and depression among HATIM college students.
- 2) It is hypothesized that there will be positive correlation between stress and depression.

CHAPTER III

METHODS AND PROCEDURES

A population study was utilized among HATIM college students. For the research, a total population of 296 students participated in the study. Among them 143 were male and 153 were female. The participants in the study age ranges between 18-25 years with a mean age of 21.5.

Research Design :

To achieve the objectives of the study, a quantitative exploratory had been utilized. The study incorporated a two-way classification of variables of 'gender' (male and female) as depicted below :

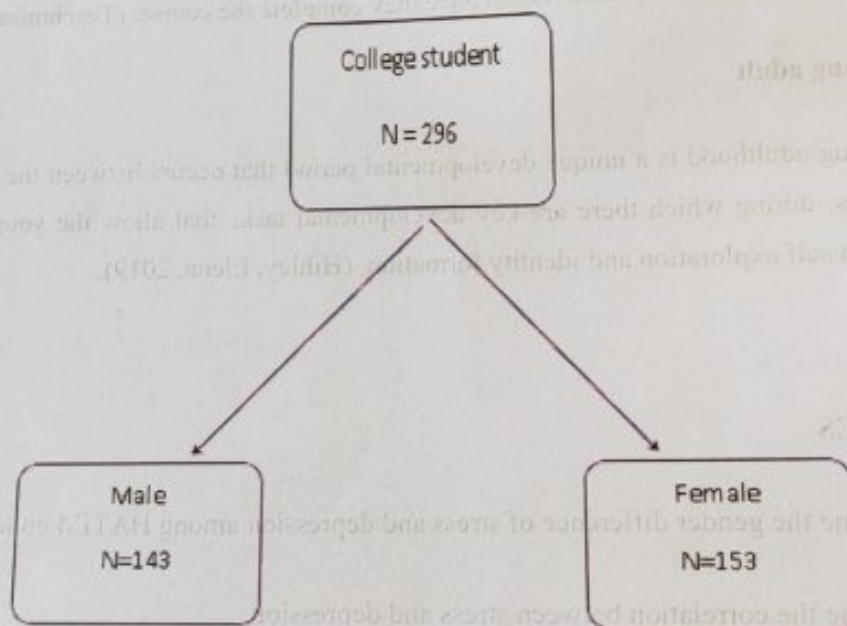


Figure 1 : Showing the classification of variables based on gender (male and female)

Procedure :

Permission was taken from the authorities of HATIM college by the researcher, prior to the collection of data from the students. The researcher ensured that a good rapport was established between the students and the researcher. The collection of data was done in an offline mode during college hours. Proper instructions were given as to ensure honest and independent responses are given. 'Participants consent form' was provided for ethical considerations. Confidentiality of the data was guaranteed. Socio-demographic details were collected and Questionnaires were administered on the participants. After checking whether all the items were answered, the completed responses were screened, coded and tabulated for further analysis.

Psychological Tool :

Socio-demographic details like age, gender, subject/course, semester, name of college and city were taken.

Depression, Anxiety and Stress Scale – 21 Items (DASS 21) (Lovibond et.al., 1995) :

The Depression, Anxiety and Stress Scale -21 Items (DASS 21) is a set of three self-report scale designed to measure the emotional states of depression, anxiety and stress. Each of the three DASS-21 contains 7 items, divided into sub-scales with similar content. Respondents each item on a 4point 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 :

- 1) Descriptive statistics (Mean, SD, Skewness, Kurtosis)
- 2) T-test
- 3) Pearson's Correlation

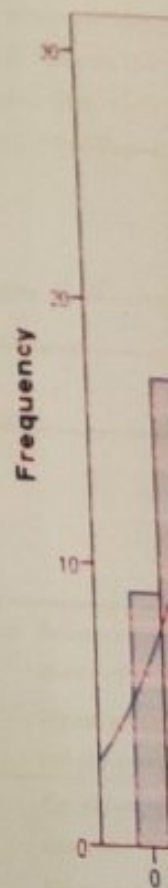
CHAPTER IV RESULT AND DISCUSSION

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 assumptions 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.

Table 1: Showing the Mean, SD, Skewness and Kurtosis

Descriptive Statistics		Statistic	Std. Error
Depression	Mean	7.19	.241
	95% Confidence Interval for Mean	6.71	
	Lower Bound	7.66	
	Upper Bound	7.06	
	5% Trimmed Mean	7.00	
	Median	7.00	
	Variance	17.212	
	Std. Deviation	4.149	
	Minimum	0	
	Maximum	20	
	Range	20	
	Interquartile Range	6	
	Skewness	.359	.142
Stress	Kurtosis	-.309	.282
	Mean	7.34	.216
	95% Confidence Interval for Mean	6.91	
	Lower Bound	7.76	
	Upper Bound	7.23	
	5% Trimmed Mean	7.23	
	Median	7.00	
	Variance	13.831	
	Std. Deviation	3.719	
	Minimum	0	
	Maximum	18	
	Range	18	
	Interquartile Range	18	
	Skewness	5	.142
	Kurtosis	.398	.282
		-.164	

Table 1 shows that M is .359, and Skewness is .359, and Skewness Standard Deviation is .309 and -.164 for Stress



Figure

Table 1 shows that Mean for Depression is 7.19, and 7.34 for Stress. Skewness for Depression is .359, and Skewness for Stress is .398, which means that the data were normally distributed. Standard Deviation for Depression is 4.149 and 3.719 for Stress. Kurtosis for Depression is -.309 and -.164 for Stress.

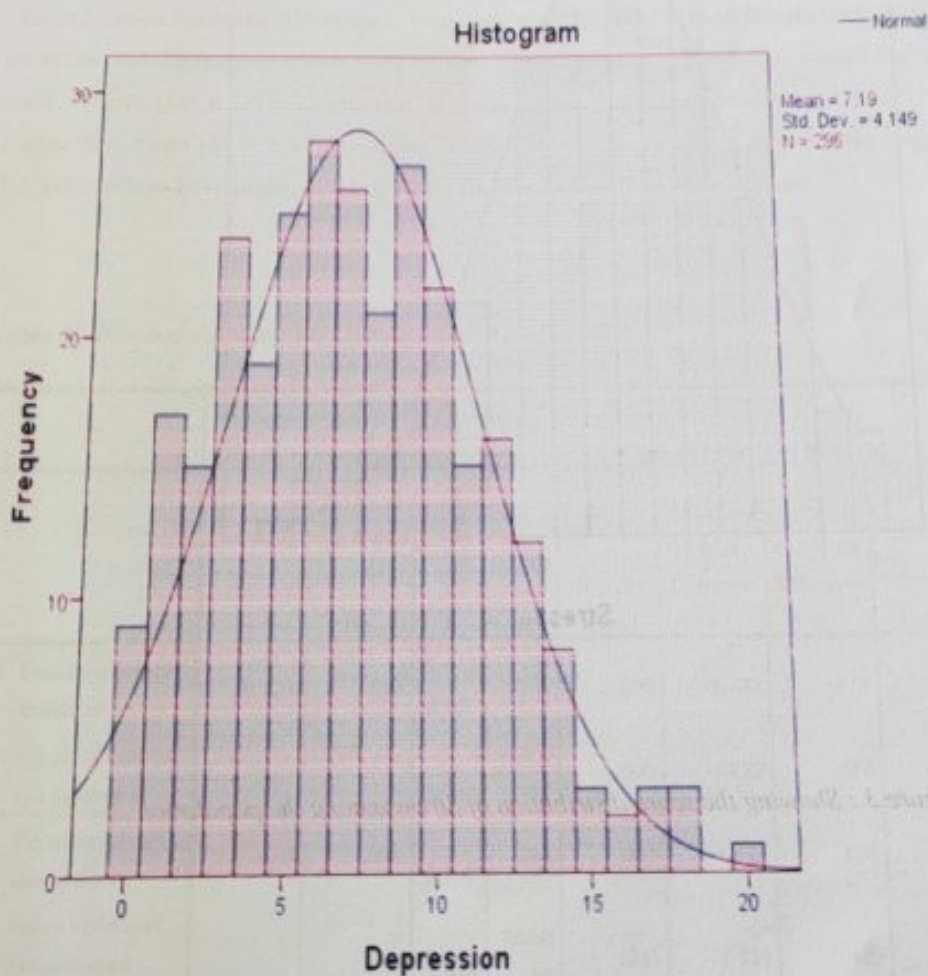


Figure 2 : Showing score distribution of Depression among the population

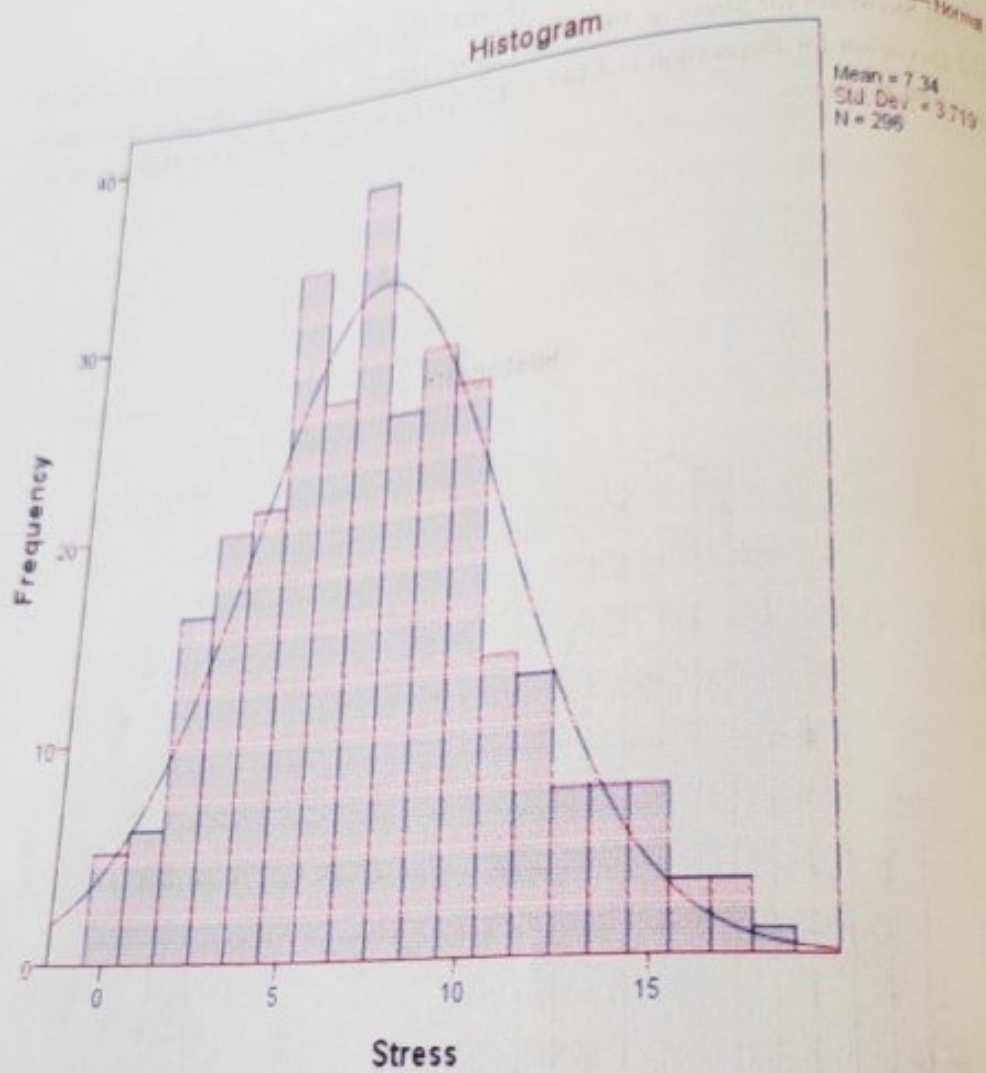


Figure 3 : Showing the score distribution of Stress among the population

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Table 2 : Showing the mean differences between male and female on 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

Table 2 shows the mean difference among male students (N=143) and female students (N=153) on stress and depression, which portrays that Female students (M= 8.03) scored higher than male students (M= 6.29) in Depression. It is also shown that female students (M = 8.02) scored higher than male (M = 6.61) in Stress. Therefore we can conclude that female students of HATIM college have higher level of stress and depression than male students.

Table 3 :Showing the t-statistics for depression and stress.

		Levene's Test for Equality of Variances		t-test for Equality of Means						
								95% Confidence Interval of the Difference		
		F	Sig.	t	df	Sig. (2- tailed)	Mean Differenc e	Std. Error Differenc e	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 Levene's test for Equality of variances. Here, ($p > .05$), therefore, there is homogeneity of variances.

Table 4 : Showing the correlation of 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).

Pearson Correlation was used to find the correlation between Stress and Depression. Table 4 shows that there is positive correlation between Stress and Depression : $r = .640$; $p < 0.01$ level (2-tailed).

Discussion

The aim of the study was to find the gender difference on stress and depression among HATIM College students, and the correlation of stress and depression. Depression, Anxiety and Stress Scale - 21 (DASS-21) by S.H. Lovibond was used for the research. It was hypothesized that (i) there will be gender difference on stress and depression among HATIM College students, (ii) there will be correlation between stress and depression.

It was found that there is gender difference on stress and depression among HATIM College students. Females are higher in stress and depression than males. This is supported by the findings conducted by Kamal, R.G. et.al. (2018), who found that female college students are more depressed than male college students. Kapoor, S. in his research found that female have higher levels of stress and depression than males which was conducted on the college students of Goa Vidhyaprasarak mandal.

It is also found that there is significant positive relationship between stress and depression. This is supported by the research finding conducted by Killinger, S.L., et.al., who found out that stress predicted depression, and that there is correlation between them.

CHAPTER V

SUMMARY AND CONCLUSION

Summary

The present study entitled '*A study on Stress and Depression among HATIM College students*' aimed to study the gender difference on stress and depression and correlation between stress and depression.

There is significant difference between male and female college students of HATIM on stress and depression. There is positive correlation between stress and depression.

To achieve the objective and hypothesis of the study, 296 participants from HATIM College, comprising of 143 males and 153 females were taken as population.

A quantitative exploratory design had been utilized to achieve the objectives of the study. The study incorporated a classification of variables of 'gender'(male and female). Depression, Anxiety and Stress Scale - 21 (DASS - 21) by S.H. Lovibond was employed for psychological evaluation, all prescribed instructions are given in the manual, and APA Guidelines for research were followed.

Implications :

The present study gives us information on the gender difference of stress and depression among HATIM College students. This study reveals that there certainly is gender difference among the population in stress (F>M) and depression (F>M). This can enable any awareness programs to provide the most relevant information regarding the prevalence of stress and depression among college students or adolescents.

Limitations :

The findings of this study have to be seen in the light of some limitations.

- 1) One limitation is due to the fact that data was collected in each participants' classrooms during class intervals. There is a probability that some participants may answer the questionnaire without full concentration due to the surrounding distractions.
- 2) Some participants may be careless in reading the questions. This may result in some inaccurate responses.
- 3) There can be confusion of word meanings among the participants, which can result to inaccurate responses.

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APPENDICES

Appendix 1

PURPOSE OF THE RESEARCH:

This academic research is conducted for partial fulfillment of B.A. Psychology 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 fulfillment of their course.

(Signature of participant)

Appendix 2

SOCIO DEMOGRAPHIC PROFILE:

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

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 (s) I found it hard to wind down	0	1	2	3
2 (a) I was aware of dryness of my mouth	0	1	2	3
3 (d) I couldn't seem to experience any positive feeling at all	0	1	2	3
4 (a) I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5 (d) I found it difficult to work up the initiative to do things	0	1	2	3
6 (s) I tended to over-react to situations	0	1	2	3
7 (a) I experienced trembling (e.g. in the hands)	0	1	2	3
8 (s) I felt that I was using a lot of nervous energy	0	1	2	3
9 (a) I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10 (d) I felt that I had nothing to look forward to	0	1	2	3
11 (s) I found myself getting agitated	0	1	2	3
12 (s) I found it difficult to relax	0	1	2	3
13 (d) I felt down-hearted and blue	0	1	2	3
14 (s) I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15 (a) I felt I was close to panic	0	1	2	3
16 (d) I was unable to become enthusiastic about anything	0	1	2	3

17 (d) I felt I
18 (s) I felt th
19 (a) I was
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20 (a) I felt s
21 (d) I felt t

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17 (d) I felt I wasn't worth much as a person

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0 1 2 3

18 (s) I felt that I was rather touchy

19 (a) I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat)

0 1 2 3
0 1 2 3

20 (a) I felt scared without any good reason

0 1 2 3

21 (d) I felt that life was meaningless

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

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