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

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CERTIFICATE

This is to certify that the present piece of research titled "*Stress and Depression among HATIM college students*" is a bonifide research conducted by *C. H. Ramengmawia* under my supervision. *C. H. Ramengmawia* 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 *C. H. Ramengmawia* has not been submitted in support of an application on this or any other college or institution of learning.

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DECLARATION

I, C. H. Ramengmawia, 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 institution.

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

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ABSTRACT

The present study examined the gender difference between male and female on Stress and Depression. 296 participants (143 males and 153 females) were selected randomly from college students in HATIM. Psychological variables were measured using Depression, Anxiety and Stress Scale-21 (DASS). Descriptive analysis and parametric assumptions were made checked,T-test was utilized. The findings revealed significant gender differences in Stress and Depression among the sample 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 differences, College students and DASS-21

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CHAPTER-I:

INTRODUCTION

A college student is an individual who is enrolled in a university or college for a particular course. They are a part of the institution while they pursue the course and then become the part of the alumni association once they complete the course. The college student learns various things during the college days like, discipline, better ways of communication, preparing project reports, hosting fests, etc. Students should surely give their best while they are still in college because the college years play a major role in the growth & development of students. College students are expected to be hardworking, disciplined, dedicated, and goal-oriented. The average age at which students enter college is about 18 years 6 months. There is always a certain, rather small, percentage who enter considerably younger than the average. They range all the way down to a little under 16 years of age. The number of these younger men is getting larger year by year. Recently there has been a good deal of discussion, chiefly among college presidents, dents, as to the advisability of having students begin their college work very much under the present average age. Some presidents argue that men should be encouraged to begin their college career at the age of 17 or less. They maintain that students who enter young stand higher in scholarship as a rule than do the older ones and that the long preparation commercial careers tend to force men to begin their life work too late. They believe that in some way the secondary school preparation should be speeded up.

Students are a unique group of people who are passing from most critical period of life in which they experience many stressful events. As the education proceed to the higher level the students use to face more stressful events like more tough syllabus, challenging work assignments and projects, residing in hostels such challenges need to be cope affectively. It is the duty of educator to help their students to cope from such stressors which allow them to have a stable mental health. Depression is a multi-problematic disorder that cause heavy burden in society which leads to the impairment of individual, social, interpersonal and occupational functioning. Anxiety is an internalized arousal of fear that may be real or imaginary. Anxiety is an unconscious reaction to depressive tendencies which may turn into severe fear or panic. Moreover, anxious students are also reported to suffer from leaning difficulties and problem solving. The psychological and physical symptoms include shivering of hands and lips, dryness in mouth, frequent urination and restless sleep. Stress is defined as a threat that poses challenge

to our well-being. When an organism adaptive capacity does not work accordingly to the demands of environment, results in biological and psychological disturbances. The earlier literature on mental health problems indicated that the students are expected to be well prepared for the future demands, stressors, increased responsibilities in academic as well as social life which leads to mental health problems among university students. This prevalence and frequency are varied across the globe due to various factors. Currently, it is considered that mental health issues are a very crucial public health concern resulting into one third of disability worldwide.

Poor mental health among university students is a global concern today. The prevalence of depression, anxiety, and stress among university students are pervasive, impacting the quality of life, academic success, and achievement. Depression is caused by a variety of factors, including genetics, the social environment, psychology, and social issues, and is usually caused by adverse events in life. It affects the thoughts, decisions, and actions of a person. Moreover, loss of concentration, sorrow, feelings of guilt or low self-worth, troubled sleep or appetite, and extreme drowsiness are some of the most common symptoms among people who suffer from depression. Meanwhile, anxiety is the body's reaction to an apparent danger induced by a person's thoughts, moods, and emotions and characterized by worrying feelings, tension, heightened blood pressure, heart rate, breathing rate, sweating, swallowing trouble, dizziness, and chest pain [6, 21]. On the other hand, chronic stress is one of the risk factors of depression among University students [26]. Several key factors that generate stress among university students include exam anxiety, financial issues, high expectation from parents, and relationship break up on the campus.

Previous researchers indicated that university students around the world have high rates of psychological morbidity, especially depression and anxiety. Most of the studies on depression, anxiety, and stress based on cross-sectional studies include prevalence and associations of students' demographic characteristics and academic performance. The main stressors were exams, academic overload, lack of time, and high expectations. Living with depression and anxiety often leads to low self-esteem, self-blame, hopelessness, thoughts of suicide, frustration, and peevishness among young people. Several studies indicate that first-year students are at high risk of various mental illnesses as they encounter many new stressors at the beginning of their University life. Psychological distresses among the students often result in withdrawal from the study [47]. Adlaf et al. (2001) found that the likelihood of dropout among first-year students is twice compared to the students in the second and third years.

What is stress?

The word 'stress' is used in physics to refer to the interaction between a force and the resistance to counter that force. The term "stress", as it is currently used was coined by Hans Selye in 1936, who defined it as "the non-specific response of the body to any demand for change". Stress arises when individuals perceive that they cannot adequately cope with the demands being made on them or with threats to their well-being. R.S. Lazarus (1966). Psychological stress and the coping process. New York: McGraw-Hill. Stress, it is argued, can only be sensibly defined as a perceptual phenomenon arising from a comparison between the demand on the person and his or her ability to cope. An Imbalance in this mechanism, when coping is important, gives rise to the experience of stress, and to the stress response. T. Cox (1978). Stress. Basingstoke: Macmillan Education.

Stress results from an imbalance between demands and resources. R.S. Lazarus and S. Folkman (1984). Stress, Appraisal and Coping. New York: Springer. Stress is the psychological, physiological and behavioural response by an individual when they perceive a lack of equilibrium between the demands placed upon them and their ability to meet those demands, which, over a period of time, leads to ill-health. S. Palmer (1989). Occupational stress. The Health and Safety Practitioner. A simple definition that can be used is: Stress occurs when pressure exceeds your perceived ability to cope. S. Palmer, 1999. Selye's General Adaptation Syndrome of Stress is a model that analyses an individual's response to long term stress which is broken down into three main stages, the initial alarm stage, the interim resistance stage and finally the exhaustion stage (Nicky Hayes, 1994). If the stressor persists the individual will progress through each of the stages, and in some cases disease and even death can result.

During the alarm stage the body reacts to the stressor with a 'fight or flight' response in which the parasympathetic nervous system is activated and hormones (e.g. adrenalin and noradrenaline) are released from the adrenal medulla (Richard Gross, 2010). If the stressor remains, the body then goes into the resistance stage during which it may outwardly appear to be functioning normally, however levels of blood glucose, cortisol (stimulated by adrenocorticotrophic hormones known as ACTH) and adrenaline remain higher than normal and the individual's heart rate, blood pressure and breathing will be higher than normal. The individual may appear calm but they are physically and mentally at 'action stations' (currentnursing.com, 2014). During the final, exhaustion stage the further release of ACTH is

inhibited by the hormones it has already stimulated and the levels of ACTH itself circulating in the blood. At this point the body begins to use up its energy reserves or resources and the body cannot function adequately. Blood sugar levels drop and the individual becomes vulnerable to disease and death. As Nicky Hayes (1994, p450) states 'This [final stage] produces an immediate and strong – sometimes excessive – reaction to even mild sources of additional stress'.

There are different types of stress:

1.Acute Stress

Acute stress is a relatively common occurrence and can be caused by many things (e.g., being in a car accident, losing a loved one, witnessing or being the victim of an attack, being diagnosed with a chronic illness). It's Important to remember that acute stress occurs just as often from witnessing a disturbing event as it does from experiencing one first-hand. People can also feel acute stress when they are preparing for a job interview or presentation, going to the doctor or dentist, or even anticipating important moments or major life events (e.g., wedding day, birth of child, starting a new job, moving, retiring, children going off to university or college).While sometimes difficult, different types of stress aren't always bad. Sometimes, stress is a natural process we experience as we try new things, grow, learn, and adjust. It can push us to meet and surpass a challenge, or at least find ways to cope,1 protecting you in dangerous situations. However, acute stress can be concerning if it has a significant impact on your mental and physical health.

People can also feel acute stress when they Acute stress doesn't usually have serious consequences on your mental and physical health due to its short duration. However, you can develop something called acute stress disorder, which is categorized in the Diagnostic and Statistical Manual as a temporary stress disorder following a stressful event. This can last anywhere from three days to a month after an incident has occurred.

It's also possible to develop and be diagnosed with post traumatic stress disorder (PTSD) following a onetime stressful event (acute stress), a series of stressful events (episodic stress), or ongoing stressors (chronic stress).PTSD is diagnosed if you are exhibiting specific signs related to stress for at least one month in duration. Let your doctor know if you are experiencing any significant distress for a prolonged period. Certain types of stress may warrant further assessment by a medical professional to ensure proper diagnosis and treatment.

Acute stress disorder symptoms can resemble those of PTSD as they share many of the same characteristics. The main difference is duration of symptoms. Some symptoms of acute stress include:

- Faster heart rate and breathing rate
- Increased perspiration
- Increased irritability
- Having no or reduced memory of a traumatic event
- Avoiding people, places or things that remind you of the traumatic event
- Hyperarousal, focus, and energy as blood rushes to your muscles, heart, and organs to prepare your body for the fight-flight response
- Feeling numb, detached, having reduced awareness of what's happening around you
- Having distressing thoughts, dreams, nightmares, and flashbacks of the event
- Having sleep difficulties
- Feeling restless
- Being easily startled
- Having difficulty focusing your attention
- Feeling tense
- Feeling heightened irritability, sometimes leading to disgust or hatred for others.

One of the most important steps to relieve acute stress is to make an appointment with your family doctor. They can determine whether you should consider medication to manage your mood, or they might refer you to a psychiatrist or psychologist for a more involved mental health assessment. If they have concerns about your safety, they may admit you into a hospital for an emergency mental health evaluation.

2.Episodic Acute stress

Someone with episodic acute stress experiences intense stress and life-or-death feelings in response to relatively mundane stressors. Although others may call these people "overly dramatic," they just do not understand that Episodic Acute Stress Disorder

is a real disease. Furthermore, the person with the disorder feels genuine stress that may make them think these situations are life-or-death. For example, someone may miss a deadline at work and immediately begin having an outsized reaction. Even if the person's boss is not too angry, the patient may start thinking that she will lose her job, become homeless, and die on the streets. To her, the panic is a reasonable reaction, but in reality, it is hurting her.

Signs of Episodic Acute Stress Disorder

It can be difficult for people with this disorder to get the treatment they need because they feel as though the stress is the right reaction and their support system may dismiss the symptoms. Some signs of episodic stress include:

- Irritability or uncontrolled anger
- Rapid heartbeat
- Panic attack
- Heartburn and other gastrointestinal troubles
- Muscular pain and tightness
- Left untreated, this disorder can lead to larger health problems, including: Heart disease, Frequent headaches, Hypertension

<u>Episodic Acute Stress Treatment</u>

Lifestyle changes, therapy, and medication can all be part of a treatment plan for Episodic Acute Stress Disorder. Therapists may recommend lifestyle changes such as changing jobs or starting a physical exercise routine. CBT can help patients learn how to react to triggers healthily. Medication can help in those times when the stress is too much for the patient to handle.

<u>3.Chronic Stress</u>

Chronic stress is described as ongoing and constant stress with no (or limited) relief. It can be common for people dealing with prolonged health issues or disabilities, or those who are caring for someone with prolonged health issues or disabilities. Chronic stress can also occur for people who are dealing with the following:

- Abuse or witnessing the abuse of others

- Long-term divorce or a child custody battle
- High-stress or high-danger jobs (e.g., emergency medical service workers, firefighters, police officers, armed forces and navy, crisis response workers)
- Ongoing housing and financial difficulties
- Living in a dangerous or crime-ridden neighbourhood. Discrimination based on gender, sexual orientation, race, age, disability, religion, cultural background, etc.
- Low self-esteem5 · Chronic stress also affects people who deal with multiple, persistent stressors at the same time
- Have a limited social support network of family and friends
- Are prone to mood swings
- Have challenges coping with the unknown

Chronic stress can be quite harmful for your mental and physical health. The stress hormones that are released to help the mind and body prepare for a difficult situation continue to be released due to ongoing stress. As a result, the constant flood of hormones builds up over time to cause significant deterioration.

<u>What Is Depression?</u>

Depression (major depressive disorder) is a common and serious medical illness that negatively affects how you feel, the way you think and how you act. According to DSM-5,depressionis: Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).Fortunately, it is also treatable. Depression causes feelings of sadness and/or a loss of interest in activities you once enjoyed. It can lead to a variety of emotional and physical problems and can decrease your ability to function at work and at home.

Depression symptoms can vary from mild to severe and can include:

- Feeling sad or having a depressed mood
- Loss of interest or pleasure in activities once enjoyed
- Changes in appetite — weight loss or gain unrelated to dieting
- Trouble sleeping or sleeping too much · Loss of energy or increased fatigue
- Increase in purposeless physical activity (e.g., inability to sit still, pacing, handwringing) or slowed movements or speech (these actions must be severe enough to be observable by others)
- Feeling worthless or guilty · Difficulty thinking, concentrating or making decisions

- Thoughts of death or suicide

Symptoms must last at least two weeks and must represent a change in your previous level of functioning for a diagnosis of depression. Also, medical conditions (e.g., thyroid problems, a brain tumor or vitamin deficiency) can mimic symptoms of depression so it is important to rule out general medical causes. Depression affects an estimated one in 15 adults (6.7%) in any given year. And one in six people (16.6%) will experience depression at some time in their life. Depression can occur at any time, but on average, first appears during the late teens to mid-20s. Women are more likely than men to experience depression. Some studies show that one-third of women will experience a major depressive episode in their lifetime. There is a high degree of heritability (approximately 40%) when first-degree relatives (parents/children/siblings) have depression.

How Is Depression Treated?

Depression is among the most treatable of mental disorders. Between 80% and 90% percent of people with depression eventually respond well to treatment. Almost all patients gain some relief from their symptoms. Before a diagnosis or treatment, a health professional should conduct a thorough diagnostic evaluation, including an interview and a physical examination. In some cases, a blood test might be done to make sure the depression is not due to a medical condition like a thyroid problem or a vitamin deficiency (reversing the medical cause would alleviate the depression-like symptoms). The evaluation will identify specific symptoms and explore medical and family histories as well as cultural and environmental factors with the goal of arriving at a diagnosis and planning a course of action.

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. An estimated 3.8% of the population experience depression, including 5% of adults (4% among men and 6% among women), and 5.7% of adults older than 60 years. Approximately 280 million people in the world have depression (1). Depression is about 50% more common among women than among men. Worldwide, more than 10% of pregnant women and women who have just given birth experience depression (2). More than 700 000 people die due to suicide every year. Suicide is the fourth leading cause of death in 15–29-year-olds.

Although there are known, effective treatments for mental disorders, more than 75% of people in low and middle-income countries receive no treatment (3). Barriers to effective care include a lack of investment in mental health care, lack of trained health-care providers and social stigma associated with mental disorders. Cognitive theories rose to prominence in response to the early behaviorists' failure to take thoughts and feelings seriously. The cognitive movement did not reject behavioral principles, however. Rather, the idea behind the whole cognitive theory movement was to integrate mental events into the behavioral framework. Cognitive Behavioral theories (sometimes called "cognitive theories") are considered to be "cognitive" because they address mental events such as thinking and feeling. They are called "cognitive behavioral" because they address those mental events in the context of the learning theory that was the basis for the pure behavioral theory described above. The rise in popularity of cognitive theory and behaviorism continues today; it forms the basis of the most dominant and well-research formed of psychotherapy available today: Cognitive-Behavioral Therapy (CBT).

How Does the Cognitive Approach Explain Depression?

The cognitive approach explains depression as a result of negative thinking patterns and beliefs that are developed over time. For example, Beck developed the concept of "schemas" which are the core beliefs and views of oneself, the world, and the future. Depressed individuals often have negative schemas, leading them to view themselves, situations, and the world in a negative light. They may focus on failures and evidence that supports their negative beliefs, leading to a cycle of negative thinking. This negative thinking can lead to feelings of hopelessness, helplessness, and a sense of being trapped. The whole cognitive therapy approach aims to help individuals identify and change these negative thinking patterns to improve their mood and quality of life.

How Does CBT Help Depression?

Cognitive Behavioral Therapy (CBT) is a type of talk therapy that has been shown to be effective in treating depression. CBT helps people learn how to identify negative patterns in their thoughts and behaviors that contribute to their depression. The therapist works with the individual to challenge and change these negative patterns and develop more positive ways of thinking and behaving. CBT can also help individuals develop coping skills and strategies to manage their symptoms, such as relaxation techniques and problem-solving skills. CBT is a time-limited treatment that typically involves weekly sessions over the course of

several months. The therapist provides support and guidance throughout the process, and individuals can learn ways to manage their depression on their own after treatment is complete. Different cognitive behavioral theorists have developed their own unique twist on the Cognitive way of thinking about mental health. According to Dr. Aaron Beck, negative thoughts, generated by dysfunctional beliefs are typically the primary cause of depressive symptoms. A direct relationship occurs between the amount and severity of someone's negative thoughts and the severity of their depressive symptoms. In other words, the more negative thoughts you experience, the more depressed you will become.

Beck also asserts that there are three main dysfunctional belief themes (or "schemas") that dominate depressed people's thinking: 1) I am defective or inadequate, 2) All of my experiences result in defeats or failures, and 3) The future is hopeless. Together, these three themes are described as the Negative Cognitive Triad. When these beliefs are present in someone's cognition, depression is very likely to occur (if it has not already occurred.

An example of the negative cognitive triad themes will help illustrate how the process of becoming depressed works. Imagine that you have just been laid off from your work. If you are not in the grip of the negative cognitive triad, you might think that this event, while unfortunate, has more to do with the economic position of your employer than your own work performance. It might not occur to you at all to doubt yourself, or to think that this event means that you are washed up and might as well throw yourself down a well. If your thinking process was dominated by the negative cognitive triad, however, you would very likely conclude that your layoff was due to a personal failure; that you will always lose any job you might manage to get; and that your situation is hopeless. On the basis of these judgments, you will begin to feel depressed. In contrast, if you were not influenced by negative triad beliefs, you would not question your self-worth too much, and might respond to the lay off by dusting off your resume and initiating a job search.

Beyond the negative content of dysfunctional thoughts, these beliefs can also warp information processing and shape what someone pays attention to. Beck asserted that depressed people pay selective attention to aspects of their environments that confirm what they already know and do so even when evidence to the contrary is right in front of their noses. This failure to pay attention properly is known as faulty information processing.

Particular failures of information processing are very characteristic of the depressed mind. For example, depressed people will tend to demonstrate selective attention to

information, which matches their negative expectations, and inattention to information that contradicts those expectations. Faced with a mostly positive performance review, depressed people will manage to find and focus in on the one negative comment that keeps the review from being perfect. They tend to magnify the importance and meaning placed on negative events, and minimize the importance and meaning of positive events. All of these maneuvers, which happen quite unconsciously, function to help maintain a depressed person's core negative schemas in the face of contradictory evidence, and allow them to remain feeling hopeless about the future even when the evidence suggests that things will get better.

Some theories of depression:

Behaviorist Theory

Behaviorism emphasizes the importance of the environment in shaping behavior. The focus is on observable behavior and the conditions through which individuals" learn behavior, namely classical conditioning, operant conditioning, and social learning theory. Therefore depression is the result of a person's interaction with their environment. For example, classical conditioning proposes depression is learned through associating certain stimuli with negative emotional states. Social learning theory states behavior is learned through observation, imitation, and reinforcement.

Operant Conditioning

Operant conditioning states that depression is caused by the removal of positive reinforcement from the environment (Lewinsohn, 1974). Certain events, such as losing your job, induce depression because they reduce positive reinforcement from others (e.g., being around people who like you). Depressed people usually become much less socially active. In addition, depression can also be caused by inadvertent reinforcement of depressed behavior by others. For example, when a loved one is lost, an important source of positive reinforcement has lost as well. This leads to inactivity. The main source of reinforcement is now the sympathy and attention of friends and relatives. However, this tends to reinforce maladaptive behavior, i.e., weeping, complaining, and talking of suicide. This eventually alienates even close friends leading to even less reinforcement and increasing social isolation and unhappiness. In other words, depression is a vicious cycle in which the person is driven further and further down.

Psychodynamic Theory

During the 1960s, psychodynamic theories dominated psychology and psychiatry. Depression was understood in terms of the following:

- Inwardly directed anger (Freud, 1917),
- Introjection of love object loss,
- Severe super-ego demands (Freud, 1917),
- Excessive narcissistic, oral, and/or anal personality needs (Chodoff, 1972),
- Loss of self-esteem (Bibring, 1953; Fenichel, 1968), and
- Deprivation in the mother-child relationship during the first year (Kleine, 1934).

Freud's psychoanalytic theory is an example of the psychodynamic approach. Freud (1917) prosed that many cases of depression were due to biological factors. However, Freud also argued that some cases of depression could be linked to loss or rejection by a parent. Depression is like grief in that it often occurs as a reaction to the loss of an important relationship.

Cognitive Explanation Of Depression

This approach focuses on people's beliefs rather than their behavior. Depression results from systematic negative bias in thinking processes. Emotional, behavioral (and possibly physical) symptoms result from cognitive abnormality. This means that depressed patients think differently from clinically normal people. The cognitive approach also assumes changes in thinking precede (i.e., come before) the onset of a depressed mood.

Humanist Approach

Humanists believe that there are needs that are unique to the human species. According to Maslow (1962), the most important of these is the need for self-actualization (achieving our potential). The selfactualizing human being has a meaningful life. Anything that blocks our striving to fulfill this need can be a cause of depression. What could cause this? Parents impose conditions of worth on their children. I.e., rather than accepting the child for who s/he is and giving unconditional love, parents make love conditional on good behavior. E.g., a child may be blamed for not doing well at school, develop a negative self-image and feel depressed because of a failure to live up to parentally imposed standards. Some children may seek to avoid this by denying their true selves and projecting an image of the kind of person they want to be. This façade or false self is an effort to please others. However, the splitting off of the real

self from the person you are pretending to cause hatred of the self. The person then comes to despise themselves for living a lie

As adults, self-actualization can be undermined by unhappy relationships and unfulfilling jobs. An empty shell marriage means the person is unable to give and receive love from their partner. An alienating job means the person is denied the opportunity to be creative at work.

Prevalence of mental health

When you are in college, it's a good idea to make your own mental health a priority. Not only will this set a foundation for you for the rest of your life, but the experiences you have during college are once in a lifetime. So, you'll want to make the most of it while being able to deal with whatever life throws your way. Additionally, when you're in college, you have a support network for your mental health available. Whether this is through student services and mental health counseling, mentors, parents, peers, or professors, there are people all over that are ready and willing to help you with whatever you may need.

Your mental health in college will have an impact on:

- Your overall health
- Your college experience
- Your academic outcomes

Maintaining good mental health is crucial for every individual, and for students, it becomes even more imperative. The demanding academic environment, coupled with the challenges of personal growth and social interactions, underscores the need to prioritize mental well-being. In this blog, we will delve into the compelling reasons why mental health holds such significance for students. From academic performance to overall quality of life, we will explore how nurturing mental health can positively impact various aspects of a student's journey.

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. The Manthan School believes mental health is important at every stage of life, from childhood and adolescence through adulthood. Over the course of your life, if you experience mental health problems, your thinking, mood, and behavior could be affected. Good mental health is essential for overall well-being, and it can contribute to a student's ability

to find success in the world. It can help students to develop and maintain strong relationships with others, as well as an overall sense of contentment. Good mental health also allows them to deal with life's challenges and stressors in their daily lives. Mental health among school students is a growing concern. The demands of schooling, combined with the challenges of adolescence, can be a recipe for disaster for many young people. Fortunately, there are things that can be done to help address this problem. One of the most important things is to raise awareness of the issue. Too often, mental health problems are seen as something that only affects a small minority of people.

According to the World Health Organization (WHO), "Gender refers to the socially constructed characteristics of women and men, such as roles, norms, and relationship of on 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 for both sexes. Connections between gender amd 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 change over the course of childhood and change 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 condition than men. Girls and young women are more likely than boys and young men to have depressive disorders and anxiety disorders.

Literature review

Zhang et al.,(2018) A cross-sectional survey was conducted among students from September to December 2018 in Heilongjiang Province, China. The final analysis included 5,109 students. Mobile phone addiction, sleep quality, and depressive symptoms were assessed using the Mobile Phone Addiction Index, Pittsburgh Sleep Quality Index, and Center for Epidemiologic Studies-Depression scales, respectively. Among all participants, the prevalence of depressive symptoms and sleep disturbance was 28.69 and 27.95%, respectively. Our research results underscore the need for stakeholders—including family members, educators, and policy makers—to take preventative intervention measures to address depression among Chinese students, especially high school students.

Subramani and Kadhiravan (2017) revealed the link between academic stress and mental health among students. He endorsed that academic stress and mental health are

correlated and that students are cramped with the academic structure. Parents and schools pressurize the students way too much for the higher grades that disheartens the students, further to add on there is not enough support from the parents and school in terms of guidance. The students are mentally healthy when they perform constructively in the academic forums. They also propounded that students from private schools are more pressurized as compared to students from government schools due to the excess of homework and other academic related assignments. Significant difference in mental health of students from private and government schools was found. He asserted that students from private schools have a different nurturing and vast exposure as compared to government school students who belong to poor socio economic background and lack of exposure. This is one of the reasons for the escalation of stress.

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

Hou et al., (2020): 3088 participants were recruited through social media cross China. Participants completed sociodemographic and the COVID-19 epidemic related questions, the 2-item Patient Health Questionnaire (PHQ-2), and the 2-item Generalized Anxiety Disorder Scale (GAD-2), the Chinese version of the 10-item Connor-Davidson Resilience Scale. We applied Chi-square test and ANOVA for data description and linear regression analysis for exploring factors associated with depression and anxiety.Of 3063 participants eligible for analysis, the total prevalence of depression and anxiety was 14.14 and 13.25%. Females were experiencing more severe stress and anxiety symptoms, while males showed better resilience to stress. The severity of depression symptoms would decrease with the increase of age resilience, and it would increase if being unemployed, feeling less adapted, being more stressed. The severity of anxiety symptoms would decrease with higher education and better resilience, and it would increase if being female, spending over 60 min on COVID-19 related information, less adapted, and being more stressed.The findings show the increased prevalence of depression and anxiety in Chinese population during the COVID-19 epidemic,

and females are experiencing more severe anxiety symptoms than males. As social media is the current main resource of information related to COVID-19, interventions should be implemented to help users to limit the time they spend on social media and to get key information related to the epidemic from authoritative and authentic resource to avoid infodemic and prevent mental health problems.

Wenjuan et al., (2019) : The objective of this longitudinal study was to examine the gender differences in college students' depression, anxiety, and stress over the four academic years, and to explore possible anxiety-related factors among first year students.The study analyzed 1892 undergraduate students from 15 universities in China, with 898 females and 994 males. The students have been followed for four years and completed a survey containing the Depression Anxiety Stress Scale-21 questionnaire, students' socio-demographic information, and their educational background, etc.On average, both female and male college students suffered from mild anxiety in the first three years. Female students scored significantly higher in anxiety than males in the first and second years, and there was no significant gender difference in students' average depression and stress levels. A significantly larger proportion of female students experienced anxiety above the normal threshold, whereas a higher percentage of male students endured different degrees of depression; no significant gender differences were found in stress problems. Anxiety had a significant positive correlation with introversion. Female freshmen's anxiety levels were also associated with their body image, drinking habits, and academic performance.Anxiety turned out to be the most prevalent and serious issue for college students, especially for female students; while a growing prevalence of depression was found among male students during college. It is of great significance to adopt collegiate policies reflecting the gender differentials.

Manap et al., (2015) :This preliminary study was done among undergraduate students in Faculty of Management and Muamalah (FPM) and FPPI in Kolej Universiti Islam Antarabangsa Selangor. The Depression, Anxiety and Stress Scale 21 (DASS-21) inventory was used to measure the students' mentalhealth based on three elements which are depression, anxiety and stress.Self-administered questionnaires consisted of 2 sections: Demographic data, and DASS 21 questions. Demographic data consists of 5 questions based on personal details: gender, age, study course, semester and previous school before joining the private educational institution. The DASS 21 is a 21 item self-report questionnaire devised to measure and assesses the severity of a range of symptoms common to depression, anxiety and stress. DASS-21 was

used because it is well-established, easy to use and reliable, based on Cronbach's alpha scores (0.91 for depression,0.84 for anxiety and 0.90 for stress) in the normative sample.

Liu and Alloy (2010) studied about stress generation in depression: A systematic review of the empirical literature and recommendations for future study. Preliminary support for the stress generation model came from Hammen (1991) original finding that relative to treatment-seeking women with chronic physical health condition, bipolar disorder and healthy controls, those with a history of recurrent unipolar depression reported of higher rates of dependent episodic stressors. In summary, there is now a substantial amount of support for the stress generation effect in depression, with many studies replicating the original finding (Hammen 1991) that depression is associated with subsequent occurrence of dependent stress.

Parker et al., (2019) studied on the impact of stress on students in secondary school and higher education. A single author (MP) PubMed and Google scholar for peer-reviewed articles published at any time in English. The author reviewed all potential articles for inclusion. The study assessed the impact of stress on students' mentl health, substance use, sleep, dropout rates,physical activity. This narrative review highlights that academic-related stress is a major concern for secondary and tertiary students.

Helolang, L.T., & Polack, A.K. (2017) studied the associations between stressful life events and depression among the students in an University in Botswana. Depression and stressful life events were assessed in 304 students at the university in Botswana using the 21-item Beck Depression Inventory and the 26-item Social Readjustment Rating Scale. Regression models were fitted to study the associations between stressful life events and depression while a way analysis of students variances was performed to compare subjects with the minimal, mild, moderate and severe depression on reporting stressful events. The study found that depression is not only common but also significantly and increasingly associated with stressful life events.

Thwala D.J., & Pilang, I (2022) have studied adult first year student reports of depressive symptoms at a rural South African University. They administered the University Students Depressive Inventory (USSDI) to a sample of 318 undergraduate students between 22 and 54 years at a rural based university in the Keva Zuelunatal province of south Africa. 64.2% of the sample comprised of women. The results showed that men and rural students reported significantly more depressive symptom, with 7.9% of the sample reporting thoughts of suicide

and 16.7% questioning whether life is worth living most or all the time. Almost a quarter of the participants have reported that they spent more time alone than they did previously and 17.9% reported loss of interest in previously enjoyed activities. Although the participants reported fewer depressive symptoms overall, compared to an earlier study of the university students, the present findings raise concerns

CHAPTER : 2

STATEMENT OF THE PROBLEM

Research on stress and depression in adolescents is important both this condition is a serious issue in today's world as they have a significant impact on the mental and physical health of adolescents. Adolescents with depression are at risk for— increased hospitalization, recurrent low self-esteem, psychological impairment, etc. Research on stress and depression is not a limited topic as there are already various researchers who conducted researches on this specific topic and we can infer from it. Women are more likely to experience depression, stress and anxiety disorders, etc. Researchers have known for years that women are about twice as likely to be diagnosed with depression as men, with depression being the leading cause of disease among women. "Women with depression may come in crying; men may come in acting out in anger", says Andrew Angelino, M D., Chair of Psychiatry at Howard County General Hospital. Stress and depression that's left unchecked can contribute to many health problems, such as high blood pressure, heart disease, obesity and diabetes. It is a must to tackle this issue solemnly. It is well-known that prevalence of stress, anxiety, and depression is high among college students in developed and developing countries. Stress and depression can impact the academic performance and success of a college student. Poor mental health contributes to lack of motivation and problems focusing which can lead to failing grades. Campus-wide mental health resources for students to seek support could be the key to their academic success. A national survey found that 66% of college students felt counselling services improved their academic performance. College is already a stressful environment for students, especially after a year-long pandemic. As students return to campus, there will be a wide variety mental health concerns that can't be solved with traditional counselling alone. Active Minds found that 39% of students struggle with a significant mental health issue while in college. Providing students, faculty, and staff with proper tools on how to manage mental and emotional well-being will help create a supportive campus culture

Operational definition

Stress

The word 'stress' is used in physics to refer to the interaction between a force and the resistance to counter that force, and it was Hans Selye, who first incorporated this term into the medical lexicon to describe the "nonspecific response of the body to any demand". (Selye, 1936).

Depression

Depression is the feelings of sadness, low mood, and loss of interest in their usual activities must mark a change from a person's previous level of functioning and have persisted for at least two weeks. (DSM-5).

College student

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

Gender

Gender refers to the characteristics of women, men, girls, and boys that are socially constructed.

Gender difference

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

Objectives of the study

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

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

Hypothesis

1. There will be significant gender difference in the level of stress and depression among HATIM college students

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

CHAPTER-III:

METHOD AND PROCEDURE

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:

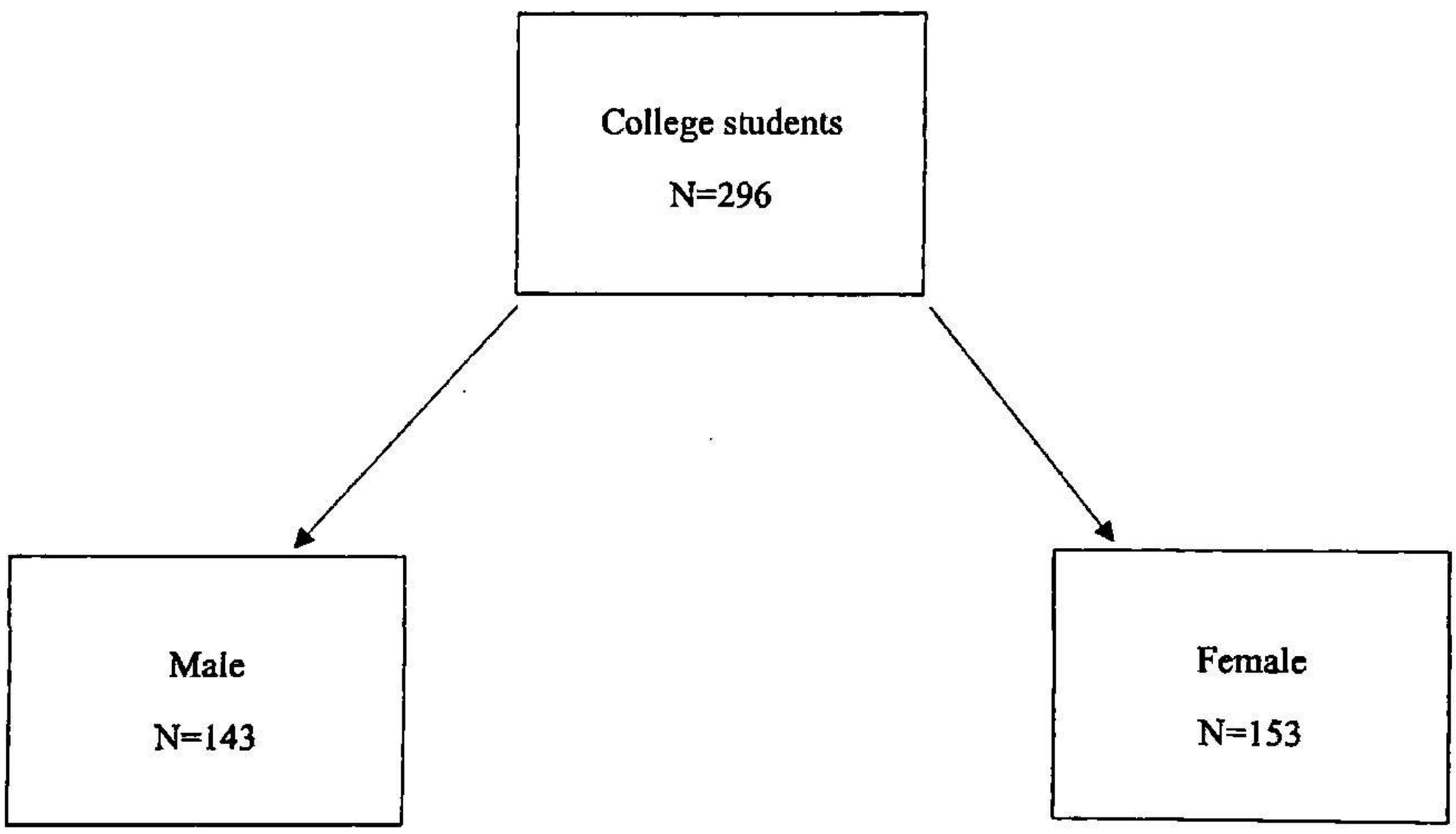

Figure.1: Two-way classification of variables of 'gender' (male and female)

Procedure

Permission was sought from the authorities of the colleges by the researcher, prior to the conduction of data collection from its students. The researcher ensured that a good rapport was established between students and the researcher. Proper instruction was given as to assure honest and independent responses are given. With permission from the participants through informed consent form, the researcher provided any necessary information about the study and purpose of the study, any doubts raised were clarified. Proper instruction was given about the

scoring of the scale, then the researcher thoroughly checked the Scoring sheets to ensure that proper responses are answered completely. Finally, the collected data were stored for further analysis.

Psychological tools

Social Demographic Details

Socio-demographic details like age, gender were gathered using the socio-demographic questionnaire

Depression, Anxiety and Stress Scale-21 (DASS) (Lovibond et al, 1995)

Depression , Anxiety and Stress Scale -21 Items (DASS) (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 DASS-21 scales contains 7 items, divided into subscales with similar content. Respondents rate each item on a 4 point Likert scale ranging from 'Did not apply to me at all' to 'Applied to me very much or most of the time. DASS-21 has good internal consistency reliability with Cronbach's alpha ranged between .74 and .93.

Statistical analysis

The current study employs the following analysis:

1) Descriptive test (Mean, SD, Skewness, Kurtosis)

2) T-Test

3) Pearson's correlation method

CHAPTER-IV

RESULT AND DISCUSSION

This chapter showed the results and the findings.

RESULTS

TABLE.1: Showing the mean, standard deviation, skewness, kurtosis, on stress and depression

STRESS_DEPRESSION

Descriptives

			Statistic	Std. Error
Depression	Mean		7.19	.241
	95% Confidence Interval for Mean	Lower Bound	6.71	
		Upper Bound	7.66	
	5% Trimmed Mean		7.06	
	Median		7.00	
	Variance		17.212	
	Std. Deviation		4.149	
	Minimum		0	
	Maximum		20	
	Range		20	
	Interquartile Range		6	
	Skewness		.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).

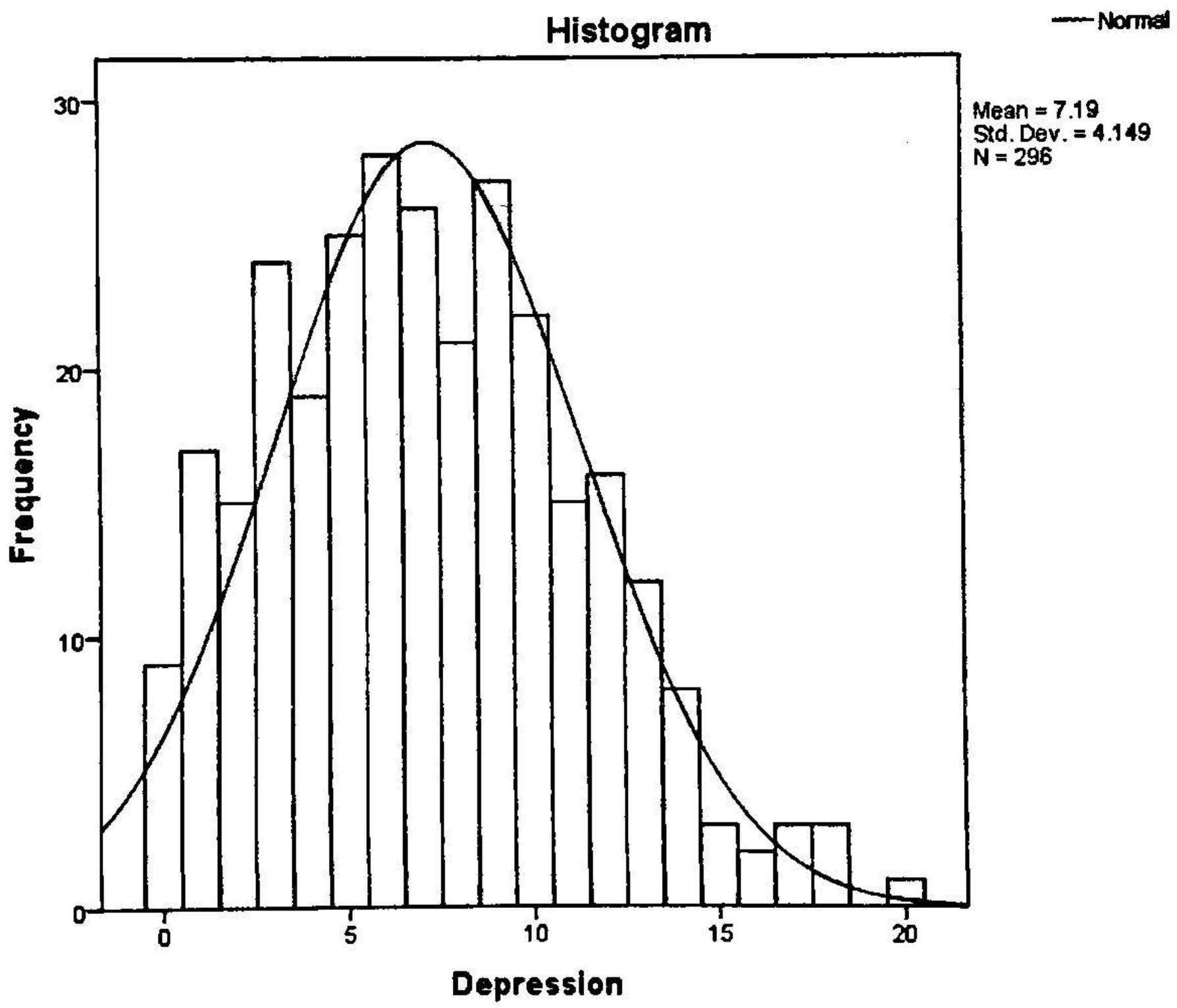

Figure-1: showing score distribution of Depression.

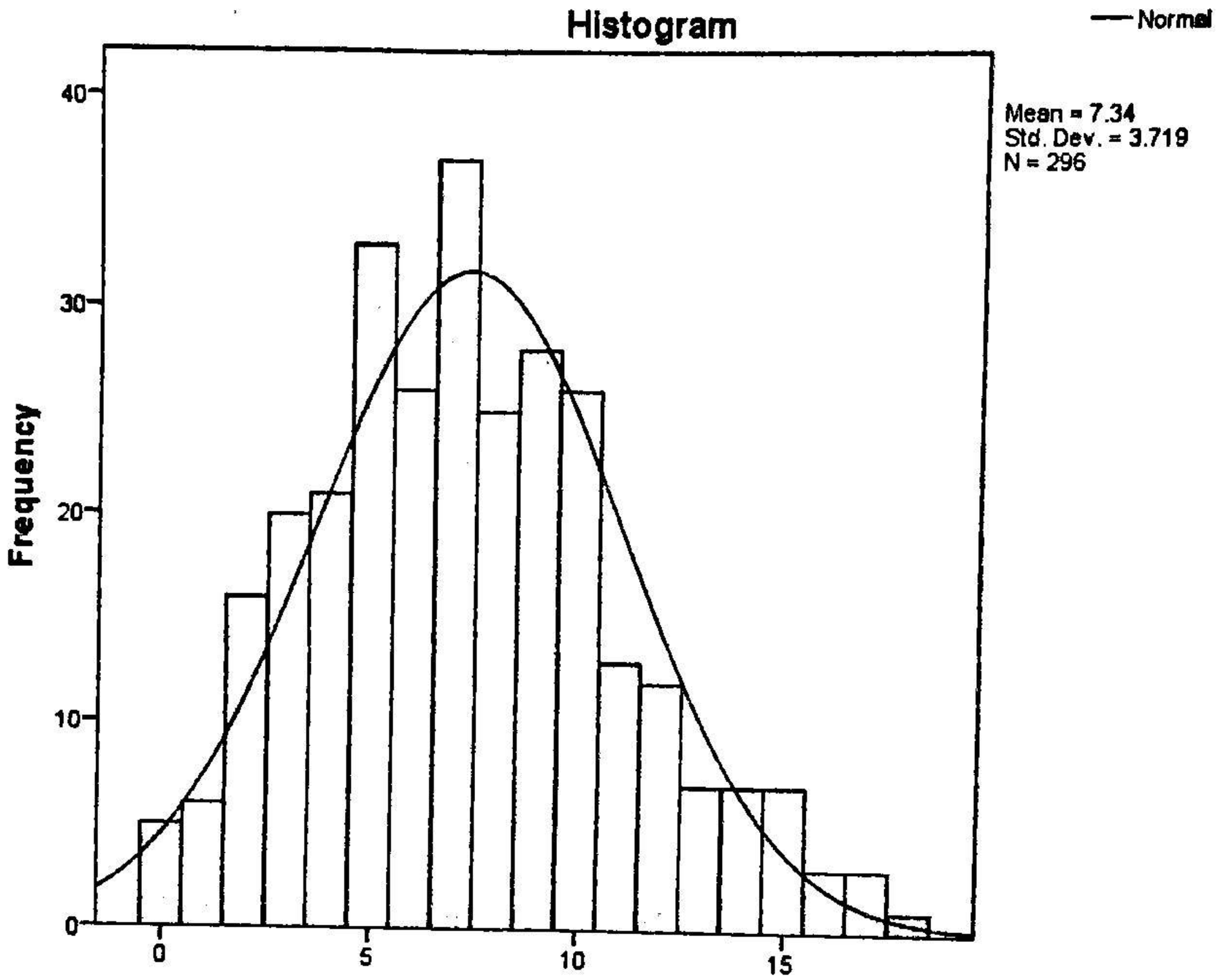

Figure - 3: showing score distribution of stress

T-TEST

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 21 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

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

		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

*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

CORRELATION

Table – 4: Showing the correlations between 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).

Discussion

The aim of the study was to find the gender difference on stress and depression among college students of HATIM. Depression , Anxiety and Stress Scale -21 Items (DASS) (Lovibond et al,1995) was used for the research. It was hypothesized that (i) There will be significant gender difference in the level of stress and depression among HATIM college students, (ii)there will be positive correlation between stress and depression among HATIM college students.

It was found that there is a significant gender difference in the level of stress and depression among HATIM college students. This is supported by findings of Wenjuan et al., (2019) who found that there is significant gender difference in the level of stress and depression.

It was found there is positive correlation between gender stress and depression among college students. This is supported by the findings of Helolang, L.T., & Polack, A.K.

(2017) who found that depression is not only common but also significantly and increasingly associated with stressful life events.

CHAPTER-V:

SUMMARY AND CONCLUSION

The present study entitled "The Study on Stress and Depression among HATIM college students" aimed to study the gender differences between males and females on how Stress and Depression effect.

It was found that there is a positive correlation between stress and depression among 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 of HATIM, comprising of 143 males and 153 females of the age group between 18-25 years (young adult) were selected to serve as a 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 employed for psychological evaluation of the samples, all prescribed instructions are given in the manual, and APA guidelines for research were followed.

Implications

1) Many researchers had research on stress and anxiety on college level. But there is few research on district of Lunglei especially among college students .The study revealed that females have higher stress and depression than males.

2) As the sample size is small, it cannot represent the whole population of young adult in Lunglei.

3) Since it was conducted only in 1 college, therefore, it cannot represent the whole students of Lunglei college.

4) Some of the students, even after giving them a clear instructions, they still tends to answer the questionnaire not so seriously and also there are always some students who were absent and therefore the are also not returning the questionnaire as well.

4) Since the time given to us was less and also due to the insufficient of the system like laptops or computers, the work progress was slowed.

Limitations

The findings of this study has seen the light of some limitations:

1)The unique cultural patterns of HATIM students may affect the generalizability of the conclusion obtained. This means that the findings in this research may not be applicable to college students from other areas. Moreover, with the rampant changes that takes place within the last decade, the content of the DASS-21 questionnaire may not be able accurately enquire the level of stress and depression.

2)There were limited researches done on stress and depression among the college students of Mizoram in general and HATIM in particular. As such, there were very few articles directly related to the present study for which hypothesis could be based upon.

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APPENDICES

Consent Form

Purpose of the research

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

(C. H. RAMENGMAWIA)

Consent of the participant

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

(Name of the participant)

Demographic Detail Form

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 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

x

DASS-21 Scoring Instructions

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

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

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

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

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

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

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

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

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