# A STUDY ON
# STRESS AND DEPRESSION AMONG COLLEGE STUDENTS OF HATIM

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## CERTIFICATE

This is to certify that the present piece of research titled *"Study on Stress and Depression among HATIM college students"* is a bonafide research conducted by Louise Lallianchhungi under my supervision. Louise Lallianchhungi worked methodologically for his 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 Louise Lallianchhungi 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, Louise Lallianchhungi, 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 or to the best of my knowledge to anybody else, and that my research work 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:

It is a great opportunity to have a project work done on the gender difference of stress and depression among college student of HATIM, and the correlation of depression and stress, under the supervision of R. Lalfamkimi, Department of Psychology, HATIM .

I would like to acknowledge and offer my sincere gratitude to my supervisor and also to the other professors of Psychology Department, HATIM – Miss Deborah Zonunpui, Miss Rinmuanawmi and Miss Lalvenhimi for their constant guidance throughout the period that I did this study. I also am grateful to all the participants, my groupmates and my friends who helped me in this project work.

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(LOUISE LALLIANCHHUNGI)

# ABSTRACT

The present study examined *on the study of Stress and Depression on the college students of HATIM.* 296 participants were selected (153 females and 143 males ) as the population. Psychological variables were measured using Depression, Anxiety and Stress Scale 21 (DASS-21). Descriptive analysis and parametric assumptions were made checked, T-Test was utilized. The finding revealed significant gender differences in Stress and Depression among the population where females were found to have higher Stress and depression than males. Further findings indicated a positive correlation between Stress and Depression.



Keywords: Stress, Depression, Gender Difference, College students, DASS-21.

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# CHAPTER – I

# INTRODUCTION

Stress and Depression on college students.

College students are individuals, more so, young adults, who are pursuing higher education at a university or college. They attend classes, study, make friends, and have fun exploring new opportunities. As it's an exciting time of growth and learning.

Stress and Depression can unfortunately be quite common among college students. College students often face high levels of stress and may experience symptoms of depression. The demanding academic workload, financial pressures, and the transition to a new environment can contribute to these challenges. It's crucial for students to prioritize self-care, seek support from friends, family, or counseling services, and practice stress management techniques like exercise, mindfulness, and time management.

## WHAT IS STRESS?

WHO defined stress as," *Stress can be defined as a state of worry or mental tension caused by a difficult situation. Stress is a natural human response that prompts us to address challenges and threats in our lives. Everyone experiences stress to some degree. The way we respond to stress, however, makes a big difference to our overall well-being*". Stress makes it hard for us to relax and can come with a range of emotions, including anxiety and irritability. When stressed, we may find it difficult to concentrate. We may experience headaches or other body pains, an upset stomach or trouble sleeping. We may find we lose our appetite or eat more than usual. Chronic stress can worsen pre-existing health problems and may increase our use of alcohol, tobacco and other substances. Stressful situations can also cause or exacerbate mental health conditions, most commonly anxiety and depression, which require access to health care. When we suffer from a mental health condition, it may be because our symptoms of stress have become persistent and have started affecting our daily functioning, including at work or school.

Stress has a different meaning for different people under different conditions. The first and most generic definition of stress is that proposed by Hans Selye: ''Stress is the nonspecific response of the body to any demand.'' Selye repeatedly emphasized the fact that the continued use of the word stress as a nonspecific- response to any demand was most appropriate. Selye argued that stress is not identical to emotional arousal or nervous tension since stress can occur under or in response to anesthesia in man and animals, and it can also occur in plants and bacteria that have no nervous system.

**STRESS AS A RESPONSE**: Stress as a response model was initially introduced by Hans Selye (1956), in which he describes stress as a physiological response pattern, which he describes within his general adaptation syndrome (GAS) model. Selye (1936, 1956, 1974) was popularly considered to be the father of the stress theory; in fact, he gave the field its name and provided one of the first systematic descriptions of stress responses. Selye's (1936) definition of stress is: "the non-specific response of the body to any demand placed upon it". He postulated that the stress response / GAS consists of three stages, namely the alarm phase, resistance phase and exhaustion

Stage one: Alarm reaction The alarm reaction describes Cannon's original flight-Or response. In this stage several body systems are activated, primarily the nervous system and the endocrine system, followed by the cardiovascular, pulmonary, and musculoskeletal systems. Like a smoke detector alarm buzzing late at night, all senses are put on alert until the danger is over.

Stage two: Stage of resistance

In the resistance stage, the body tries to revert to a state of physiological calmness, or homeostasis, by resisting the alarm. The body stays activated or aroused, usually at a lesser intensity than during the alarm stage but enough to cause a higher metabolic rate in some organ tissues. One or more organs may in effect be working overtime and, as a result, enter the third and final stage.

Stage three: Stage of exhaustion

Exhaustion occurs when one (or more) of the organs targeted by specific metabolic processes can

no longer meet the demands placed upon it and failed to function properly. This can result in death of the organ and, depending on which organ becomes dysfunctional (e.g., the heart), possibly the death of the organism as a whole and final stage.

**STRESS AS A STIMULI:** The concept of stress as a stimulus was introduced in the 1960s and viewed stress as an important event or change of an individual's life that demands response, adjustment, or adaptation. Adolf Meyer noted stressful events in his patients' lives through "life charts" and made the important observation that illnesses tended to cluster at those times when major events occurred. Later, Rahe introduced the concept of interpretation into his research (Rahe & Arthur, 1978), suggesting that a change or life event could be interpreted as a positive or negative experience based on cognitive and emotional factors. However, stress as a stimulus model fails to address significant variables such as previous learning, environment, support networks, personality, and life experiences.

**STRESS AS A TRANSACTION:** The transactional theory of psychological stress (Lazarus & Folkman, 1984) has been the most influential theory, generating the most research. This theory suggests that stress only occurs when people judge their coping skills to be inadequate to meet the current demand (Rice, 1999). Lazarus and Folkman (1984) assume that stress and health have reciprocal influences, in other words, stress can have a powerful impact on health and health can influence a person's resistance or coping ability. Stress is also described as a relationship between the person and the environment.

**The central role of the brain in stress**: The brain is the central organ of stress and adaptation because it perceives what is threatening and determines behavioral and physiological responses. Brain circuits are remodeled by stress–which changes the ability to self-regulate anxiety and mood–to perform working and episodic memory, as well as executive function and decision making. The brain regulates the body via the neuroendocrine, autonomic, immune, and metabolic systems, and the mediators of these systems and those within the brain and other organs activate epigenetic programs that alter expression of genetic information so as to alter cellular and organ function. While the initial active response to stressors promotes adaptation ("allostasis"), there can be cumulative change (e.g., body fat, hypertension) from chronic stress and resulting unhealthy

behaviors ("allostatic load") that can lead to disease, e.g., diabetes, cardiovascular disease ("allostatic overload"). Besides the embedding of early life experiences, the most potent of stressors are those arising from the social and physical environment that affects both brain and body. Gradients of socioeconomic status reflect the cumulative burden of coping with limited resources, toxic environments, and negative life events, as well as health-damaging behaviors that result in chronic activation of physiological systems that lead to allostatic load and overload.

**Signs and Symptoms of stressful behaviors of students:**

Some common signs are:

1) Students may be experiencing irritability because of lack of proper sleep at night.

2) They may be unable to concentrate on academics and sports.

3) Students may be having unexplained fears or increased anxiety.

4) Students separate themselves from family activities or peer relationships.

5) Students may be experimenting with drugs and alcohol.

6) Students may complain about headaches or stomach aches.

7) Students may have a poor appetite and low Immunity.

Symptoms of Stress can be categorized as emotional, behavioral, cognitive, and physical. **Physical symptoms** of stress include fatigue, nausea, muscle tremors, twitches, and headaches.

It also visual difficulties, grinding or clenching of one's teeth, and weakness. Physiological or psychological responses to stress, if chronic or frequently occurring, can result in illness or disease. Many students complain of headaches and exhaustion. Other students experience negative cognitions which affect how rational they may act and feel.

**Cognitive symptoms** of stress appear as placing the blame of errors on others, confusion, poor attention, and poor decision-making abilities. Heightened or lowered alertness, poor concentration, memory problems, poor problem-solving ability, poor abstract thinking, and nightmares are included as well.

**Behavioral symptoms** of stress manifest as changes in activity, withdrawal, emotional outbursts, suspiciousness, change in usual communication abilities, and loss or increase of appetite. In addition, the beginning of an increase of alcohol consumption or other harmful substances, the inability to rest, nonspecific body complaints, pacing, and being hyper-alert to the environment.

**Emotional symptoms** of stress include anxiety, guilt, grief, denial, fear, a sense of uncertainty, a loss of emotional control, Depression, apprehension, a feeling of being overwhelmed, intense anger, irritability, and aggravation.

**Adverse effects of stress on students:** Students are experiencing high levels of stress in many areas of their life. The combination of a busy life with Education is causing stress and depression. Minimal stress is beneficial and may result in excellent performance. However, uncontrolled stress can lead to exhaustion, depression and several other sicknesses. The stress that students experience can test their ability to cope and their ability to adapt. The impact of stress on students can be looked at from various angles. According to Centre (2010); Stress affects students academically, socially, physically and emotionally.

**Impact of stress academically:** Students are facing various academic problems in today's highly competitive world, which includes exam stress, lack of interest in attending classes, and inability to understand the topic. Academic stress is the major cause of stress among adolescents and may result in low self-esteem. Most psychological problems such as depression and suicide occur as a

result of low self-esteem.

**Impact of stress socially: Students** are social beings by nature, as they have an essential need and wish to uphold helpful social relations. Social relationships can offer nurturance, foster feelings of social inclusion, and lead to reproductive success. Anything that disrupts or threatens to disrupt their relationships with others can result in social stress.

**Impact of stress physically:** Stress that goes on without a break can lead to a condition called distress, a negative stress reaction. Distress can lead to physical problems. The Physical impact of stress basically reflects on the health of the student (Centre, 2010). Stress can also lead to a changein people's behaviors, such as nail biting, heavy breathing, teeth clenching and hand wringing. When individuals are stressed out, they may experience cold hands and feet, butterflies in the stomach, and sometimes-increased heart rate, all of which are considered as common physiological effects of stress, that can be associated with Anxiety.

**Impact of stress emotionally:** Stress causes irritability and bad tempers in students. Students who stress easily get annoyed with the Little-little things. Stress in its own way kills the tolerance of students making them vulnerable to temper issues. Students try to be calm but because they are worried and disturbed, they lose their control easily.

**WHAT IS DEPRESSION?**

Depression is a common mental disorder that presents a depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration. These problems can become chronic or recurrent and lead to substantial impairments in an individual's ability to take care of his or her everyday responsibilities. At its worst, depression can lead to suicide, a tragic fatality associated with the loss of about 850 000 lives every year.

Depression is the most common of the affective disorders; it may range from a very mild condition, bordering on normality, to severe (psychotic) depression accompanied by hallucinations and delusions. Worldwide, depression is a major cause of disability and premature death. When the negative reactions to life`s situations become repetitively intense and frequent

We develop symptoms of depression. Life throws up innumerable situations, which we greet with both negative and positive emotions such as excitement, frustration, fear, happiness, anger, sadness. Depression is prevalent among all age groups, in almost all walks of life. Indians are among the world's most depressed. According to a World Health Organization-sponsored study, while around 9% of people in India reported having an extended period of depression within their lifetime, nearly 36% suffered from what is called Major Depressive Episode (MDE).MDE is characterized by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy and poor concentration, besides feeling depressed. Lowest prevalence of MDE was in China (12%). The average age of depression in India is 31.9 years compared to 18.8 years in China, and 22.7 years in the US. The female: male ratio was about 2:1."WHO ranks depression as the fourth leading cause of disability worldwide and projects that by 2020, it will be the second leading cause.

**DEPRESSION SYMPTOMS**:

Depression symptoms include:

1) Feelings of sadness or unhappiness

2) Irritability or frustration, even over small

matters

3) Loss of interest or pleasure in normal Activities

4) Reduced sex drive

5) Insomnia or excessive sleeping

6) Changes in appetite — depression often

causes decreased appetite and weight loss, but in some people, it causes increased cravings

for food and weight gain

7) Agitation or restlessness — for example,

pacing, handwringing or an inability to sit Still

8) Irritability or angry outbursts

9) Slowed thinking, speaking or body movements

10) Indecisiveness, distractibility and decreased concentration

11) Fatigue, tiredness and loss of energy == even small tasks may seem to require a lot of effort

12) Feelings of worthlessness or guilt, fixating on

past failures or blaming yourself when things aren't going right

13) Trouble thinking, concentrating, making decisions and remembering things

14) Frequent thoughts of death, dying or suicide

15) Crying spells for no apparent reason

16) Unexplained physical problems, such as back pain or headaches

Depression affects each person in different ways, so, symptoms caused by depression vary from person to person. Inherited traits, age, gender and cultural background all plays a role in how depression may affect you.

**SIGNS AND SYMPTOMS OF DEPRESSIVE DISORDER**:

1) A depressive disorder is a syndrome (group of symptoms) that reflects a sad and/or irritable mood exceeding normal sadness or grief. More specifically, the sadness of depression is characterized by a greater intensity and duration and by more severe symptoms and functional disabilities than is normal.

2) Depressive signs and symptoms are characterized not only by negative thoughts, moods, and behaviors but also by specific changes in bodily functions (for example, crying spells, body aches, low energy or libido, as well as problems with eating, weight, or sleeping). The functional changes of clinical depression are often called neurovegetative signs. This means that the nervous system

changes in the brain cause many physical symptoms that result in participation and a decreased or increased activity level.

3) Certain people with depressive disorder, especially bipolar depression (manic), seem to have an inherited vulnerability to this condition.

4) Depressive disorders are a huge public-health problem, due to their affecting millions of people. About 10% of adults, up to 8% of teens and 2% of preteen children experience some kind of depressive disorder.

5) Depression is usually first identified in a primary-care setting, not in a mental-health practitioner's office. Moreover, it often assumes various disguises, which causes depression to be frequently underdiagnosed.

6) In spite of clear research evidence and clinical guidelines regarding therapy, depression is often undertreated. Hopefully, this situation can change for the better.

7) For full recovery from a mood disorder, regardless of whether there is a precipitating factor, or it seems to come out of the blue, treatment with medication and/or electroconvulsive therapy (ECT) and psychotherapy is necessary

**CAUSES OF DEPRESSION:** Some types of depression run in families, indicating that a biological vulnerability to Depression can be inherited. This seems to be the case, especially with bipolar disorder. Families in which members of each generation develop bipolar disorder have been studied. The study found that those with the illness have a somewhat different genetic makeup than those who do not become ill. However, the reverse is not true. That is, not everybody with the genetic makeup that causes vulnerability to Bipolar will develop the illness. Apparently, additional factors, possibly a stressful environment, are involved in its onset and protective factors are involved in its prevention. Major depression also seems to occur generation after generation in some families, although not as strongly as in bipolar I or II. Indeed, major depression can also occur in people who have no family history of depression. External events often seem to initiate an episode of depression. Thus, a serious loss, chronic illness, difficult relationship, financial problem, or any unwelcome change in

life patterns can trigger a depressive episode.

The following may play a role in depression:

* Alcohol or drug abuse

*Certain medical conditions, including underactive thyroid, cancer, or long-term pain

*Certain medications such as steroids

*Sleeping problems

*Stressful life events, such as:

-Breaking up with a boyfriend or girlfriend

-Failing a class

-Death or illness of someone close to you

-Divorce

-Childhood abuse or neglect

-Job loss

-Social isolation (common in the elderly)

**Prevalence of depression among students:**

Depression is one of the most prevalent problems in the mental health of students at different educational levels, such as high school, college and university. Previous studies have

proposed that psychological morbidity, particularly depression, is a common disorder among students. Studies of psychological problems encountered by counselling centers revealed that depression was one of the five most common problems among college students. They highlighted that depression accounted for 39% of problems, a higher rate than anxiety, problems with romantic relationships, and the self-esteem of students across different settings. Recent systematic review reported that depression in university students is much higher compared to the general population (Ibrahim et al., 2013). Similarly, according to this study, it cannot be concluded that the prevalence of depression is higher than the general population because this study only focused on university students.

According to 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 females that are based on biological adaptations that are the same both sexes. Connections between gender and mental health manifest differently for each child and young person, in combination with a range of individual, social and structural factors, and in ways that 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 childhood, women are more likely to be diagnosed with a mental health condition than men. Girls and young women are more likely than boys and young men to have depressive disorders and anxiety disorders.

**LITERATURE REVIEW:**

1) L. Hamen and Susan D. Cochran conducted a research on Cognitive correlates of stress and depression in college students of University of Constance California, Los Angeles. The subjects were 34 moderately depressed college student, 30 students who had encountered high levels of personal stress but non-depressed and 35 non-depressed controls. The depressed students were significantly more likely to report greater upset and more uncertainty in their lives as a result of stress than either of the non-depressed groups.

2) Preety Sharma and Mustafa Nadeem Kirmani conducted a research on exploring depression and stress among students of college going students of Kishinchand Chellaram College, Mumbai. The subjects were 50 female students and 50 males respectively. This research reveals that higher rate of depression and stress are among female students. And it was empirically found that even among students, professional (top) students report higher level of depression and stress than non-professional (average) students.

3) Rahul Gajanan Kambal and Vicas S. Minchekar conducted a research of academic stress and depression among college students. They collected 360 participants (consisting 180 males, 180 female) from the different college of kohalpur District, age ranging from 17-21 years. Gender difference on academic stress finds that the mean score of males on Personal Inadequacy is 40.15, and the mean score for females is 45.62, which means the personal inadequacy among female is more than male.

4) Shanil Kapoor conducted a research on gender difference in depression among college students of Goa Vidyaprasarak mandal, Goa. With 200 participants, 100 males and 100 females. Results revealed that the mean score of the males is 5.74 and obtained 't' value is 11.62 and the mean score for females is 6.89 and obtained 't' value is 13.04 which means depression among females is more than males.

5) Anthony L. Pillay and Harshalini Y. Bundhoo conducted a research on Mauritian Undergraduate University student's source of stress and support. In the context sources of stress and support were examined in 327 undergraduate students at university in Mauritus.
The result showed that academic concerns were the most stressful areas, with women significantly more affected than most men.

Over 90% of the participant perceived their parents and friends as supportive, while about three-quarters of the sample viewed siblings and classmates as supportive.

6) Leano Tumalo Hetolang and Kennedy Amone P'Olak conducted a research on the association between stressful life event and depression among students in a university in Botswana. Depression and stressful life events were assessed in 304 students at a university in Botswana using the 21 Beck's depression inventor (BDI) and the 26 item Social Readjustment Rating Scale. Depression was present in 22% of the participants. More than half of the participants reported 10 or more stressful life events.

7) Sung Mook Hong, Salvatora Faedda and Maria Zacharia conducted a research on the topic "Are university students more depressed than non-university students?". Rimon's brief Depression Scale was administered to examine the associations of university status and gender or depression among 1728 subjects ages 17-40 years. Analysis showed the 912 women significantly more than the 816 men's.

8) Jabulani D. Thwala and Indira Pally conducted a research on Adult first year student's reports of depressive symptoms at a rural south African University. They administered the university Student Depression Inventory (USDI) to a sample of 3180 undergraduate first year student between 22-54 years of age. The sample comprised mainly women and the result showed that men and rural students reported in significantly more depressive symptoms, and with 79% of the sample reporting the thought of suicide.

9) Tapas Karmakas and Santosh Kumar Behera conducted a research on depression among college students. BDI was employed to measure the degree of depression and 160 students in arts and sciences were taken as representative sample of the whole population. The result presented that level of depression among students and found that out of 160, 16.88% students

are minimal depression, 35.62% students are mild depression, 41.25% students are moderate depression. And female depression among 160 is 59% and male are 41%. It is found that there is significance difference exist between gender with regards to depression.

10) Che Noriah Othman conducted a research paper on nature of stress among health science students in a Malaysian University by using validated Medical Students Stressors Questionnaire (MSSQ). The MSSQ was distributed to 248 students. The MSSQ showed satisfactory level of Psychometric property in the students. The academic requirement is the major stressor for the students.

## CHAPTER-II

## STATEMENT OF THE PROBLEM

Notably, several studies have shown that depression causes severe impairment in cognitive and social functioning in college students currently, such as decreased executive and memory functions, difficulty concentrating, and social avoidance. The feeling of overwhelming college related stress actually reduces their motivation to do the work, impacts your overall academic achievement, and increasing their odds of dropping out. And these stress can also cause depression, poor sleep, substance abuse and anxiety. And by finding the result of this research we can try to make the environment better or help students reduce and cope with the negative effects of stress on their physical, emotional and mental health. As it is evident that current college students who are mainly adolescents have become a high prevalence group of mental illness and a vulnerable group of mental health. Depression among adolescents (college students) deserves to be focused on because of its larger scope, deeper impact and more serious outcome.

### OPERATIONAL DEFINITIONS:

**Stress**:

Stress can be defined as a state of worry or mental tension caused by a difficult situation. Stress is a natural human response that prompts us to address challenges and threats in our lives. Everyone experiences stress to some degree. (WHO, 2023)

**Depression**:

Depression is a mood disorder where the patient experiences persistent symptoms of depressed mood, sadness, and a loss of interest in daily activities to the point where it affects their normal function such as their appetite, energy levels, concentration levels and sleep. (Dr. Nelson Lau)

**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 others. As a social construct, gender varies from society to society and can change over time. (WHO)

**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 Students**:

College students are individuals, more so, young adults, who are pursuing higher education at a university or college. They attend classes, make friends, family, and have fun exploring new opportunities. As it's an exciting time of growth and learning.

**OBJECTIVE OF THE STUDY:**

1) To determine the gender difference in the levels of stress and depression among HATIM college students

2) To examine correlation between stress and depression among HATIM college students

**HYPOTHESIS:**

1) There will be a correlation between stress and depression among college students of HATIM

2) There will be a gender difference between stress and depression among HATIM college students

## CHAPTER – III

## METHODS AND PROCEDURE

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 males and 153 were females. The participants in the study age ranges between 18-25 years with a mean 'h' of 21.5.

**RESEARCH DESIGN:**

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

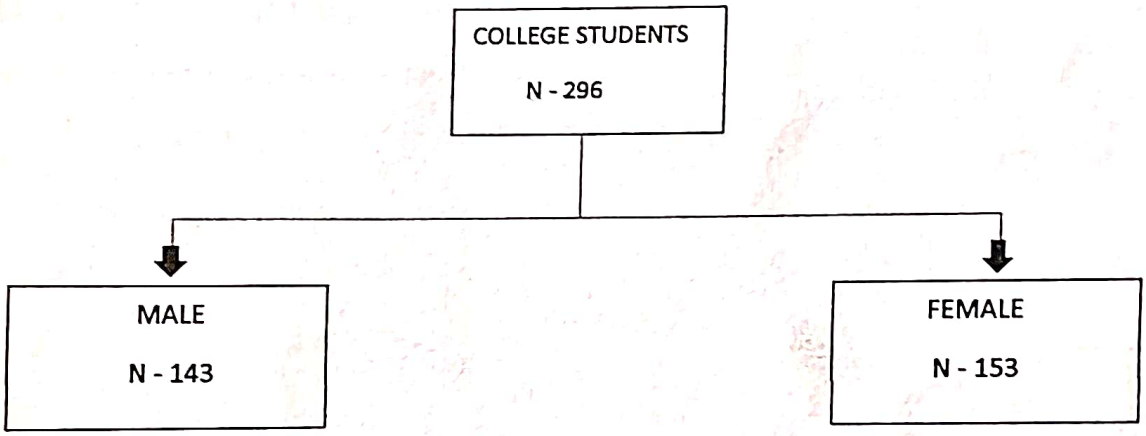


*FIGURE I: Showing the classification of the sample based on gender*

**PROCEDURE:**

Permission was sought from the authorities of the selected colleges by the researcher, prior to the conduction of data collection from the students. The researcher ensured that a good rapport was established between students and the researcher. Proper instruction was given as to ensure honest and independent responses are given.

With permission from the participants through informed consent form and informing them of confidiality, the researcher provided any necessary information about the study and purpose of the study, any doubts raised were clarified. Proper as given as to a secure, honest and independent responses are given.

## PSYCHOLOGICAL TOOLS:

Depression, Anxiety and Stress Scale – 21 (DASS 21) (Lovibond et.al, 1995): 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 scales contains 7 items, divided into subscales with similar content. Respondents all rate 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

# RESULTS AND DISCUSSION

It may be reiterated that the objectives of the study were to highlight the nature of gender differences and the relationship between stress and depression among HATIM college students, and it was hypothesized that there would be a statistical difference in gender as well as an association between the two variables.

Statistical analysis was done in stepwise to obtain the result, such that

1. checking the assumption of parametric statistics for the purpose of the selection of appropriate statistics (Levene's test for homogeneity of variance, skewness, and kurtosis)

2. An independent sample t-test was analysed to determine the gender difference in levels of stress and depression

3. Checking the relationship between dependent variables using Pearson's correlation

Statistical analysis was carried out as shown in the table below.

**RESULTS:**

*Table 1 showing the mean, SD, skewness and kurtosis*

**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 | | .359 | .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 average age of participants was 21.5 years (*SD* for Depression is 4.149 and for Stress is 3.719)

*The age of participants ranged from 18-25 years (*M* for depression = 7.19, *M* for stress = 7.34). age was normally distributed, with skewness of .142 in depression, .142 in stress and kurtosis of .282 in depression and .282 in stress.

*Participants were 143 males and 153 females aged 18-25 years (Men: *M* = 6.29, Female: *M* =8.03 in Depression) (Men: *M* =6.61, Female: *M* =8.02 in Stress).

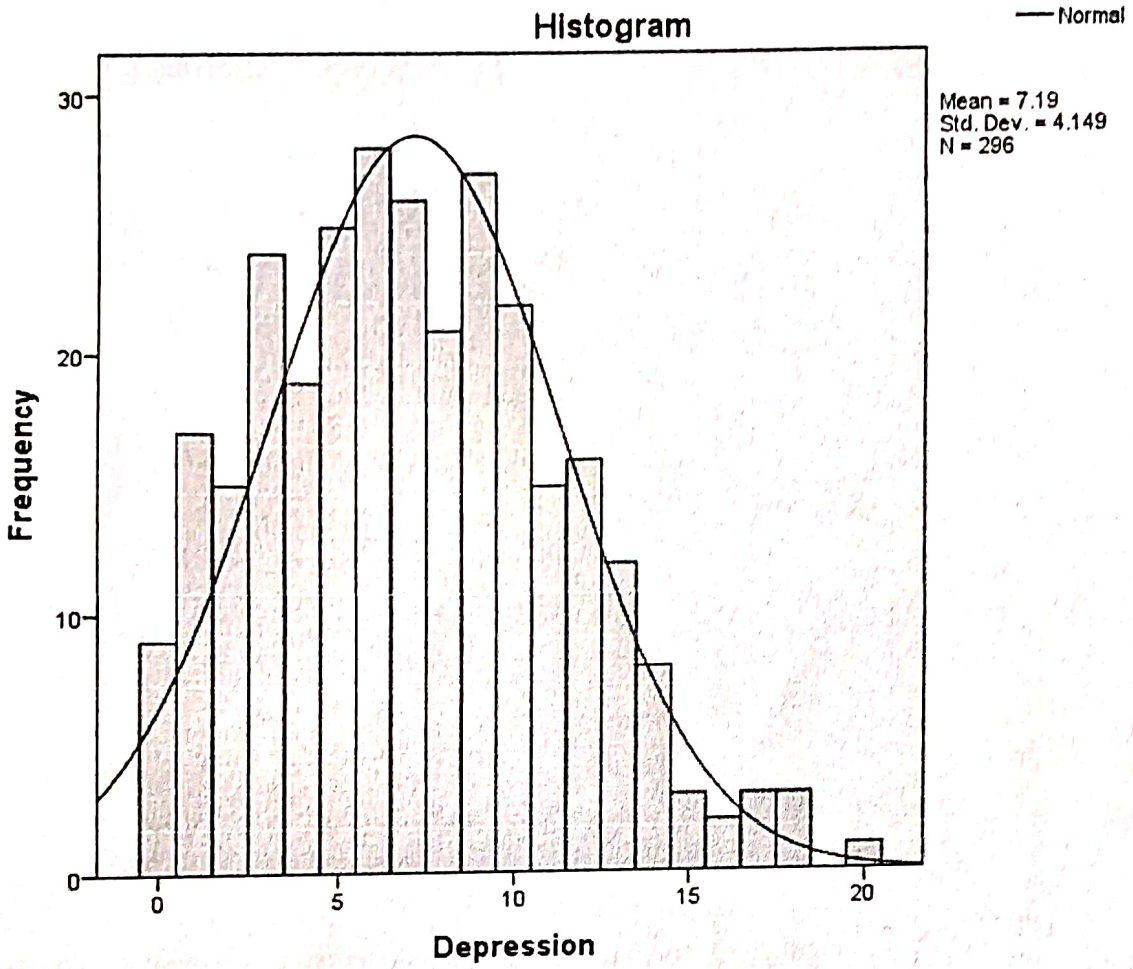


*FIGURE 2 SHOWING THE SCORE DISTRIBUTION OF DEPRESSION*

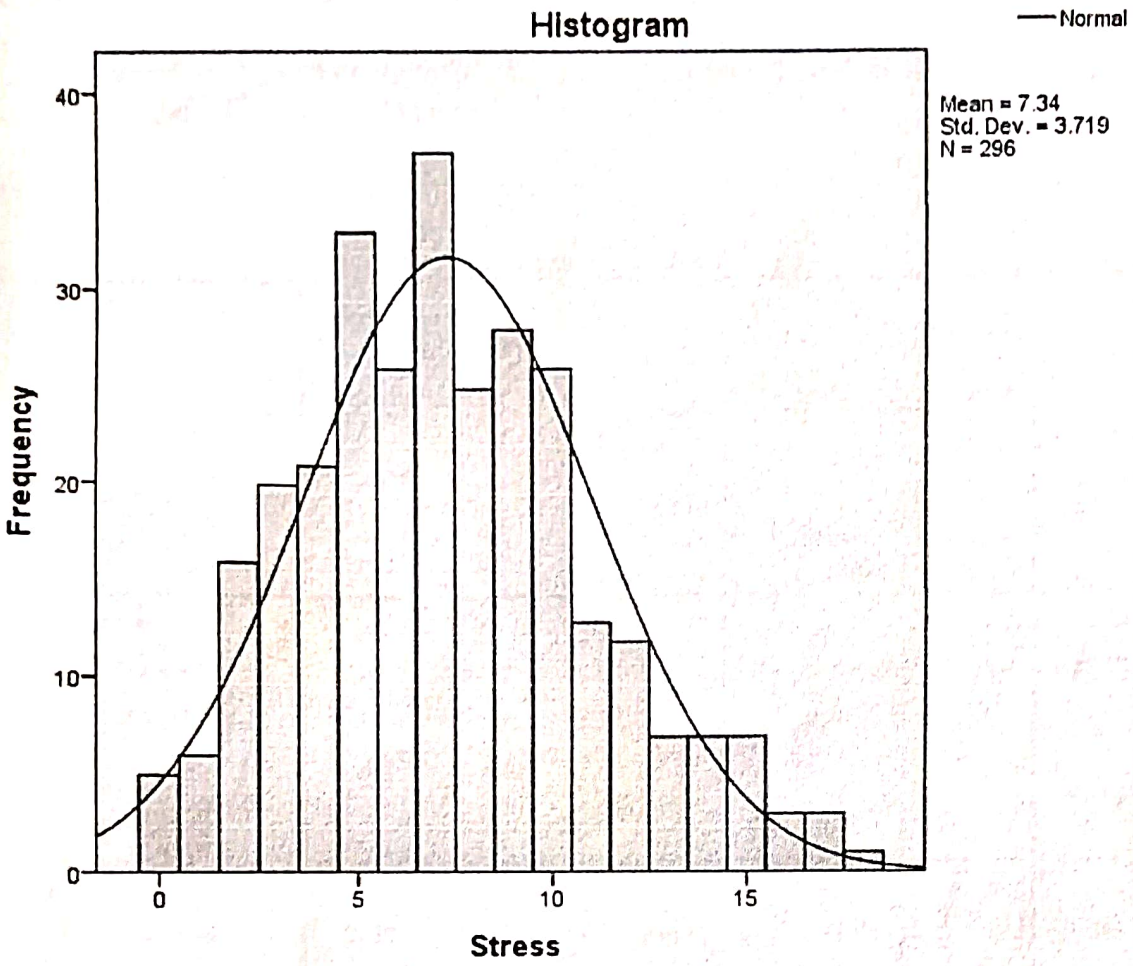


*FIGURE 3 SHOWING THE SCORE DISTRIBUTION OF STRESS*

***Table 2 showing the mean, SD and SE of gender in 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 no 2 shows the mean difference among male and female on stress and depression which

indicates that Female students (M = 8.03) score higher than Male students (M = 6.29) in Depression. It also shows that female students (M=8.02) score higher than male students (M=6.61) in Stress. Therefore, we can conclude and say that female students of HATIM college have higher level of Stress and Depression than males

**Independent Samples Test**

| | | 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 Difference | Std. Error 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 showing t-statistics for depression and stress***

*An independent – samples t-test indicated that scores were significantly higher for women (*M* = 8.03 in Depression and *M* = 8.02 in Stress, *SD* = 3.797 in Depression and *SD* = 3.679 in Stress) than for men (*M* = 6.29 in Depression and *M* = 6.61 in Stress, *SD*= 4.331 in Depression and *SD* = 3.635 in Stress), t(294)=3.665

*Table 4 showing the correlation of stress and depression*

*Correlations*

| | | 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. And Table 4 shows that there is a positive correlation between Stress and Depression.

**DISCUSSION**:

The aim of this study is to study the gender difference between male and females on the college students of HATIM and how Stress and Depression are correlated. Depression, Anxiety and stress 21 (DASS-21) by S.H Lovibond was used for the research. It was hypothesized that (1) there will be a correlation between stress and depression; and (2) there will be a gender difference between stress and depression among HATIM college students.

It was found that there is a positive correlation between Stress and Depression among the college students of HATIM. This is supported by research conducted by Yafei liu et.al. (2021) who found that there is a positive correlation between Stress and Depression in their research on the university students from a western China which aimed to explore the effect of stress and depression, and also the study conducted by S.L. Killinger et.al. (2017) examined the experiences of stress and depression among veterinary medical students, with a particular focus on the experiences of stress and depression. Using a sample of students in 33 different veterinary medical schools in North America, results indicated stress levels similar to those reported by college students in general and depression levels that reach the level of mild to moderate in just

over 66% of the sample. Positive correlation of stress and depression were found in both gender and year in the program.

It was found that there is a significant difference in gender on stress and depression among HATIM college students and the result shows that females have significantly higher level of Stress and Depression than males. Many researchers have indicated that female have higher level of stress and depression than male. Shanil Kapoor in his research found that female have higher levels of stress and depression than males which was conducted on the college student of Goa Vidyaprasarak mandal, and also Preety Sharma and Mustafa Nadeem Kirmani conducted a research on exploring depression and stress among students of college going students of Kishinchand Chellaram College, Mumbai. The subjects were 50 female students and 50 males respectively. This research reveals that higher rate of depression and stress are among female students.

# CHAPTER-V

## SUMMARY AND CONCLUSION

### SUMMARY:

The present study entitled 'The study of Stress and Depression among HATIM college students' aimed to study the gender difference between male and females on how Stress and Depression affect them.

It was found that there is a positive correlation between Stress and Depression among the college students of HATIM and it was found that females have significantly higher level of Stress and Depression than males.

To achieve the objectives and hypothesis of the study, 296 participants from the college students of HATIM, comprising of 153 females and 143 males of the age group between 18-25 years (young adult) were selected to serve as population.

A quantitative exploratory design had been utilized to achieve the objectives of the study. The study incorporated a two-way classification of variables of 'gender' (male and female). Depression, Anxiety and Stress scale-21 (DASS-21) was used for psychological evaluation of the participants, all prescribed instructions were given in the manual, and APA guidelines for the research were followed.

### IMPLICATIONS:

Many researches had been done on Stress and Depression on college level, but there is only a few research done in the district of Lunglei especially among college students.

The study revealed that females have significantly higher level of stress and depression than males and found that there is a correlation between stress and depression.

Research on prevalence of Stress and Depression among college students is important.

Conducting a Research is key to transforming the next generation for treatments for stress and

depression disorders. The present study gives us information about what disorder are most prevalent among genders. This can enable any awareness programs to provide the most relevant information among the population, regarding stress and depression.

**LIMITATIONS:**

This research was done in the light of some implications.

1) As the population is small, it cannot represent the whole young adults of Lunglei.

2) Since it was conducted only in one college (HATIM), therefore, it cannot represent the whole college students of Lunglei colleges.

3) Some of the students, even after giving them clear instructions, they still tend to answer the questionnaire without any seriousness and also there were always some students who were absent and therefore they did not return the questionnaire given to them.

4) Since the time given to us was limited and due to the sufficiency in the system (like laptops or computers) the work progress was slowed.

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## APPENDICES:

A) CONSENT FORM

B) DEMOGRAPHIC DETAIL FORM

C) PSYCHOLOGICAL TESTS/SCALE

**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**

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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: _____

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# 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 wasn't worth much as a person | 0 | 1 | 2 | 3 |
| 18 (s) | I felt that I was rather touchy | 0 | 1 | 2 | 3 |
| 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 |
| 20 (a) | I felt scared without any good reason | 0 | 1 | 2 | 3 |
| 21 (d) | I felt that life was meaningless | 0 | 1 | 2 | 3 |

## 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+ |

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