STUDENTS' DEPRESSION: A CRITICAL ANALYSIS ACROSS DIFFERENT LEVELS OF EDUCATION IN WEST BENGAL

THESIS SUBMITTED TO JADAVPUR UNIVERSITY FOR THE

AWARD OF THE DEGREE OF

DOCTOR OF PHILOSOPHY IN ARTS (EDUCATION)

SUBMITTED BY

RIMA DUTTA

UNDER THE JOINT SUPERVISION OF

DR. DIPTY SUBBA

&

PROF. MUKTIPADA SINHA

DEPARTMENT OF EDUCATION

JADAVPUR UNIVERSITY

KOLKATA

2023

Dedicated to

My beloved Parents

And

My friend, philosopher and guide

Dr. Dipty Subba

&

Prof. Muktipada Sinha

Certificate

Certified that the thesis entitled: **"Students' Depression : A Critical Analysis Across Different levels of Education in West Bengal"** submitted by me for the award of the Degree of Doctor of Philosophy in Arts at Jadavpur University is based upon my work carried out under the joint supervision of Dr. Dipty Subba, Assistant Professor, Department of Education, Jadavpur University & Prof. Muktipada Sinha, Professor, Department of Education, Jadavpur University and that neither this thesis nor any part of it has been submitted before for any degree or diploma anywhere / elsewhere.

Countersigned by the Supervisors

Rima Dutta
Date:

(Dr. Dipty Subba)

(Prof. Muktipada Sinha)

Acknowledgement

For the preparation of this thesis, the researcher has received encouragement, assistance and co-operation from various persons.

In the very first place she expresses her heartiest gratitude and respect to her supervisor Dr. Dipty Subba, Assistant Professor, Department of Education, Jadavpur University and co-supervisor Prof. (Dr.) Muktipada Sinha, Professor & Head, Department of Education, Jadavpur University for their valuable guidance, concrete suggestions and helpful criticism throughout the course of this study and preparation of the report.

The researcher would also like to convey her deepest gratitude to her parents, husband and in-laws for their unconditional love and support.

She expresses her best regards and gratitude to all the faculties of Department of Education, Jadavpur University for their valuable suggestions and encouragement during this study.

The researcher is very much thankful to Mr. Bijoy Krishna Panda and Mr. Chayan Adak for their unconditional support and encouragement during the research work.

The researcher expresses special thanks to all the Head of the Institutions, respective teachers and all the students participated in the study. The researcher expresses her best gratitude and thanks to Members of Research Advisory Committee.

A special thanks mentioned to my brother Saikat, Soumyajit and my husband Satyendra Thakur who helped me tremendously and gave time and effort during the process of entire endeavor. The researcher conveys heartiest thanks to her friends and well-wishers for continuous encouragement during the research work.

Place: Kolkata

Dated: **Rima Dutta**

LIST OF TABLES

LIST OF FIGURES

LIST OF ACRONYMS

SC	Scheduled Caste
OBC	Other Backward Class
ST	Scheduled Tribe
WHO	World Health Organization
MhGAP+	Mental Health Gap
PM+	Problem management plus
CBT	Cognitive Behavioral Therapy
BDI	Beck's Depression Inventory
SWB	Subjective Well-being
HEI	Higher-education institutions
MDEs	Major depressive episodes
BMI	Body mass index
LASI	Longitudinal Ageing Study in India
UDAYA	Understanding the lives of adolescents and young adults
IRR	Incidence rate ratio
MIN	Mini International Neuropsychiatric Interview.
CGAS	Children's Global Assessment Scale
PAQ-A	Physical Activity Questionnaire for adolescents
FGDs	Focus group discussions
PHQ	Primary Health Questionnaire
FGDs	Focus group discussions
DASS-	Depression Anxiety, Stress Scale
AD	Anxiety Disorder
DD	Depressive Disorders

PGDCCD	Post Graduate Diploma in Clinical Child Development
BMCH	Burdwan Medical College
PPS	Perceived psychological stress
NSSI	Non-Suicidal Self-Injury
MBCT	Mindfulness-based cognitive therapy
SPSS	Statistical Package for Social Sciences
df	Degree of Freedom
NS	Not Significant
S	Significant
SD	Standard Deviation
ANOVA	Analysis of Variance
N	Total Numbers
H_0	Null Hypotheses
ICSE	Indian Certificate of Secondary Education
CBSE	Central Board of Secondary Education
IGNOU	Indira Gandhi National Open University

LIST OF APPENDICES

ABSTRACT

Depression, also known as Depressive Disorder, is a mental illness characterized by a pervasive and debilitating state of melancholy or despair, a lack of pleasure in formerly rewarding activities, and disruptions in a variety of other everyday functions. Currently, there is a prevailing tendency to primarily focus on the discussion of depression in relation to adolescents and older individuals. It is often believed that depression is not prevalent among children. Current study is focused at examining the levels of depression among students with relation to their different levels of educational stage in West Bengal. Also, to investigate the prevalence rate of depression among students in relation to their various demographic characteristics. A total number of 12 objectives and 12 hypotheses were framed in order to get appropriate answers of knowledge gap. A cross-sectional survey research design was implemented among 1941 students (both school education and higher education levels) with the help of simple random sampling technique. Data was collected from students of 16 different districts of West Bengal. Bilingual standardized version of Beck Depression Inventory was adopted to collect the relevant information on depression among students. Primarily raw data was tabulated in Excel worksheet and after assuring the data quality, the data was transferred into SPSS (V-20) for analysis purpose. Major findings yielded that higher education students found with high level of depression than school education students and the found difference was statistically significant. Among school students, the majority showed minimal level of depression and among higher education students majority appeared with mild level of depression. Furthermore, except mother's educational qualification and mother's occupational status, all the other independent factors showed significant relationship with depression.

CONTENT

CHAPTER I CONTEXT OF THE STUDY

CHAPTER I

CONTEXT OF THE STUDY

1.1 Introduction

Depression, also known as Depressive Disorder, is a mental illness characterized by a pervasive and debilitating state of melancholy or despair, a lack of pleasure in formerly rewarding activities, and disruptions in a variety of other everyday functions. Our society is constantly evolving in which we currently live. Insufficient mental health among students is a current global concern. We occasionally encounter a variety of difficulties in order to meet our needs. However, when our needs aren't met, we become depressed. Today, depression is the world's most serious problem. Every country makes significant financial investments to address psychological issues, depression included. The transition to a new residence, being apart from one's family, and academic duties are just a few of the difficulties a young person must face while a student. Student life offers many opportunities for maturation, progress, and development, but it also requires accepting challenges and facing one's flaws, anxieties, and melancholy.

Depression is a psychiatric condition characterized by a chronic state of low mood and diminished interest or pleasure. Major depressive disorder, often known as clinical depressive disorder and it has a substantial negative influence on emotions, thoughts, and behaviors, potentially resulting in a range of emotional and physical complications. Individuals may have difficulties in doing routine activities. Depression is a widely observed condition that represents one of the most prevalent forms of human misery. Depression is a prevalent mental condition that manifests in many ways and affects individuals across all societies. However, it is often overlooked by individuals until the

condition reaches a level of severity that cannot be disregarded. According to estimates, a minimum of 100 million individuals worldwide experience clinically identifiable depression at some point in their lifetimes annually (Sartorius,1975).

The frequency with which instances of student suicide in India are reported in newspapers on a daily basis is very unsettling. The issue of adolescent suicide has emerged as a significant worry within several communities worldwide. The factors that prompt these adolescent minds to undertake such a significant decision have been identified as academic underachievement, excessive academic workload, and vocational ambiguity (Shandilya,2013). The factors contributing to personal challenges and difficulties include several aspects, such as marital breakdowns, instances of child abuse, experiences of ragging, the influence of peer pressure, disruptions within the family unit (including the fast-paced nature of modern life, despair, and feelings of loneliness), and ultimately, an individual's incapacity to effectively manage the demands of life. It was Emile Durkheim who first conducted research on suicide in order to throw light on the sociological aspects of suicide. For Durkheim, suicide is perhaps "the most personal act" any human can undertake (Durkheim, 1897). This is very true in the concern of students as they use it as a means of escape. Typically, those who engage in suicide attempts are motivated by a desire to alleviate psychological distress or cope with overwhelming situations. Additionally, they may seek attention, try to exert control over others, or transmit intense emotions, such as rage or love. Despite the commonness of failure and other problems of life, there is a variation in the school goers, who commit suicide. The majority of suicide attempts among adolescents exhibit low intent and lethality, with just a few of these people expressing a genuine desire for death. (Encyclopedia of Children's Health) as we know that suicide is the consequence of a gamut of suicidal tendencies

continuing since a long time and an action taken in the friction of a black Chapter - I Introduction 4 moment in the clutch of such tendencies. Every student either failure in academics or facing other problems does not commit suicide. It depends on the fact that how much capable he or she is to cope with the ups and downs of life. Mental toughness, ego strength and self-esteem are among the phenomena which are crucial from the viewpoint of the resistance of an individual in the best and worst situations of life.

1.2 Depression: The Concept

Depression is classified as a psychiatric condition characterized by a chronic state of melancholy and diminished interest. Major depressive disorder, often known as clinical depressive disorder and It has a substantial negative influence on emotions, thoughts, and behaviors, potentially resulting in a range of emotional and physical complications. Individuals may have difficulties in doing routine activities in their daily lives. Depression is a psychological condition characterized by a persistent state of low mood and a lack of motivation towards engaging in activities. The condition impacts a population of 280 million individuals across various age groups. Depression has an impact on an individual's cognitive processes, behavioral patterns, emotional experiences, and overall state of subjective satisfaction. Depressive disease, sometimes referred to as depression, is a prevalent mental condition. Major depressive disorder is characterized by persistent feelings of sadness, a diminished capacity to experience pleasure, or a lack of interest in things that often provide enjoyment, lasting for extended durations. Depression has distinct characteristics that set it apart from ordinary fluctuations in mood and typical emotional responses to daily experiences. The impact of this phenomenon extends across several domains of life, including interpersonal connections with family, friends, and the broader community. It has the potential to give rise to or contribute to difficulties in

educational and occupational settings. Depression has the potential to manifest in individuals across many demographic groups. Individuals who have had instances of abuse, significant losses, or other traumatic situations are at an increased risk of developing depression. Research indicates that there is much greater prevalence rate of depressive disorder among women compared to men (Mayo Clinic Health System-1998).

1.2.1 History of Depression

The first records of depression saw the ailment as a matter of spirituality rather than a psychological issue. During the medieval period, supernatural or even demonic origins were attributed to such phenomena. The recognition of the biological determinants of depression gained prominence in the 1970s, as medical professionals and academics began to prioritize their significance. When did the first recorded instance of depression occur? The first documented records pertaining to what is now recognized as depression emerged around the second millennium B.C.E. throughout the region of Mesopotamia. The present discourse explores the conceptualization of depression as a spiritual phenomenon rather than a just physical ailment. Similar to other psychiatric disorders, it was historically attributed to the influence of demonic possession. Consequently, the matter was addressed by individuals of the clergy rather than medical professionals (Reynolds, 2013).

The concept of attributing depression to supernatural entities such as demons and bad spirits has been prevalent throughout several cultures throughout history, including civilizations such as the ancient Greeks, Romans, Babylonians, Chinese, and Egyptians. Due to this particular conviction, individuals were often subjected to various measures, including physical abuse, confinement, and deprivation of sustenance, in an endeavor to expel the malevolent spirits. While a prevalent belief attributed sadness to demons, a

cohort of ancient Greek and Roman physicians claimed that depression was a malady stemming from biological and psychological factors. According to Tipton (2014), ancient Greek and Roman physicians used a range of therapeutic techniques, including gymnastics, massage, dietary interventions, music therapy, bathing practices, and the administration of a drug including poppy extract and donkey's milk, in order to provide treatment for their patients.

A. Ancient Greek and Roman Philosophy

According to Tipton (2014), Hippocrates, a renowned Greek physician, proposed a theory regarding the etiology of depression, which was referred to as "melancholia" at the time. He posited that this mental disorder stemmed from an imbalance in four bodily fluids known as humours, namely yellow bile, black bile, phlegm, and blood. The individual had the belief that melancholia may be attributed to an excess of black bile inside the spleen. Hippocrates used many therapeutic interventions, including as bloodletting, hydrotherapy, physical activity, and dietary modifications, as his preferred treatment modalities.In contrast, Cicero, a prominent Roman philosopher and politician, thought that melancholia was rooted in psychological factors such as anger, fear, and sorrow. During the last years before the common period, despite some advancements in acknowledging the influence of physical and psychological factors on depression, there persisted a prevalent conviction among even the educated Romans that attributed the origins of depression and other mental disorders to demonic entities and divine wrath.

B. Common Era

During the common era, many barbaric and primitive treatments for depression continued to be the norm. Cornelius Celsus (25 BCE to 50 CE) reportedly recommended

the very harsh treatments of starvation, shackles, and beating in cases of mental illness. (Tesarova ,2018).

A Persian doctor named Rhazes (865–925 CE), however, did see mental illness as arising from the brain. He recommended such treatments as baths and a very early form of behavior therapy which involved positive rewards for appropriate behavior. During the Middle Ages, religion, especially Christianity, dominated European thinking on mental illness, with people again attributing it to the devil, demons, or witches. Exorcisms, drowning, and burning were popular treatments of the time. Many people were locked up in so-called "lunatic asylums."While some doctors continued to seek physical causes for depression and other mental illnesses, they were in the minority. During the Renaissance, which began in 14th century Italy and spread throughout Europe during the 16th and 17th centuries, witch hunts and executions of the mentally ill were still quite common; however, some doctors were revisiting the idea of mental illness having a natural rather than a supernatural cause.In the year 1621, Robert Burton published "Anatomy of Melancholy," in which he outlined the social and psychological causes of depression (such as poverty, fear, and loneliness). In this book, he made recommendations like diet, exercise, travel, purgatives (to clear toxins from the body), bloodletting, herbs, and music therapy in the treatment of depression (Brink,1979).

C. The Age of Enlightenment

During the eighteenth and nineteenth centuries, also called the Age of Enlightenment, depression started to recognized as a low temperament that was congenital and could not be transformed. As a result of these opinions of those people with this illness should be locked up. During the next part of the Age of Enlightenment, doctors initiated to recommend the idea that belligerence was at the origin of the state (Rossler,2016).

Therapies such as exercise, diet, music and medication were now recommended, and doctors recommended talking to friends or a doctor about problems. Other doctors of the time spoke of depression as an internal conflict between what you want and what you know is right and others have tried to identify the physical causes of this condition. Treatment at this time included submersion (staying in water as long as possible without drowning) and using a rotating stool to reposition the brain contents. Additional treatments included:

- Changed diet
- Enemas
- Horseback riding
- Vomiting

According to Benjamin Franklin, electroshock therapy also observe to prevent depression (Bolwig, 2009).

D. the 19th and 20th Century

In 1895, the German psychiatrist Emil Kraepelin became the first to distinguish manic depression, what we now know as bipolar disorder, as an illness separate from dementia praecox [the term for schizophrenia at the time] (Mondimore,2005) Around this same time, psychodynamic theory and psychoanalysis—the type of psychotherapy based on this theory—were developed.

1. Psychoanalytic Explanations

Sigmund Freud penned about sorrow and melancholia in 1917, where he posited about melancholia as being a response to loss, either real (for example, a death) or symbolic (such as failure to achieve the desired goal).

Freud further believed that unconscious anger of a person over their loss leads to self-hatred and self-destructive behavior. He felt that in prevention of depression psychoanalysis could be a fruitful way to overcome these unconscious conflicts, reducing self-destructive judgements and actions (De Sousa,2011).

Other doctors during this time, however, saw depression as a brain disorder.

2. Behavioral Explanations

Psychological behaviorist movement underwritten that the learning process of behaviors can be learned through experience. Behaviorists rejected the idea that depression was caused by unconscious forces and proposed instead that it was a learned behavior. Just as these depressive behaviors were learned, they can be unlearned. Learning principles such as association and reinforcement could be used to create and reinforce more effective and healthy behaviors. Although psychologists today recognize that experience is not the only determinant of behavior, behaviorism led to the development of a number of therapies that continue to play an important role in the treatment of depression and other mental disorders.

3. Cognitive Explanations

Cognitive theories of depression emerged in the 1960s and 1970s. Cognitive theorist Aaron Beck suggested that how people interpret negative events can contribute to

symptoms of depression. Beck suggested that negative automatic thoughts, negative self-confidence, and information processing errors are responsible for the symptoms of depression. According to Beck, depressed people automatically interpret events negatively and tend to see themselves as powerless and inadequate (Gaudiano, 2008). Psychologist Martin Seligman suggested that learned helplessness may be involved in the development of depression. According to this theory, people often give up trying to change a situation because they feel that no matter what they do, the situation won't change. This lack of control makes people feel helpless and hopeless (Pluskota, 2014). The emergence of these cognitive models of depression played an important role in the development of cognitive behavioral therapy (CBT), which has proven effective in treating depression.

1.2.2 Definition

The Mental Health Action Plan 2013-2030, developed by the World Health Organization (WHO), outlines the necessary measures to ensure the provision of suitable therapies for those suffering from mental diseases, such as depression. Depression and self-harm/suicide are seen as prominent illnesses included under the Mental Health Gap Action Programme (mhGAP) established by the World Health Organization (WHO). The primary objective of the Programme is to facilitate the enhancement of services for individuals suffering from mental, neurological, and drug use problems. This is to be achieved via the provision of treatment by healthcare professionals who do not possess specialized expertise in the field of mental health. The World Health Organization (WHO) has prepared concise manuals for psychological interventions targeting depression. These manuals are designed to be implemented by non-professional therapists and may be administered to both individuals and groups. One illustrative instance is the handbook

for Problem Management Plus (PM+), wherein the use of behavioral activation, stress management, problem-solving therapy, and enhancement of social support is expounded upon. Furthermore, the manual for Group Interpersonal Therapy for Depression delineates the implementation of group-based interventions on reducing depression. The Thinking Healthy guidebook comprehensively addresses the utilization of cognitive-behavioral therapy to treat of perinatal depressive disorder.

- **World Health Organization**

Depression is a prevalent medical condition distinguished by enduring feelings of melancholy and a diminished capacity to get pleasure from typically enjoyable activities, along with an impaired ability to engage in routine tasks, lasting for a minimum duration of two weeks. Additional symptoms include diminished energy levels, alterations in food, fluctuations in sleep patterns, heightened anxiety, impaired focus, increased difficulty in making decisions, restlessness, sensations of diminished self-worth, feelings of remorse or despair, and contemplation of self-inflicted injury or even death. Depression encompasses a range of risk factors, including biological variables such as genetic predisposition, chronic illnesses, and terminal illness. Psychological factors also contribute to the development of depression, as can social factors such as family dynamics, relationships, exposure to violence, and experiences of catastrophes. Additionally, cultural factors, including religion, caste, beliefs, and attitudes, as well as economic circumstances, further influence the likelihood of experiencing depression. The exacerbation of the illness might be further intensified by the use of alcohol and narcotics. The classification of symptoms into mild, moderate, or severe categories is contingent upon their quantity and intensity.

- **American Psychological Association**

Depressive disorder as depression is a universal negative human emotional state that individuals encounter periodically. However, depression is a complex phenomenon that extends beyond its surface manifestations. Depression is characterized by prolonged periods of intense sorrow or despair that last beyond a few days. The condition disrupts the performance of routine tasks and may manifest in bodily manifestations such as discomfort, fluctuations in body weight, disturbances in sleep patterns, or diminished vitality. Individuals suffering from depression may also exhibit difficulties in maintaining focus and attention, as well as experiencing emotions of low self-esteem or an overwhelming sense of guilt. Additionally, they may often encounter persistent ideas related to mortality or self-harm. Depression is widely recognized as the prevailing mental disease. Fortunately, depression may be effectively treated. The integration of therapeutic interventions and pharmacological treatment may contribute to the promotion of successful recuperation.

- **American Psychiatric Association**

Depression, referred to as major depressive disorder in academic literature, is a prevalent and significant medical condition that has adverse effects on an individual's emotional state, cognitive processes, and behavioral patterns. The condition is characterized by emotions of melancholy and/or a diminished engagement in formerly pleasurable pursuits. Depression is characterized by a prolonged state of intense sorrow or despair that persists for a duration beyond several days. Chronic stress has the potential to impair everyday functioning and manifest in many bodily symptoms, including but not limited to discomfort, fluctuations in body weight, disturbances in sleep patterns, and diminished energy levels.

- **The Australian Psychological Society (APS)**

It is a professional organization that represents psychologists in Australia. According to them depressive illnesses are characterized by enduring emotions of melancholy and low self-esteem, as well as a diminished inclination to participate in formerly enjoyable pursuits. Depression is not a transient emotional state akin to occasional feelings of sadness, but rather a multifaceted mental and physical disorder that disrupts normal daily activities.

1.3 Theoretical framework of Depression

i. Behaviorist Theory: Behaviorism places significant emphasis on the role of the environment in influencing and molding human behavior. The primary emphasis is on the examination of observed behavior and the circumstances under which people acquire behavior, namely via classical conditioning, operant conditioning, and social learning theory. Hence, it may be argued that sadness arises from the intricate interplay between an individual and their surrounding environment. One example of a theoretical perspective, classical conditioning, posits that depression may be acquired via the process of associating certain stimuli with unpleasant emotional states. According to the social learning hypothesis, behavior is acquired via the processes of observation, imitation, and reinforcement.

ii. Operant Conditioning: According to Lewinsohn (1974), the theory of Operant Conditioning posits that depression may be attributed to the absence of positive reinforcement within one's surroundings. Depression may be triggered by certain circumstances, such as unemployment, since it diminishes the availability of positive reinforcement through social interactions, hence reducing the presence of those who

have favorable attitudes towards oneself. Individuals who experience depression often exhibit a significant decrease in their level of social engagement. Moreover, depression may also arise due to the unintentional encouragement of depressive behavior by others in one's social environment. For instance, in the event of the death of a cherished someone, a significant means of receiving constructive affirmation is also lost. This phenomenon results in a lack of physical or mental engagement. Currently, the primary form of reinforcement is from the compassion and attention provided by friends and family. Nevertheless, this phenomenon often perpetuates maladaptive behavior, such as the expression of intense emotions via sobbing, grumbling, and discussing thoughts of suicide. Ultimately, this phenomenon results in the estrangement of even intimate companions, so diminishing positive reinforcement and exacerbating feelings of social seclusion and discontentment. In essence, depression may be characterized as a self-perpetuating loop whereby the individual experiences a progressive decline in their mental state. Moreover, individuals who exhibit deficits in social skills or possess a very inflexible personality structure may have challenges when attempting to adapt and seek out novel and alternative sources of reward (Lewinsohn, 1974). Consequently, individuals get trapped in a detrimental cycle of negativity.

iii. 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).

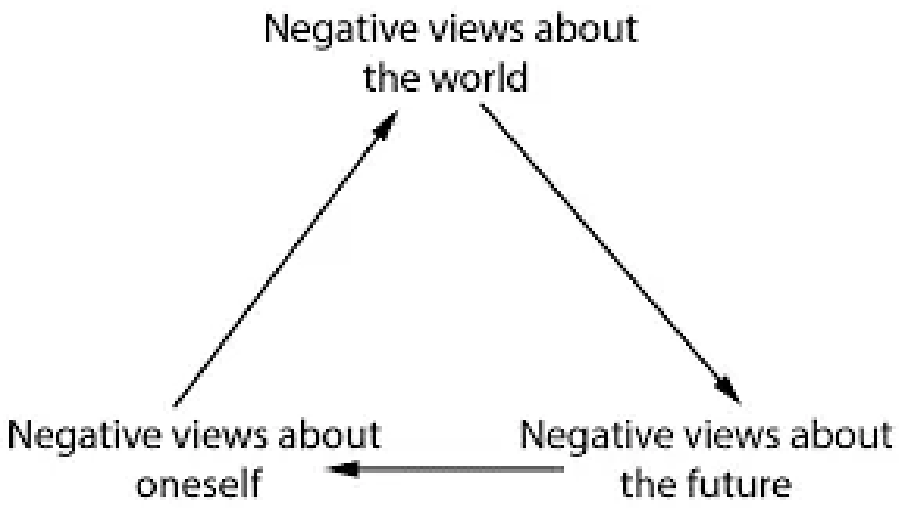
iv. Psychoanalytic theory of Freud (1917): Freud's psychoanalytic theory exemplifies the psychodynamic approach. According to Freud's proposition in 1917, a significant number of instances of depression were attributed to biological reasons. Nevertheless, Freud postulated that some instances of sadness may be attributed to parental loss or rejection. Depression has similarities with mourning, since it often manifests as a response to the termination of a significant interpersonal connection. However, a significant distinction arises when those experiencing depression see themselves as lacking value or worth. The phenomenon that occurs is that the individual develops a sense of identification with the person who has been lost, resulting in the redirection of suppressed anger originally intended towards the departed individual onto oneself. The presence of internalized anger diminishes an individual's sense of self-worth and renders them susceptible to potential depressive episodes in the future. Freud made a distinction between concrete losses, such as the demise of a cherished individual, and symbolic losses, such as the termination of employment. Both types of losses might potentially lead to the development of depression as they may trigger the individual to relive childhood experiences characterized by the absence of love from a key figure, such as a parent. Subsequently, Freud made revisions to his theory, positing that the inclination to internalize items that have been lost is within the realm of normalcy, and that despair might be attributed to an overly stringent super-ego. Therefore, the depressed phase manifests when the individual's super-ego or conscience assumes a position of dominance. On the contrary, the manic phase is characterized by the emergence of the individual's ego or reasoning thinking, leading to a sense of personal control. To prevent

the progression from loss to depression, it is essential for the person to actively participate in a process of grieving, whereby they intentionally reflect upon and recollect memories associated with the departed individual. This enables the individual to establish a psychological distance from the person who is missing and mitigate feelings of wrath that are focused inside. Nevertheless, persons who exhibit a high level of reliance on others for the development of their self-esteem may have difficulties in achieving this goal, resulting in a persistent state of depression.

v. Beck's Cognitive Theory of Depression (1967) Another critique is to the psychoanalytic focus on the unconscious, intrapsychic mechanisms, and early childhood encounters, which may be seen as constraining since they lead physicians to neglect other dimensions of depression. As an example, one may consider the phenomenon of conscious negative self-verbalization as described by Beck (1967), or the impact of continuous traumatic life experiences as explored by Brown and Harris (1978). Beck's cognitive theory of depression Theories pertaining to self-esteem and depression place significant emphasis on the notion that individuals' self-perceptions play a crucial role in their susceptibility to depressive symptoms. Additional theories center on the significance of cognitive processes in the manifestation of depression. These ideas argue that the persistence of depression, and even its onset, is influenced by individuals' cognitive processes related to self-perception and the interpretation of personal information. Aaron Beck emerged as one of the pioneering theorists who championed this stance (Beck, 1967, 1976; Beck, Rush, Shaw, & Emery, 1979). Beck, in his capacity as a therapist actively engaged in clinical practice, endeavored to comprehend the inherent characteristics of depression with the aim of formulating effective therapeutic approaches. Beck started his research by formulating a meticulous characterization of the

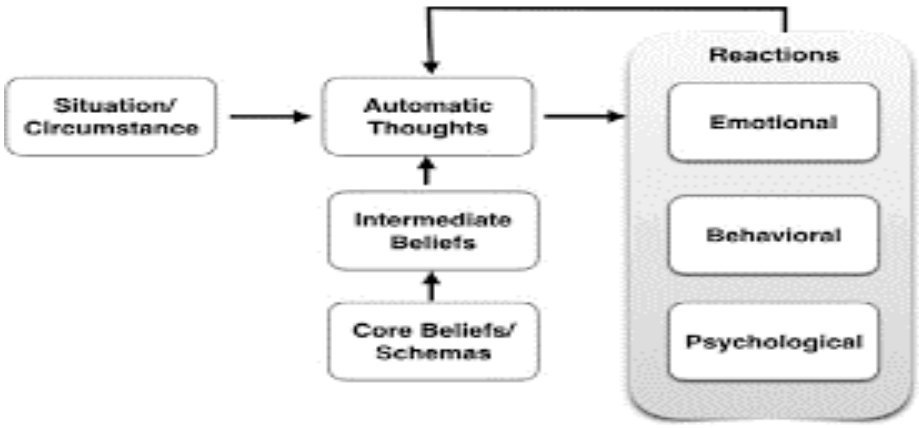
disease, with particular emphasis on differentiating fundamental symptoms from secondary symptoms. This approach was based on the premise that by effectively treating the core symptoms, the secondary symptoms would also be alleviated (Beck et al., 1979). Over the course of his research, Beck has included causal components into his previously descriptive framework of depression.

Figure 1.1: Beck's cognitive triad



Beck's cognitive triad, taken from https://en.wikipedia.org/wiki/Beck%27s_cognitive_triad

Figure 1.2: Beck's cognitive model



Beck's cognitive model, taken from Chapter 1 of Series, P. (Ed.). (2020). Computational psychiatry: A primer. MIT Press

vi. Martin Seligman (1974): In 1974, Martin Seligman introduced a cognitive explanation for depression known as learned helplessness. Seligman's theory of learned helplessness posits that depression arises when individuals acquire the belief that their efforts to alleviate adverse circumstances are futile. As a result, individuals may adopt a passive stance and persist in enduring painful stimuli or settings, even in situations when the option to escape is available. Seligman formulated his idea by drawing upon empirical study conducted with canines. The canine, while confined inside a compartmentalized enclosure, acquires the ability to escape its confinement when encountering an electrified flooring. When the dog is subjected to restraint during the application of electric shocks, it finally ceases its attempts to evade or escape. Dogs that were exposed to inescapable electric shocks subsequently shown an inability to avoid or escape from such shocks, even when presented with opportunities to do so. Furthermore, the subjects displayed

several indicators of depression often seen in human beings, including tiredness, sluggishness, passivity in response to stress, and a decrease in appetite.

vii. Maslow (1962): Humanists claim that there are distinct wants that are exclusive to the human species. As to Maslow's (1962) framework, the foremost among these needs is the need for self-actualization, which entails the realization of one's fullest potential. The individual who achieves self-actualization has a life imbued with significance. Any factor that impedes our efforts to satisfy this fundamental need might potentially contribute to the development of depression. What factors could contribute to the occurrence of this phenomenon?

1. Parents set values for their children. In other words, instead of accepting their children for who they are and giving them unconditional love, parents make their love dependent on good behavior. For example, a child may be blamed for not doing well in school, develop a negative self-image, and become depressed because he or she does not meet the standards set by their parents.

2. Some children try to avoid this by denying who they really are and projecting an image of who they want to be. This facade, or false self, is an attempt to please others. However, separating your true self from your claimed self leads to hatred for yourself. And that person despises himself for living a lie.

3. In adulthood, self-actualization can be undermined by unhappy relationships or unsatisfying jobs. A hollow marriage means you are unable to give or receive love from your partner. Alienated work means that a person is denied the opportunity to be creative at work.

1.4 Types of Depression

According to National Institute of Mental Health, clinically there are two types of depression as-

i) Endogenous Depression or Biological Depression - Individuals diagnosed with endogenous depression often have symptoms that seem to arise without any discernible external trigger. Alternatively, it is hypothesized that the etiology of this phenomenon might be attributed to biochemical and/or genetic factors (Andrus et al., 2012). An individual who has a familial background characterized by a prevalence of mental health disorders may have an increased susceptibility to the onset of depression.

ii) Exogenous Depression or Reactive Depression - Exogenous depression, also known as reactive depression, is characterized by its onset in response to external stressors, such as the experience of bereavement, divorce, or unemployment. Individuals who undergo or see a distressing incident may manifest symptoms of depression as a consequence of their exposure to this event (Malki et al., 2014). Individuals with endogenous depression possess an inherent susceptibility that may be activated by certain triggers, while external factors can induce depressive symptoms in individuals without any preexisting propensity.

Apart from those, various forms of depression exist, with some manifestations arising as a result of certain conditions -

- Major depressive disorder encompasses symptoms of persistent feelings of sadness or a diminished interest in activities, often lasting for a minimum duration of two weeks, which significantly impede one's ability to carry out everyday tasks.

- Persistent depressive disorder, also known as dysthymia or dysthymic disorder, is characterized by a milder manifestation of depressed symptoms that last for an extended duration, often spanning a minimum of two years.
- Perinatal depression refers to the occurrence of depression during the prenatal period or after childbirth. Prenatal depression refers to the onset of depressive symptoms during pregnancy, whereas postpartum depression refers to the emergence of depressive symptoms after childbirth.
- Seasonal affective disorder (SAD) is a kind of depression characterized by recurring episodes that coincide with certain seasons. Typically, symptoms manifest during the late autumn and early winter months, whereas remission occurs in the spring and summer seasons.
- Depression accompanied with symptoms of psychosis is a very severe manifestation of depression, whereby individuals exhibit psychosis symptoms, including delusions characterized by unsettling and erroneous fixed beliefs, as well as hallucinations including auditory or visual perceptions that are not experienced by others.
- Individuals diagnosed with bipolar disorder, formerly known as manic depression or manic-depressive disease, may encounter bouts of depression characterized by feelings of sadness, indifference, or hopelessness, accompanied by a significant decrease in activity level. Individuals diagnosed with bipolar illness may encounter manic periods, characterized by heightened emotions, or hypomanic episodes, which are less severe. During these episodes, individuals may have intense feelings of happiness, irritability, or increased mood, accompanied by a noticeable surge in their level of activity.

1.5 Symptoms of Depression

The ICD-10 (International Classification of Diseases) and the DSM-V (Diagnostic and Statistical Manual of Mental illnesses) are well recognized and used resources within the field of mental health. These tools play a crucial role in aiding doctors in the identification and diagnosis of various mental health illnesses, such as depression. Standardized criteria are used to provide consistent and trustworthy diagnoses across various situations and among diverse practitioners. While it is possible for depression to manifest as a single occurrence in an individual's lifetime, it is more common for individuals to experience many bouts of depression. During these episodes, symptoms manifest for a significant portion of the day, occurring on an almost daily basis, and may include the following:

- Individuals may experience a range of emotional symptoms associated with depression, including feelings of sadness, tearfulness, emptiness, or hopelessness.
- There may be instances of angry outbursts, irritability, or frustration, even in response to minor issues.
- A notable characteristic of depression is the loss of interest or pleasure in most, if not all, typical activities, such as engaging in sexual activities, pursuing hobbies, or participating in sports.
- Sleep disturbances are common, manifesting as either insomnia or excessive sleep.
- Fatigue and a general lack of energy are prevalent, resulting in increased effort required to complete even minor tasks.

- Changes in appetite may occur, leading to reduced food intake and subsequent weight loss, or conversely, increased cravings for food and subsequent weight gain.
- Feelings of anxiety, agitation, or restlessness may accompany depression.
- Cognitive functioning may be affected, resulting in slowed thinking, speaking, or body movements.
- Individuals may experience feelings of worthlessness or guilt, often fixating on past failures or engaging in self-blame.
- Difficulties with thinking, concentrating, making decisions, and remembering information may arise.
- Frequent or recurrent thoughts of death, suicidal ideation, suicide attempts, or completed suicide may be present.
- Unexplained physical symptoms, such as back pain or headaches, may manifest alongside depressive symptoms.

For a significant number of individuals experiencing depression, the symptoms tend to be sufficiently intense to impede their ability to engage in routine activities, including job, education, social interactions, and interpersonal relationships. Certain individuals may experience a pervasive sense of discontent or unhappiness without possessing a clear understanding of its underlying causes.

Figure 1.3: Symptoms of Depression

1.5.1 Symptoms of Depression in Children and Teens

The signs and symptoms of depression in children and adolescents often exhibit similarities to those seen in adults, but with potential variations.

- Symptoms often seen in younger children with depression include manifestations of melancholy, irritability, clinginess, excessive concern, physical discomfort such as aches and pains, school refusal, and a propensity towards being underweight.
- In the adolescent population, potential indicators encompass a range of emotional and behavioral manifestations such as melancholy, irritability, negative self-perception, anger, academic underachievement or absenteeism, a sense of being

misunderstood and heightened sensitivity, engagement in substance abuse, excessive eating or sleeping, self-inflicted harm, diminished enthusiasm for previously enjoyed activities, and withdrawal from social interactions.

1.5.2 Symptoms of Depression in older adults

The presence of depression in older individuals should not be considered a typical aspect of the aging process, and it is imperative to approach this mental health condition with utmost seriousness. Regrettably, depression often remains undetected and untreated in older persons, who may exhibit hesitancy in seeking assistance. The manifestation of depressive symptoms in older persons may exhibit variations or present with fewer overt indications compared to other age groups. These differences in symptomatology may need careful consideration and assessment. The symptoms associated with depression can manifest in various ways, including-

- Cognitive impairments such as memory difficulties or alterations in personality.
- Individuals may experience physical discomfort such as aches or pain.
- Other common symptoms include fatigue, loss of appetite, sleep disturbances, and diminished interest in sexual activities, which cannot be attributed to any underlying medical condition or medication.
- Furthermore, individuals with depression may exhibit a preference for staying at home rather than engaging in social activities or pursuing new experiences.
- It is important to note that suicidal ideation or feelings, particularly among older men, can also be indicative of depression.

The etiology of depression is multifactorial, lacking a single causative factor. There are several factors that may contribute to its occurrence and a wide range of triggers that

might initiate it. Typically, the onset of depression is not characterized by rapid or abrupt manifestation. Conversely, it undergoes gradual progression over extended durations and may result in a cascading decline. The actual etiology of depression remains unknown. Similar to other mental diseases, a multitude of causes may be implicated.

1.6 The major causes of depression

i. Family history- While the identification of particular genes directly linked to depression remains elusive, individuals with a family history of depression are more susceptible to experiencing depressive symptoms. The question of whether the observed correlation may be attributed to learned behavior or biological factors remains unresolved.

ii. Illness and health issues- The presence of physical ailments or injuries may have a substantial influence on an individual's mental well-being. Depression may be induced by chronic health conditions, enduring health challenges, or physical ailments that significantly alter one's way of life. Frequently, medical practitioners possess an awareness of this phenomenon and may even provide mental health interventions as an integral component of the comprehensive treatment plan. Various factors such as cognitive function, hormonal fluctuations, the menstrual cycle, menopause, low blood sugar levels, and sleep disturbances might have significant implications.

iii. Medication, drugs, and alcohol- Numerous pharmaceutical substances have been shown to potentially induce the adverse outcome of depressive symptoms. In the event of experiencing symptoms of depression subsequent to the initiation of a novel drug or pharmaceutical intervention, it is advisable to engage in a comprehensive investigation of its associated adverse effects or alternatively, consult with a medical

professional. There may exist a more optimal option that could be provided. Moreover, the use of recreational substances and consumption of alcohol may also contribute to the onset or exacerbation of depressive symptoms. Although individuals may experience temporary relief from symptoms of depression, the long-term effects of these interventions tend to exacerbate negative emotions.

iv. **Personality-** Some people and personalities are just more apt to experience depression. For example, people who tend to hold in worries and stress, have low self-esteem perfectionists, and are sensitive to criticism are naturally more likely to be depressed.

v. **Biological differences-** Certain individuals and personalities have a higher propensity for experiencing depression. Individuals who have a tendency to internalize worry and stress, possess poor self-esteem due to their pursuit of perfection, and display sensitivity towards criticism are inherently predisposed to experiencing depression.

vi. **Brain chemistry-** Neurotransmitters are endogenous cerebral substances that are hypothesized to have an impact on the manifestation of depression. According to recent studies, alterations in the functioning and impact of neurotransmitters, as well as their interactions with neurocircuits responsible for regulating mood stability, may have a substantial influence on the development of depression and its therapeutic interventions.

vii. **Hormones-** Alterations in the hormonal equilibrium within the human body have been postulated to potentially contribute to the etiology or initiation of depressive symptoms. Hormonal fluctuations may occur as a consequence of pregnancy, as well as

in the postpartum period after birth, and can also be attributed to thyroid disorders, menopause, or several other medical illnesses.

viii. Inherited traits- The prevalence of depression is higher among those who have a familial history of the disorder. Scientists are now engaged in the investigation of genetic factors that could contribute to the etiology of depression.

1.7 Depression and Adolescents

In recent decades, the number of mental illnesses among students has increased sharply. Adolescence is a particularly sensation-seeking period. A lot of pressure from parents, exam stress, pressure to get good grades in college. The effects of major depressive disorder in this age group include failure at school, poor relationships with peers, behavioral problems, conflicts with parents and other authority figures, and substance abuse. The most common mental illnesses among adolescents are anxiety, mood, attention, and behavioral disorders. Mental health issues can affect students' energy levels, concentration, confidence, mental capacity, and optimism, which can affect their grades. According to a mental health survey conducted by the National Alliance on Mental Illness (NAMI), one in four college students suffers from a diagnosable mental illness. Students faced a variety of challenges, including emotional instability when they needed to be separated from their primary social support. family. For some, the adjustment period will take even longer (Chalo et al., 2017). Suicide is the third leading cause of death for young people aged 15-24. The suicide rate for youth ages 15 to 19 was 9.5 per 100,000, with a total of 1,802 successful suicide attempts (U.S. Department of Health and Human Services [USDHHS], 2000). The first outbreak often occurs after puberty. Thapar A, Collishaw S, Pine DS, Thapar AK (2012) Cumulative probability increases from about 5% in his early teens to almost 20% in late adolescence. Merikangas KR, He JP, Burstein

M et al (2010) Adolescent depression is also known to predict poor general health. Thapar A, Collishaw S, Pine DS, Thapar AK (2012), Mental illness [Johnson D, Dupuis G, Pichet J, Claiborne Z, Colman I (2018) and psychosocial dysfunction Claiborne ZM, Valin M, Colman I (2019) However, further research is needed to better understand the composition of risk factors associated with adverse outcomes in adulthood. The ONS reports that suicide is the leading cause of death for young people under the age of 35, and suicide rates have increased in recent years. Adolescent depression is a common mental illness, with a prevalence of 4-5% in mid-to-late adolescence (Costello EJ, Egger H, Angold A, 2005). In 2016, approximately 11 percent of adolescents ages 12 to 17 and 7 percent of children ages 6 to 11 were currently diagnosed with an anxiety disorder (Gandor, R. M., Sherman, L.J., Vladutiu, C.J., Ali, M.M., Lynch, S.E., Bitko, R. H. and Blumberg, S. J. 2019). A student's college experience is more emotionally and intellectually demanding than any other time in their life. At this stage, students face great pressure and difficulties, which involve many physical, social and emotional challenges (Schene AH, van Wijngaarden B, Koeter MW., 1998). We know that gender disparities begin in early adolescence. Although the incidence of childhood depression is slightly higher in boys, it is more common in girls during early adolescence (Knorring A-L, Knorring L, Warne M: 2013). The prevalence of anxiety and depression in adolescents has increased significantly, especially in early adolescence (Erskine HE, Moffitt TE, Copeland WE, Costello EJ, Ferrari AJ, Patton G, et al. (2015), Ormel J, Raven D, van Oort F, Hartman CA, Reijneveld SA, Veenstra R, et al. (2015), Solmi M, Radua J, Olivola M, et al., 2021). By the age of 14, approximately 38% of adolescents in the general population have developed an anxiety disorder or depression at least once in their lives (Solmi M, Ladua J, Olivola M, et al., 2021). The global prevalence in children and adolescents is 6.5% for each anxiety disorder and 2.6% for each depressive disorder (Polanczyk GV, Salm GA, Sugaya LS, Kay

A, and Rohde LA, 2015). Depressive disorders cause more stress and interfere with daily life (Ormel J, Raven D, van Oort F, Hartman CA, Reijneveld SA, Veenstra R, et al., 2015, Lokkerbol J, Adema D, de Graaf R, ten Have M, Cuijpers P, Beekman A, et al., 2013, Salomon JA, Haagsma JA, Davis A, de MaertensNoordhout C, Polinder S, Havelaar AH et al. 2015), Depression especially with strong emotional reactions (Ballegooijen W, Eikelenboom M, Fokkema M, Riper H, van Hemert AM, Kerkhof A, et al., 2019).

1.8 Depression and Students

There has been an observed increase in the prevalence of depression among college students. According to a study conducted during the academic year 2021-2022, including a sample of students from 133 college campuses, it was found that 44% of the participants reported experiencing symptoms indicative of depression. Additionally, 15% of the respondents disclosed having seriously contemplated suicide during the preceding year. Understanding the risk factors and symptoms of depression may facilitate the prompt diagnosis and treatment of this mental health condition for both parents and pupils. The challenges encountered by college students are multifaceted in nature. Individuals often experience significant pressure to achieve success while simultaneously acquiring essential life skills. The increasing expense of education imposes further strain on students and their families. In contemporary educational settings, there is a growing trend of subjecting children to excessive academic demands, starting as early as their primary school years. Consequently, their psychological well-being and mental health are experiencing negative effects.

A significant number of middle and high school pupils maintain schedules that are comparable to those of high-ranking corporate leaders, beginning their day at 6 a.m. and concluding it far beyond 10 p.m. The rigorous nature of these schedules often results in

individuals experiencing sleep deprivation and limited opportunities to cultivate fundamental self-sufficiency abilities, including laundry proficiency, food preparation, financial management, and accessing necessary resources to fulfil their requirements. They engage in this process while attempting to ascertain their own identity. The aforementioned deficiencies in skills get further compounded when young individuals go into college, where they encounter various interpersonal issues and demanding academic schedules. It is possible that individuals may also experience the circumstance of living independently from their parents for the first period. The process of assisting youngsters in attaining equilibrium between their accomplishments and the many demands of life starts inside the household. Regrettably, a significant proportion of students, up to 75%, who have challenges related to depression exhibit hesitancy in actively seeking assistance. This phenomenon is associated with an elevated likelihood of adverse consequences, including college attrition, subpar scholastic achievement, suicidal tendencies, and drug misuse according to the Mayo Clinic Health System in 2022.

1.9 Depression and Academic Achievement

The advent of the human revolution has been instrumental in driving accelerated economic expansion, the development of advanced technologies, and perhaps improved societal standing. Nevertheless, these advancements pose a challenge for the majority, particularly students. The expectations placed on students to bridge the gap between their tertiary education and the demands of companies might create additional stress. The measure of a student's achievement may be attributed to their academic success as well as their soft skills, including effective communication abilities. Additionally, other elements such as mental well-being, age, and the kind of given activities may also contribute to their level of excellence. Several studies were aimed to investigate the

correlation between students' academic performance and the aforementioned parameters. The findings estimated significant link between depression level and age with students' academic performance.

Academic-related demands, such as transitioning to university, coping with the multitude of tasks assigned by lecturers, and acquiring essential skills, can potentially affect the mental health among students (Khalid et al., 2016). The pressures associated with meeting these expectations may overwhelm students, making it difficult for them to effectively manage these challenges (Carveth, Gesse, & Moss, 1996). While it may present challenges to quantify mental health, it would be beneficial to examine the correlation between mental health issues and academic performance. This analysis would provide insights into the significance of mental well-being on students' educational achievements. The objective of this research is to assess the rate of prevalence of depressive symptoms among accounting students and investigate the potential associations between mental health, financial background, age, and gender with academic performance.

1.10 Need & Significance of the Study

The purpose of the study to find out the level of depression among the school and college going students respect of their gender deferens, minority status, family type, locality of institution, stream of study, educational level, father ‘s occupations, mother ‘s occupations, monthly family income, academic achievement. Over the past ten years, research on depression among the student’s mental health has become an important topic in our country India as well as foreign country also. Regrettably, there has been a significant increase in student suicide rates in India. Based on a research published in 2013 by The Registrar General of India titled "Suicides in India, 2013," it was found that suicide ranks as the second most prevalent cause of mortality among the demographic of

those aged 15 to 24 years. A total of 25,942 men within this particular age cohort engaged in the act of suicide, while 20,693 females within the same age range took their own lives. This article depicts a somber portrayal of the younger generation, who are resorting to fatal measures in their pursuit of resolving their issues. The objective of this research is to ascertain the prevalence rates of minimal, mild, moderate, and severe degrees of depression among students in the state of West Bengal. Depression has an impact on the academic performance of students across various age groups, ethnic backgrounds, and socioeconomic strata, hence incurring substantial personal, social, and economic burdens. Depression poses a significant risk of mortality, especially among young individuals, mostly due to suicide. Therefore, it is essential to do research on the prevalence and impact of depression among students at the secondary education level. Depression has been shown to exhibit associations with distinct cerebral regions, neurotransmitter substances known as chemicals, hereditary factors, and significant life occurrences. Depression is a prominent factor in global disability rates and has a significant role in the total burden of illness globally. Depression has been seen to co-occur with several mental problems and physical ailments, including but not limited to stress, anxiety, adolescent delinquency, chronic pain, and headaches. Depression has the potential to exacerbate several diseases, and conversely, these disorders may also contribute to the worsening of depression. Research on depression is needed to inform students about the various reasons are there that's why they are suffering from depression. The research result will be benefiting the future researchers work on measure the level of depression among the various level of students as well as the teacher, parents, administrators of education system to find out and short out the problem of depressive disorder among the student who have family problem, personal problem, economic problem, and educational achievement problem.

1.11 Rationale of the Study

Depression has been seen among school- college-university students for the past few decades. Various research conclusions have stated and proved that depression cane take an outrageous form in student's academies careers as well as their personal life also. Depression can occur mental disorder in school, college going students. As of today, student's depression is much more prevalent than in the past few decades. There are several causes for student's depression in the present context. Sometime various research study likely shows that gander disparity, minority status, family type, locality of institution, stem of study, educational level, father's occupations, mother's occupations, monthly family income, academic achievement are causes of depression among the various academies level of students. School- college going students have different level of symptoms in depressive disorder like minimal to mild, mild to moderate, moderate to severe.

Mental health problem in students is often overlooked and misjudged by lots of people. It started too identified during this twenty first century. Most of students have issues with their mental health disorder like depression, mood off etc. the pressure from schools, colleges, parents, guardian, competition with siblings and classmate to make the students diagnose with depression, a common and serious mental illness that negatively affect the student's academic achievement as well as their mental health. In the present studies we can observes that it is most challenging for the students to balance school, college, assignment, homework, extracurricular activities, social media and a healthy happy life style all at once.

1.12 Operational Definitions

i. Depression: Within the context of the current investigation Depression is characterized by a systematic inclination towards negative cognitive biases, which manifests via emotional, behavioral, and even physical symptoms. This cognitive aberration is believed to underlie the development and manifestation of depression. This implies that individuals diagnosed with depression have distinct cognitive processes compared to those who do not have a clinical diagnosis. The current study identifies several symptoms associated with depression, including sadness, pessimism, past failures, loss of pleasure, guilt, fear of punishment, self-dislike, self-criticalness, suicidal ideation, crying, agitation, loss of interest, indecisiveness, worthlessness, decreased energy, disruptions in sleep patterns, irritability, changes in appetite, difficulty concentrating, fatigue, and diminished interest in sexual activity.

ii. School students: In the present study School Students refers to upper primary, secondary, higher secondary students studying in West Bengal.

iii. **Higher Education Students**: In the present study Higher Education Students refers to under graduate and post graduate students studying in colleges and universities of West Bengal.

CHAPTER II PROBLEM OF THE STUDY

CHAPTER II

PROBLEM OF THE STUDY

2.1 Introduction

A literature review is a context-based piece of academic writing that demonstrates knowledge and comprehension of the scholarly literature on a given topic. This is why it is called a literature review and not a literature report: it includes a critical evaluation of the information. Before organising the planning and carrying out of new research, it is crucial for every researcher to be aware of the significant works that have been done in the subject. By examining the type and results of prior studies, it is feasible to determine the justification for the current investigation. This chapter reviews previous research in the area of depression and mental health problems. Researcher looked at an online journal, a report piece, some publications, and a thesis to set the stage for this debate. In this instance, the review procedure included both domestic and international studies.

2.1.1 Researches conducted overseas

Van de Velde et al. (2021) studied on **"Depressive symptoms in higher education students during the first wave of the COVID-19 pandemic"**. It was an examination of the association with various social risk factors across multiple high- and middle-income countries" to investigate the incidence of depressive symptoms among students in higher education during the initial outbreak of COVID-19. To fulfil the purpose of the study the researchers collected data from 125 higher-education institutions (HEI) in 26 high and middle-income countries using a non-representative convenience sample. This research

indicates that the mental health of students is not affected by the pandemic itself, but rather by its subsequent consequences.

Janatolmakan et al. (2020) in their research word entitled as **"Comparison of Depression Rate Between the First-and Final-Year Nursing Students in Kermanshah, Iran"** The objective of this study is to examine the disparity in the prevalence of depression among first-year and fourth-year nursing students in Kermanshah, Iran. The present study consisted of a sample of 60 first-year and 42 senior nursing students, using a descriptive-analytical research design. The participants were chosen via the use of a census sampling methodology. The data collection process included the use of Beck's Depression Inventory. The analysis of the data involved descriptive and inferential statistics. Researchers found that 61.7% (n = 37) of first-year students and 38.1% (n = 16) of seniors were depressed to varied degrees. The rate of depression among first-year students was substantially greater than among seniors (p = 0.013). Further suggested relatively high occurrence of depression among nursing students, it is crucial that they receive targeted mental health care, particularly in their first year of school.

Hamasha et al. (2019) in their study entitled **"Risk indicators of depression among medical, dental, nursing, pharmacology, and other medical science students in Saudi Arabia"** aimed to examine the prevalence and risk factors of depression among undergraduate students majoring in health-related fields. Included was a systematic random sample of 398 students from seven health colleges. The evaluation instrument was a self-reported Becks Depression Inventory (BDI) questionnaire. Depression was categorised as Absence (BDI = 0–13) or Presence (BDI = 14–60) based on participant status. Descriptive statistics, bivariate analysis, and stepwise logistic regression were

used to analyse the data. Approximately 45 percent of students reported having moderate to severe depression. Significant risk factors for depression included gender, recent family loss, genre of study, year of study, presence of psychological disorders, social life, and satisfaction with the specialty, teaching staff, and college facilities. The regression model revealed that the presence of psychological illness, social life style, recent loss of a family member, and teaching staff satisfaction remained significantly related to depression. In conclusion, a sizeable proportion of undergraduates suffer from melancholy. This study demonstrates the need for the community and university administration to provide assistance to this student population. It is recommended that academic and social advisers play more effective roles for students. It is suggested that the instructional personnel improve their instructing and communication abilities.

Ladaninejad et al. (2019) conducted a study on **"The Relationship between Depressive Symptoms and Demographic-Medical Characteristics among Elder People with Cancer"** to study the connection between depression symptoms and demographic-medical factors in cancer patients aged 65 and older. This correlational cross-sectional study recruited 200 elderly cancer patients. The participants who satisfied the specified criteria were administered a questionnaire to gather demographic and medical information, as well as several standardized assessment tools including the Geriatric Depression Scale, the Abbreviated Mental Test, the Activities of Daily Living Scale, and the Multidimensional Perceived Social Support Scale. The results were examined using SPSS software version 21.0 and the Kruskal-Wallis and Mann-Whitney tests. The findings of this research indicate that 50% of the senior individuals were diagnosed with mild depression, 18.5% with moderate depression, and 2.5% with severe depression. A significant association was observed between depression in senior adults

and their marital status (P = 0.025), housing situation (P = 0.013), and income (P = 0.021). The presence of depression was shown to be statistically linked with both diabetes (P = 0.044) and respiratory diseases (P = 0.040). A statistically significant association was seen between depression and colon cancer (P = 0.007), with colon cancer patients exhibiting lower average levels of depression compared to those diagnosed with other malignancies. Significant associations were seen between sadness and pain (P = 0.001), nausea (P = 0.001), vomiting (P = 0.001), hair loss (P = 0.001), and shortness of breath (P = 0.028).

Zheng (2016) investigated on **"A Study on Relationship between Depression and Subjective Well-Being of College Student"** aiming at discover the link between depression, social support, and subjective well-being using a questionnaire.245 first-year students, 383 second-year students, and 242 third-year students were participated in that study. The findings of the study revealed a significant correlation between social support, depression, and subjective well-being. Regression research has shown that there is a relationship between depression, subjective well-being, and the ability to predict academic success among students.

Ahmad & Mazlan (2014) designed a study entitled as **"Stress and depression: A comparison study between men and women inmates in Peninsular Malaysia"** that sought o examine the prevalence of stress and depression among male and female convicts, as well as to investigate the relationship between stress and depression. It was decided to conduct a cross-sectional study with 426 prisoners (227 males and 199 females). Two self-report questionnaires were utilised to obtain data on stress and depression. To meet the goals, descriptive and statistical analyses were done. The data revealed that stress and despair were prevalent among prisoners, particularly female

prisoners. A comparison analysis revealed that stress and depression were much more prevalent among female prisoners than among male prisoners. In addition, both male and female convicts exhibited a substantial connection between stress and depression.

Skues et al. (2014) implemented a mixed-method research design entitled **"Facebook and Diagnosis of Depression: A Mixed Methods Study"** to find out the association between Facebook use and depression. 135 individuals from a university of moderate size in Australia filled out an online questionnaire. Four of ten participants who volunteered to be interview underwent semi-structured interviews as a follow-up. Despite the fact that 25% of students were fall under the risk for depressive disorder, quantitative analysis indicated no significant differences between at-risk and non-at-risk individuals' Facebook usage. Further, differences between self-report questionnaire and interview data regarding Facebook usage were discovered, which have consequences for researchers interpreting self-report Facebook usage data.

Ghaedi & Kosnin (2014) studied **"Prevalence of Depression among Undergraduate Students: Gender and Age Differences"** to compare the depression level among female and male athletes and non-athletes enrolled in an Esfahan, Iran, private university's undergraduate programme. Participants in this study include 400 male and female athletes and non-athletes enrolled as undergraduates in Iran. The Beck Depression Inventory (BDI) was utilized to examine the severity of depression. The findings revealed that the prevalence of depression among male undergraduates who are not athletes is much higher than that of male athletes. The data also revealed that depression is significantly more prevalent among female students than male pupils.

Field et al. (2012) in their study **"Depression and related problems in university students"** tried to examine depression and associated problems among 283 university

students. Findings showed that Students who scored highly for depression also scored highly for intrusive thoughts, anxiousness and sleep difficulties. A step-wise regression revealed that these factors accounted for a substantial amount (49%) of the variance in depression ratings. Further they concluded that the depressed affect and vegetative symptoms subscales of the depression scale exhibited the strongest correlation with these factors.

Christensson et al. (2010) studied on **"Self-reported depression in first-year nursing students in relation to socio-demographic and educational factors: A nationwide cross-sectional study in Sweden".** The main aim of the study was to investigate prevalence of depression among first-year nursing students in relation to their socio-demographic and educational factors at Sweden. In the fall of 2002, a baseline survey of the nation's 1,700 first-year nursing students was completed. Depression was evaluated using the Major Depression Inventory, and correlations with socio demographic and educational variables were examined using logistic regressions. The study achieved a comprehensive response rate of 72.9%. Among the participants, 10.2% reported experiencing symptoms of depression, with a breakdown of 5.7% for males and 10.2% for females. The incidence of severe depression was shown to be associated with many factors, including younger age (30 years and below), female gender, immigration from non-European countries, heavy workload, dissatisfaction with education, poor self-efficacy, and conflicts between personal and academic responsibilities. The presence of prior job experience, a reduced reliance on financial help, and engagement in paid employment throughout the academic year were shown to be correlated with a lower frequency of depression.

Liem et al. (2010) studied on **"Depressive Symptoms and Life Satisfaction Among Emerging Adults: A Comparison of High School Dropouts and Graduates"** The objective of this study is to examine the depression symptoms and life satisfaction among a diverse population consisting of both high school dropouts and graduates. A sample of 1325 emerging adults was subjected to examination, resulting in the discovery that, at the anticipated time of their graduation (T1), those who did not graduate exhibited significantly higher levels of depression and reported worse levels of life satisfaction compared to those who did graduate. However, these differences ceased to be statistically significant four years later. However, it was shown that only the presence of support and connection from family and friends predicted improvements in symptoms of sadness and overall life satisfaction from time point T1 to time point T3.

Yuan (2010) conducted a study on **"The Relationships between Depression, Subjective Well-being (swb) and Emotional Intelligence of Undergraduates".** The current research was aiming at determine the links between four components of emotional intelligence and depression, as well as swb, and to examine the structure of optimal emotional intelligence. A cross-sectional survey on 552 undergraduate students was undertaken. Results yielded that great ability to perceive one's own feelings is detrimental to psychological adjustment, however high ability to manage emotions is beneficial. A high capacity for recognising interpersonal emotions is predictive of a person's lower levels of sadness, life satisfaction, and positive emotions. Ideal emotional intelligence structure should have a moderate capacity for sensing self-emotion, a strong capacity for managing interpersonal emotion, and the capacity for managing self-emotion and interpersonal emotion. If an individual's ability to manage self-emotion is relatively

limited, a high capacity for recognising self-emotion may impair psychological adjustment.

Chaplin et al. (2009) studied on **"Gender, Anxiety, and Depressive Symptoms: A Longitudinal Study of Early Adolescents".** The present study aimed to investigate the relationship between anxiety and depressive symptoms in early adolescents, with a particular focus on gender differences. A total of 113 middle school students, ranging in age from 11 to 14, were surveyed using questionnaires to evaluate their levels of depressive symptoms and three distinct types of anxiety (namely, worry and oversensitivity, social worries and attention, and physiological anxiety), along with overall anxiety symptoms. These assessments were conducted both at the beginning of the study and one year later. The findings of this study highlight the significance of anxiety in the onset of depression throughout adolescence, with a specific emphasis on concern and hypersensitivity among adolescent females. Once again, a relationship was seen between concerns related to social interactions and symptoms of decreased focus and attention. However, it is important to note that this relationship did not reach statistical significance. In the case of both male and female individuals, there was a significant association between physiological anxiety and subsequent manifestation of depressive symptoms.

Armstrong & Oomen-Early (2009) regulated a study **on "Social connectedness, self-esteem, and depression symptomatology among collegiate athletes versus nonathletes".** The primary research gap involved conducting a comparative analysis between collegiate athletes and nonathletes in order to ascertain any notable disparities in their perceived levels of social connectedness, self-esteem, and depression. Additionally, the study aimed to investigate whether there existed an interaction between

athlete status, gender, GPA, BMI, and levels of weekly exercise and sleep, and the manifestation of depression symptoms. The authors of the study used the Center for Epidemiologic Studies Depression Scale, the Rosenberg Self-Esteem Scale, and the Social Connectedness Scale-Revised to assess a sample of 227 college students. The results of the study indicated that athletes had substantially elevated levels of self-esteem, social connection, and depression compared to those who did not participate in sports. From a statistical perspective, the most significant factors associated with depression within this particular demographic were gender, self-esteem, social connection, and sleep patterns.

Bitsika et al. (2009) studied **"Gender Differences in Factor Scores of Anxiety and Depression among Australian University Students: Implications for Counselling Interventions".** The primary aim of this study is to investigate the gender inequalities in anxiety and depression experienced by university students in Australia. The researchers conducted an examination of the component structure of the Anxiety and Depression Inventory using a sample of 200 male and female university students from a private institution in Australia. The present research examined gender inequalities in two independent categories of features, finding that females had a greater inclination than males to report symptoms associated with pain and exhaustion, sleep and digestion issues, psychomotor restlessness, disorientation, and pessimism.

Vázquez & Blanco (2008) studied on **"Prevalence of DSM-IV Major Depression Among Spanish University Students"** to understand the prevalence and correlates of DSM-IV major depressive episodes (MDEs) among students of Spanish university. Interviewers administered a screening instrument to 554 students aged 18 to 34 (65.9% of whom were female). The results of the study indicated that the prevalence of Major Depressive Episodes (MDEs) was found to be 8.7%, with a 95% confidence range ranging

from 6.5% to 11.3%. The two most often seen symptoms reported by the participants were sad mood, with a prevalence rate of 81.3%, and sleep difficulties, with a prevalence rate of 79.2%. The occurrence of MDEs was found to be substantially higher in women compared to males ($p < .05$). The average number of prior bouts of depression among now depressed students who had previously encountered depression was found to be 2.2 (standard deviation = 1.4). A study revealed that a small proportion of disheartened students, namely 0.6%, reported having entertained thoughts of suicide, while an even smaller percentage, specifically 0.2%, had actually made attempts to end their lives. The data indicate a high prevalence of depression among university students. The results suggest the need of designing a program or service targeting university students, aimed at mitigating feelings of sadness and promoting successful adjustment to the academic environment.

Ozmen et al. (2007) directed a study entitled as **"The association of self-esteem, depression and body satisfaction with obesity among Turkish adolescents"** The objective of this study is to determine the prevalence of obesity and overweight among Turkish high school students, as well as to examine the impact of actual weight status, perceived weight status, and body satisfaction on self-esteem and sadness. A cross-sectional research was conducted, with a sample of 2101 Turkish teenagers in the tenth grade, with ages ranging from 15 to 18 years. The body mass index (BMI) was calculated using weight and height data. The standards for overweight and obesity, based on age and gender, were determined using data from the International Obesity Task Force. The researchers used the Rosenberg Self-Esteem Scale to assess individuals' self-worth, and utilized the Children's despair Inventory to measure levels of despair. The relationships between the variables were investigated via the use of a logistic regression analysis. The

findings indicated that 9.0% of the individuals exhibited overweight characteristics, while 1.1% were classified as obese according to the Body Mass Index (BMI) cut-off criteria. Based on the findings of a logit regression analysis, it was observed that gender and socioeconomic status played significant roles in predicting overweight based on BMI. Specifically, being male and belonging to a higher socioeconomic level were identified as important factors. Similarly, in the prediction of perceived overweight, being female and having a higher socioeconomic status were found to be influential. Furthermore, the analysis revealed that being female was a significant predictor of body dissatisfaction. There exists a significant association between body dissatisfaction and both poor self-esteem and depression. On the other hand, the perception of being overweight is only associated with sadness.

Galambos et al. (2004) studied on **"Gender differences in and risk factors for depression in adolescence: A 4-year longitudinal study"**. The aim was to investigate the gender differences and associated risk factors with major depressive episodes and depression related symptoms (MDEs). Longitudinal data from adolescents aged 12 to 19 years were the sample. Findings revealed that no significant rise in depressive symptoms through early adolescence, gender difference was seen in the levels of depressive symptoms and the occurrence of MDE, with girls were more affected than boys. Further, sad people's symptoms got worse when they had less social support and smoked more.

Apfel (2003) in his work **"Depression and Its Treatments: A College Sample"** examined a framework to college students, developed and analyzed a particular demographic within a college setting, focusing on the overall prevalence of anti-depressant utilization and psychotherapy for depression. The framework also aimed to determine individuals' treatment preferences, perceptions of treatment effectiveness,

and whether these findings aligned with existing research and the current state of managed health care. The findings suggest a considerable prevalence rate, a preference among patients for psychotherapy, and suboptimal or unequal coverage for depression treatment within the managed health care system.

Avison & Mcalpine(1992) examined **"Gender differences in symptoms of depression among adolescents".** The major objective of the study was to find origins of gender disparities in teenagers' depression symptoms. Researchers found disparities in the effect of life events, parent-child interactions, psychosocial resources with levels of psychological distress using data from a self-administered surveyed among the 306 high school students. The data reveal a significant gender gap in psychological suffering. Moreover, the research suggested that the males were stronger with self-esteem and adolescents' inclination to see their fathers as overprotective.

Gore et al. (1992) studied "Social structure, life stress and depressive symptoms in a high school-aged population" to assess the role of various social structure of students on life stress and depressive symptoms .A random sample of 1,208 high school-aged adolescents was utilised to explore the mechanisms by which life stress is associated with depressive symptoms. Results generated five significant advents that firstly, neither stressors nor supports explain the significant gender difference in depressed symptoms. Secondly, Girls from disadvantaged socioeconomic backgrounds displayed the highest levels of depressive symptoms**.** Thirdly, there were no gender variations in stress vulnerability. Fourthly, Children in single-parent families had larger symptom levels, which are elucidated by economic settings and stress exposure; however, they are not more prone to the depressing consequences of these pressures than other children and

lastly, Boys and girls from disadvantaged socioeconomic conditions were more liable to a variety of pressures and support insufficiencies.

Allgood-Merten et al. (1990) studied on **"Sex differences and adolescent depression".** This article investigates the influence of various psychosocial factors, including sex, age, body image/self-esteem, self-consciousness, stressful life events, and adherence to cultural masculinity stereotypes, on the development of depression in adolescents. Additionally, it explores how these factors may act as mediators in the relationship between stress and depression in adolescents. A cohort of high school students in grades nine to twelve from a public educational institution participated in a series of self-report assessments during their regular class sessions on two separate dates, with a one-month interval between each administration. Adolescent females exhibited elevated levels of depressive symptoms, self-consciousness, recent stressful experiences, feminine traits, and unfavorable perceptions of body image and self-worth. However, no significant associations were seen between these factors with age. The results of the study provide a conceptual framework for understanding teenage depression, highlighting the significant roles played by body image, self-esteem, and recent stressful events.

Anda et al. (1990) conducted a study **on "Depression and the Dynamics of Smoking-A National Perspective"** In order to evaluate the prevailing perspective among the country about the influence of depression on smoking patterns. The first investigation focused on the National Health and Nutrition Examination Survey (NHANES) and its subsequent study, the National Health and Nutrition Examination Survey Epidemiologic Follow-up Study (NHANES-EF). The researchers used the Center for Epidemiologic Studies Depression Scale to assess depression symptoms and utilized the established

threshold (score 16) to classify people as depressed. According to the first findings of the National Health and Nutrition Examination Survey, there was a notable correlation between the frequency of individuals who now smoke and their scores on the Center for Epidemiologic Studies Depression Scale. Specifically, as the score on the scale grew, the proportion of individuals who were current smokers also increased. Conversely, the quit ratio, which represents the proportion of former smokers among all individuals who have ever smoked, shown a reduction. In the National Health and Nutrition Examination Survey Epidemiologic Follow-up Study, it was shown that the estimated incidence of smoking cessation among those who smoke was 9.9% for those who experienced depression and 17.7% for those who did not experience depression, after a period of 9 years. After controlling for variables such as the quantity of smoking, gender, age, and educational attainment using the Cox proportional hazards model, the researchers discovered that smokers who had symptoms of depression exhibited a 40% lower likelihood of successfully quitting smoking compared to smokers who did not report such symptoms (0.6 relative risk). The findings of this study indicate a significant correlation between feelings of melancholy and the prevalence of cigarette smoking among individuals residing in the United States.

2.1.2 Researches conducted in India

Kumar et al. (2023) in their study entitled as **"Urban-rural and gender differential in depressive symptoms among elderly in India"** The aim of this study was to examine the variations in depression among the elderly, specifically focusing on urban-rural and male-female differences. Additionally, the study aimed to investigate the disparities in depression frequency among the elderly connected to socioeconomic position. The present research made use of data collected from the Longitudinal Ageing research in

India (LASI) surveys conducted during the 2017-18 Wave-I. The dependent variable in this research was self-reported depression. By using bivariate analysis, the prevalence among different sociodemographic categories was ascertained. A comprehensive Fairlie decomposition analysis was undertaken to assess the extent of rural-urban inequalities in the prevalence of depression among older men and women.The results of the study indicated that a proportion of around 22 percent of seniors living in urban areas and 17 percent of seniors residing in rural areas had symptoms of depression. A higher percentage of elderly ladies (22.6% compared to 18.4%) had signs of depression in comparison to senior men. In the Indian context, it has been observed that a significant proportion of the older population, namely 20.6%, have reported experiencing symptoms associated with depression. The findings of the study indicated that there was a higher prevalence of depressive symptoms among women residing in both rural and urban regions compared to males. The role of education emerged as a notable determinant in elucidating the socioeconomic status (SES)-related discrepancy in the prevalence of depression among older women, whereas no such association was seen among older men.

Assariparambil et al. (2021) investigated **"Depression among older adults: a systematic review of South Asian countries".** The objective of this study is to critically examine a range of research studies conducted on the topic of depression among older persons in South Asian nations. A total of 120 publications, sourced from several sources, were included into the meta-analysis. The data were obtained via the use of a validated data extraction form, and in cases where data were absent, the reviewer made efforts to communicate with the authors for clarification. The study's results indicate that depression is a commonly observed problem among older adults. The combined

assessment of depression rates can offer valuable insights for healthcare professionals, policymakers, and researchers in devising effective strategies to address the challenges associated with depression in the elderly. These strategies may involve pharmacological or non-pharmacological interventions.

Dwivedi et al. (2021) studied on **"Depression among medical students of India: Meta-analysis of published research studies using screening instruments".** The major objective of this study was to evaluate the aggregated prevalence of depression among medical students in India by a meta-analysis of previously published primary research studies. The systematic search of publicly available original papers on the topic of depression among Indian medical (MBBS) undergraduate students was conducted using the PRISMA criteria. The search was performed on the PubMed and Google Scholar databases, covering the period from 2014 to 2018.A comprehensive compilation of 28 primary research publications including a sample size of 7046 medical students from several medical institutions in India was identified. The median number of students was 284.5, with a range of 86 to 444. All of the original research papers did not rely on a clinical diagnosis. Instead, they used standardized and proven global screening procedures to detect cases of depression. According to a meta-analysis using a random-effects model, it was estimated that 40% of medical students in India had symptoms of depression. The confidence interval for this estimate ranged from 32% to 47%. The odds ratio of experiencing sorrow was found to be marginally greater for females compared to boys (odds ratio = 1.06; 95% confidence interval: 0.81–1.38). A collective of 16 research articles, accounting for 57.1% of the total, had a psychiatrist as one of the co-authors. The combined occurrence rate of such studies was found to be 39%, with a confidence range of 95% ranging from 29% to 49%. The other twelve studies, which did not include a

medical professional as a co-author, also reported a prevalence rate of 44% among individuals (with a 95% confidence range ranging from 33% to 54%). In the conducted research investigations, several assessment instruments such as the Beck Depression Inventory, the Depression Anxiety Stress Scale, and other screening measures were used. The collective prevalence rates of depression were determined to be 37.9% (95% confidence interval [CI]: 22–55), 45.0% (95% CI: 42–52), and 34.0% (95% CI: 24–50) accordingly, based on the findings.

Chauhan et al. (2020) on their research work entitled as **"Interaction of substance use with physical activity and its effect on depressive symptoms among adolescents"** The objective of this study was to investigate the potential association between physical exercise, drug use, and symptoms of depression among economically disadvantaged adolescents in India. The findings were derived from the Understanding the Lives of Adolescents and Young Adults (UDAYA) survey. The quantity of melancholy was determined by using a negative binomial regression model, which included nine items pertaining to symptoms that had strong internal validity (Cronbach alpha = 0.86). The research revealed that there was a statistically significant association between greater levels of melancholy and several demographic and behavioral factors, including education level, gender, physical activity level, and drug usage, among adolescents. Adolescents who lack physical engagement and engage in substance abuse are more prone to exhibiting symptoms of depression compared to their peers. However, after controlling for the influence of background conditions, the incidence rate ratio (IRR) for physical activities decreased, whereas the IRR for drug use increased.

Mohta et al. (2020) studied on **"Depression among adolescents in a rural community of north India: A cross-sectional study"** The objective of this study is to examine the

incidence of depression among adolescents residing in a rural community in northern India. Additionally, this research aims to investigate associated factors, such as mental co-morbidities and functional impairment. A sample of 630 adolescents, aged 10 to 19, was obtained using a simple random sampling method. The participants underwent depression assessment using the use of the nine-item version of the Patient Health Questionnaire (PHQ-9) during in-person visits conducted at their residences. The researchers used the Mini International Neuropsychiatric Interview for Children and Adolescents (MINI Kid) and the Mini International Neuropsychiatric Interview (MINI) to validate the diagnosis and evaluate psychiatric comorbidities among individuals between the ages of 10 and 17. The prevalence was stated along with a 95% confidence interval. The relationship between depression and socio-demographic and other characteristics was investigated by the use of multivariable logistic regression. The quantification of functional impairment was performed with the Children's Global Assessment Scale (CGAS). The results of the study indicated that the prevalence of depression was 3.7% (95% CI: 2.3–5.2) in both males and females, with a sample size of 583. This finding suggests that there were no significant differences in the prevalence of depression between the two sexes. Approximately 40% of the participants reported experiencing suicide ideation or engaging in suicidal behavior. Functional impairment was seen in about 66% of the participants diagnosed with depression. The study found a significant association between depression and frequent disputes at home [adjusted odds ratio (aOR) = 4.0 (95% confidence interval [CI]: 1.0-16.0], P = 0.049]. Additionally, depression was also found to be associated with perceived stressful events in the preceding six months [aOR = 7.0 (95% CI: 2.4-20.3), P < 0.01], with a particular emphasis on academic-related stressors.

Grover et al. (2019) studied **on "Depression in children and adolescents: A review of Indian studies"** To conduct a comprehensive examination of the existing body of Indian research pertaining to depression in children and adolescents. The purpose of the research was achieved by the use of the systematic literature review approach. Based on the data at hand, the occurrence of depression or affective disorders varies between 1.2% and 21% in research conducted in clinical settings, between 3.0% and 68% in studies conducted in educational institutions, and between 0.1% and 6.94% in studies conducted within communities. A singular incidence study done in India has evaluated the incidence rate to be 1.6%. Numerous studies have documented a range of challenges pertaining to schooling, interpersonal relationships with parents or within the household, familial issues, financial constraints, and other variables that provide a risk for the development of depression. A restricted number of studies have assessed the symptom profile, with the most commonly reported symptoms being depressed mood, reduced interest in recreational activities, difficulties in concentration, behavioral issues characterized by anger and aggression, pessimism, decreased appetite, reduced sleep, anhedonia, and somatic symptoms. To far, no studies conducted in India have evaluated the effectiveness of various antidepressant medications in the treatment of depression in children and adolescents.

Kiran et al. (2018) studied on **"Physical Activity and Depression among Adolescents in West Godavari District, Andhra Pradesh"** The objective of this study is to assess the level of physical activity and depression, as well as investigate the potential correlation between these two variables. A cross-sectional study was conducted in Eluru, Andhra Pradesh, including sixth- through tenth-grade students from one government school and two private institutions. The selection of a sample size of 450 students was determined

by considering the estimated prevalence of appropriate physical activity, which was set at 40% with a 95% confidence range and a relative precision of 12%. The assessment of physical activity was conducted using the PAQ-A, which stands for the Physical Activity Questionnaire for adolescents. On the other hand, depression levels were evaluated via interviews employing the Becks Depression Inventory II (BDI II) questionnaire. The results of the study revealed that out of the total sample size of 450 people, 248 (55.1%) were identified as male, while 202 (44.9%) were identified as female. The prevalence of depression was found to be 42.2%, while 43.1% of persons exhibited inadequate levels of physical activity. The correlation coefficient between physical activity and depression was found to be -0.252. The researchers proposed that it is essential for school health officials to promptly undertake measures to augment physical activity sessions in all educational institutions.

Mazzuca et al. (2018) in their study entitled **"Developing a Mental Health Measurement Strategy to Capture Psychological Problems among Lower Caste Adolescent Girls in Rural, South India"** This study aimed to elucidate the process of assessing the cultural validity of the Primary Health Questionnaire PHQ-9, a widely used screening tool for depression, within the context of the Samata assessment. The Samata initiative aimed to facilitate the educational advancement of adolescent girls from marginalized castes in rural southern India, ensuring their completion of secondary education and advocating for delayed marriage till adulthood. A total of twenty adolescent girls and six outreach workers affiliated with the Samata program in the rural region of north Karnataka, located in south India, actively participated in three separate sessions of focus group discussions (FGDs). Focus group discussions (FGDs) were used to ascertain the manifestation of psychosocial issues across various settings and to

determine the acceptability and utility of PHQ-9 questions.Thematic content analysis was conducted on the transcripts of the focus group discussions (FGDs). Broadly speaking, the descriptions of psychological disorders seen at the local level align with the questions included in the Patient Health Questionnaire-9 (PHQ-9).The engagement of local stakeholders is crucial in the evaluation of the cultural appropriateness of mental health screening instruments, primarily owing to the inherent constraints associated with translation methodologies.

Singhal et al. (2018) examined **"Efficacy of an indicated intervention program for Indian adolescents with subclinical depression"** The objective of this study is to assess the efficacy of a designated therapy intervention for Indian teenagers who exhibit subclinical symptoms of depression. The findings of the study indicated that children in the intervention group saw significant decreases in symptoms of depression, negative thought patterns, and academic stress. Furthermore, substantial evidence was found indicating significant improvements in social problem-solving abilities and coping capabilities. Once again, the findings indicate a favourable outcome when evaluating the efficacy of a designated school-based intervention program targeting adolescents with a high susceptibility to depression. It is essential for mental health professionals to establish collaborative partnerships with educational institutions in order to augment the prominence, accessibility, inclusivity, and assessment of school-based interventions targeting vulnerable adolescents.

M**ishra et al. (2018) investigated "Prevalence of depression and anxiety among children in rural and suburban areas of Eastern Uttar Pradesh: A cross-sectional study"** The objective of this study is to examine and contrast the occurrence of depression and anxiety among adolescents residing in rural and suburban areas of

eastern Uttar Pradesh. The aim is to get a comprehensive understanding of the societal implications associated with these mental health concerns. Adolescents between the ages of 11 and 18 were segregated into two distinct groups. Group I included a sample of 100 children hailing from the rural area of Tikri, while Group II comprised a sample of 100 children originating from the suburban district of Sunderpur. The sociodemographic information of the participants was recorded. The Revised Children's Depression Inventory (RCDI) and the Children's Manifest Anxiety Scale (CMAS) were used as assessment tools to evaluate depression and anxiety levels in children. The conclusive diagnosis was established by using the current state evaluation in accordance with the International Classification of Mental and Behavioral Disorders, version 10. The data underwent statistical analysis via the use of the Chi-square test.The findings indicated that the prevalence of depression was 14.5%, whereas anxiety disorders had a prevalence of 15%. No statistically significant difference was seen in the occurrence of depression or anxiety between rural and suburban regions ($P > 0.05$).The middle years of adolescence exhibited a higher prevalence of depression and anxiety, particularly among females and those belonging to the lower-middle socioeconomic group. The prevalence of depression was found to be higher among students in grades 9-12, while anxiety was shown to be more frequent among students in lower grades. Families with children had a higher likelihood of experiencing depression. These differences provide valuable insights into the factors that lead to these challenges.

Singh et al. (2017) investigated **"Prevalence & factors associated with depression among school going adolescents in Chandigarh, north India".** The primary objective of this research was to ascertain the prevalence of depressive disorders and the corresponding features among adolescents enrolled in both government and private

schools in Chandigarh, India. A cross-sectional research was undertaken to examine a sample of 542 adolescents between the ages of 13 and 18 who were enrolled in eight schools. The participants were selected using a multistage selection technique. Depression was assessed by the use of the Patient Health Questionnaire-9 (PHQ-9) and associated variables, using a semi-structured interview protocol. The findings of the study indicated that a significant proportion of adolescents, namely 40%, had symptoms of depressive disorders. This included 7.6% who were diagnosed with severe depression disorders and 32.5% who displayed mild depressive disorders. In relation to the level of severity, it was found that 29.7% of persons received a diagnosis of mild depression, 15.5% were diagnosed with moderate depression, 3.7% were diagnosed with pretty severe depression, and 1.1% were diagnosed with severe depression. Several notable factors were found to be associated with the phenomenon under investigation. These factors encompassed attending a government school, being enrolled in either the tenth or twelfth grade, residing in a rural locality, experiencing instances of physical abuse from family members, the father's engagement in alcohol and tobacco consumption, the absence of a supportive environment within the educational institution, dedicating less time to academic pursuits, displaying a lower level of involvement in cultural activities, and being involved in a romantic relationship. According to a survey, there was once again a significant prevalence of depression among adolescents of school age. There exists a wide array of modifiable risk factors that have been shown to be associated with the occurrence of depression. In order to mitigate the potential for depression, it is essential to make necessary adjustments to both the home and school contexts.

Karmakar & Behera (2017) conducted empirical research on **"Depression among the College Students"** The objective of this study is to examine the prevalence of depression

among college students, while also exploring the significance of variations in depression rates across different demographic groups, including gender (male-female), geographical location (rural-urban), academic disciplines (science-arts), and religious affiliations (Hindu-Muslim). The researchers used the Beck Depression Inventory (BDI) as a means of assessing the extent of depression, and a sample of 160 students from the arts and sciences was selected to ensure representativeness of the overall community. Based on the findings, among a sample of 160 college students, it was observed that 16.88% exhibited little symptoms of depression, 35.62% displayed mild symptoms, 41.25% shown moderate symptoms, and 6.25% reported a high degree of melancholy. The research also revealed that there are no statistically significant variations in depression levels when considering factors such as socioeconomic status, academic years, or job satisfaction.

Mutalik et al. (2016) studied on **"Depression, Anxiety, Stress among College Students in Bagalkot: A College Based Study"** The aim of this study is to assess the indicators of depression, anxiety, and stress experienced by undergraduate students enrolled in a government degree institution located in Bagalkot.A total of 133 undergraduate students from Govt. First Grade College, Bagalkot, were included in the study, using the established universal sample approach. A questionnaire-based research was conducted to examine the levels of Depression, Anxiety, Stress, and emotional distress among students. The Depression Anxiety, Stress Scale (DASS-21) and General Health Questionnaire (GHQ-28) were used for this purpose.Based on the findings of the Depression Anxiety Stress Scale (DASS-21), it was observed that anxiety exhibited a higher prevalence compared to depression and stress. The use of this instrument demonstrates its efficacy in assessing the psychological well-being of degree students in

Bagalkot, exhibiting a notable degree of internal consistency. Based on the findings of the General Health Questionnaire (GHQ), it was observed that females exhibited higher levels of emotional discomfort compared to men. Moreover, the findings indicate that undergraduate students had heightened levels of sadness, anxiety, and stress. This exemplifies the level of responsibility that students are required to bear under the present educational context. Early interventions are crucial in enhancing the quality of life and mitigating stress levels among kids.

Mathias et al. (2015) conducted a study on **"Cross-sectional study of depression and help-seeking in Uttarakhand"** This study aims to examine the prevalence of depression, healthcare use patterns, and the association with socioeconomic factors in a specific area located in North India. The research methodology employed is a population-based cross-sectional survey.The study was done in July 2014 in Sahaspur and Raipur, which are administrative blocks located in the Dehradun district of Uttarakhand. A sample of 960 individuals who are 18 years of age or older was selected randomly from the population, and the selection process was stratified based on the rural:urban ratio obtained from the census.The research used a validated screening tool known as the Patient Health Questionnaire to identify patients who were experiencing symptoms of depression. Additionally, data was collected on socioeconomic factors and patterns of seeking assistance. The study calculated the prevalence of depression and examined health seeking behaviors. Additionally, a multivariable logistic regression analysis was conducted to identify the associations between risk variables and depression.The prevalence of depression was found to be 6% (58 out of 960), while an additional 3.9% (37 out of 960) of participants reported experiencing a depressive episode lasting longer than 2 weeks over the last 12 months. Individuals who lacked literacy skills, belonged to

the Scheduled Caste/Tribe or Other Backward Castes, resided in temporary housing structures, and had recently acquired a loan exhibited an adjusted odds ratio (OR) for depression above 2. A significant majority of persons diagnosed with depression (79%) sought medical assistance from either private or public general practitioners over the last three months. However, it is noteworthy that none of these individuals received talking therapy, resulting in a complete absence of this kind of treatment. Furthermore, only a small fraction of individuals (3.3%) were given antidepressant medication, indicating a substantial treatment gap in addressing depression.

Naushad et al. (2014) in their research entitled as **"Study of proportion and determinants of depression among college students in Mangalore city"** The objective of this study was to examine the frequency and underlying factors contributing to depression among college students in Mangalore. A cross-sectional research was done in January 2010, with a sample size of 308 individuals, with the objective of determining the incidence of depression among pre-university students in Mangalore. The prevalence of depression was assessed using the Beck's Depression Inventory II. Data was collected via the use of a self-administered questionnaire. Out of a total sample size of 308 people, a significant proportion of 79.2% were found to have been diagnosed with depression. The largest proportion of individuals (41.2%) received a diagnosis of moderate depression, whereas a smaller percentage (26.6%) were diagnosed with mild depression. The study revealed a significant increase in both the prevalence (P = 0.027) and severity (P = 0.0357) of depression as the age of the individuals increased. A statistically significant difference in depression levels was observed between commerce students and scientific students (P = 0.003). No significant link was found between depression and either the gender of the individuals or the kind of college they attended.

Malhotra & Patra (2014) in their study entitled **"Prevalence of child and adolescent psychiatric disorders in India: a systematic review and meta-analysis"** I endeavored to examine a comprehensive synthesis of epidemiological data pertaining to child and adolescent mental problems in India, using a systematic review and meta-analysis approach. The prevalence of mental problems in children and adolescents was assessed by the analysis of sixteen community-based studies including a total of 14,594 individuals, as well as seven school-based research containing 5,687 participants. The study revealed that the prevalence rate of child and adolescent mental issues in the general population was found to be 6.46 percent, with a 95% confidence range ranging from 6.08% to 6.88 percent. In the school setting, the prevalence rate was discovered to be 23.33 percent, with a 95% confidence interval ranging from 22.25% to 24.33 percent.

Russell et al. (2013) conducted a study on **"ADad 7: Relationship between depression and anxiety disorders among adolescents in a rural community population in India"** The aim of this study is to examine the prevalence of co-occurring Depressive Disorders (DD) and their subtypes among individuals with Anxiety Disorders (AD). Additionally, this research seeks to investigate the relationship between certain AD and Depressive Disorders, the influence of DD severity on AD, and vice versa. Furthermore, this study aims to explore the potential role of age and gender in the co-morbidity of these conditions.The necessary data was collected in a prospective community survey, where 500 adolescents were administered the Screen for Child Anxiety Related Emotional Disorders, Beck Depression Inventory, and Schedule for Affective Disorders and Schizophrenia for School-Age Children/Present and Lifetime Version by independent raters. Descriptive statistics, independent t-tests, and chi-square testing were used to examine the incidence of concurrent depression disorders among individuals with

anxiety disorders (AD), the relationship between particular AD and depressive disorders, the severity of depressive disorders, and the influence of age and gender on this comorbidity. The results of the study indicated that a significant proportion of adolescents diagnosed with Attention-Deficit/Hyperactivity Disorder (AD) also had comorbid Depressive Disorders. Specifically, 23.7% of the participants were found to have concurrent Depressive Disorders. Further analysis revealed that among those with comorbidities, 13.9% were diagnosed with Major Depressive Disorder (MDD) alone, 8.3% were diagnosed with Dysthymic Disorder (DysD) exclusively, and 1.5% were diagnosed with both MDD and DysD. A higher prevalence of mood disorders was seen among adolescents diagnosed with attention deficit (AD) compared to their counterparts without such a diagnosis. A study revealed that a significant proportion of teenagers diagnosed with various anxiety disorders also had comorbid depressive disorders. Specifically, 20% of adolescents with Panic disorder, 12.1% of adolescents with Generalized Anxiety Disorder, 5.3% of adolescents with Separation Anxiety Disorder, and 12% of adolescents with Social Anxiety Disorder were found to exhibit symptoms of Depressive Disorders. The prevalence of dysthymic disorder was significantly higher in those with PD ($P = 0.009$). Individuals diagnosed with Alzheimer's Disease (AD) exhibited a higher degree of severity in relation to Depressive Disorders ($P = 0.001$). Conversely, individuals diagnosed with Depressive Disorders (DD) had a greater severity of AD ($P = 0.01$). As the severity of Alzheimer's disease (AD) increased, there was a corresponding increase in the severity of depressive disorder (DD) ($P = 0.001$). The results indicate that there was a significantly greater prevalence of DD among individuals in the late adolescent stage ($P = 0.001$). However, the analysis did not reveal any significant influence of gender on the incidence of DD.

Ganguly et al. (2013) developed **"Patient health questionnaire-9 as an effective tool for screening of depression among Indian adolescents"** The identification of depression in teenagers has great importance, especially in resource-limited countries such as India, where access to comprehensive healthcare services may be limited. The present study aims to investigate the diagnostic accuracy, reliability, and validity of the Patient Health Questionnaire-9 (PHQ-9) when given by paediatricians to adolescent individuals in the context of India. The PHQ-9 and Beck Depression Inventory were given to a sample of 233 adolescents, aged 14 to 18 years, by paediatricians. The psychologist conducted participant interviews using the International Classification of Diseases, 10th Revision, and subsequently arrived at a clinical diagnosis of depression. Following a one-month interval, the Patient Health Questionnaire-9 (PHQ-9) was once again given to the student participants. The researchers conducted appropriate tests of validity and diagnostic accuracy. The study findings indicate that the PHQ-9 exhibits satisfactory performance as a screening instrument for paediatricians in India within the context of primary care. The PHQ-9 has considerable promise in assisting developing nations in addressing the growing issue of adolescent depression because to its brevity, simplicity, and ease of administration.

Nair et al. (2004) conducted a research on **"Prevalence of depression among adolescents"** The objective of this study is to ascertain the frequency and distribution of depression among adolescents. A group including of a paediatrician, a psychologist, and students pursuing a Post Graduate Diploma in Clinical Child Development (PGDCCD) conducted an assessment using the Beck Depression Inventory (BDI) on a sample of teenagers ranging from 13 to 19 years of age. The participants included both current students and those who had just completed their education at a school or college. The

major results of the study indicate that a significant proportion of school dropouts, namely 11.2%, reported experiencing severe and excessive levels of depression. In comparison, the prevalence of such levels of depression was much lower among high school students, at 3%, and nonexistent among college students, at 0%.

Basu,G.& Biswas,S.(2017)conducted a study to assess **"Mental health and depression among school going adolescents from a school-based study of Nadia district, West Bengal"** Additionally, the objective of this study is to determine the prevalence of depression, as well as identify the characteristics that are connected with it. Between July and August 2016, a descriptive epidemiological research was done among teenagers in grades VII to IX at an English language school located in Kalyani, Nadia district. Data on sociodemographic characteristics and answers to questions about different areas of mental health were collected using validated instruments, namely the Beck Depression Inventory (BDI) and the Global School Health Survey questionnaire. The results indicated that around 50% of the students reported experiencing sentiments of punishment (71) and engaging in self-criticism (68). The study found that the total prevalence of depression was 34.2%, with moderate depression being the most often reported severity level. The prevalence of depression was shown to be considerably greater among those in the older age group, namely in class VII, and among teenagers who did not reside with their parents.

Chaudhuri. B. S, Mandal. K. P, Chakrabarty. M, Bandyopadhyay. G, & Bhattacherjee, S. (2017) studied The objective of this study is to determine the incidence of depression and identify the variables related with it among the adult population residing in the Siliguri subdivision of the Darjeeling district in West Bengal. Cross-sectional research was undertaken among the adult population of Siliguri subdivision in the Darjeeling district

of West Bengal. In all, 36% of the individuals included in the research had symptoms of depression, while 11% displayed symptoms indicative of a more severe form of depression. The results of the binary logistic regression analysis indicated that there was a strong association between depression and certain variables, including female gender, rural residency, and lower educational level.

Deb, S., Parveen, R. B.,Thomasa, S. Vardhan, V. R. Rao, T. P., Khawaja, N. (2016) A research was undertaken to determine the prevalence of depression among university students, taking into account several factors such as gender, academic stream, semesters, perception of home environment, connection with parents, academic success, and family income. This research also investigates the correlation between students' perception of the academic atmosphere at their institution, their living circumstances, personal challenges, and depression. The results revealed that 37.7%, 13.1%, and 2.4% of the student population had moderate, severe, and very severe levels of depression, respectively. A notable disparity was seen between the two semesters, with semester II students reporting a greater degree of despair compared to semester III students. In the context of academic streams, it has been shown that students pursuing humanities and social sciences have a higher prevalence of depression in comparison to their counterparts in scientific and business disciplines. The findings of the research revealed that students who had favorable perceptions on the academic environment and living arrangements at the university exhibited a decreased prevalence of depression in comparison to their peers. The study revealed a favorable correlation between personal resilience and mental well-being, specifically in relation to the practices of discussing personal issues with others and engaging in regular exercise. The study's results underscored the need of providing prompt mental health support services to about

15.6% of the university students who exhibited symptoms of severe or very severe depression.

Das. P. (2018) conducted a study on **"Anxiety of the student University level in West Bengal".** A cross-sectional study was undertaken to determine the prevalence rate of anxiety among university-level students in West Bengal. The results of this research indicate that there was a higher prevalence of total anxiety among female university-level students (68.89%) compared to male university-level students (49.99%). However, the statistical analysis suggests that this difference was not statistically significant ($P>0.05$). The prevalence of university-level students is higher in rural regions (70%) compared to urban areas (57.5%). Statistical analysis indicates that this difference is statistically significant ($P<0.01$).

Islam. S, Akter. R, Sikder. T &Griffiths. D. M (2022) A research was done to investigate the prevalence of depression and anxiety among first-year undergraduate students, as well as to explore possible underlying factors contributing to these mental health conditions. The research conducted was a cross-sectional study. The research revealed that inadequate sleep quality and insufficient physical activity were identified as the primary risk factors associated with depression. Excessive internet use emerged as the primary risk factor for anxiety. The current research found a significant incidence of depression and anxiety levels among first-year university students, which supports the idea that this group is susceptible to mental diseases. The results of the study indicate a need for intervention initiatives, in addition to sufficient and suitable supporting resources for university students from Bangladesh.

Stefano Tancredi. S, Jeangros. B. C, Ruegg. R,Righi. E, Kagstrom. A, Vallee. Q. A,Chiolero. A, Bracke. P, Buffel. V, Velde. D. V. S&Cullati. S (2022) A research was

undertaken to evaluate the correlation between financial loss experienced by students and the manifestation of depression symptoms during the first phase of the COVID-19 pandemic. Additionally, the study aimed to determine whether this correlation differed across nations with varying degrees of lockdown measures. The research conducted was a cross-sectional survey that included a total of 91,871 students hailing from 23 different nations. The results indicated that a notable proportion of students, over 13%, had financial setbacks during the period of lockdown. Additionally, a significant percentage of students, around 52%, exhibited elevated levels of despair, with considerable variations seen across different nations. There is a greater incidence of depressed symptoms seen among students who have experienced a loss of economic resources in comparison to students who have maintained steady economic resources. There were no significant variations seen in the correlation across different nations.

Sandeep, G. S., Raju, V., Sharma, A., Shah, R. (2019) The objective of this study was to assess the existing body of Indian research pertaining to depression in children and adolescents. The results indicated that the prevalence of depression/affective disorders varies between 1.2% and 21% in research conducted in clinical settings, between 3% and 68% in studies conducted in educational settings, and between 0.1% and 6.94% in studies conducted in community settings. Only one incidence research has been conducted in India, which assessed the incidence rate to be 1.6%. Regarding the risk factors associated with depression, several studies have documented a range of challenges connected to schooling, interpersonal relationships with parents or within the household, familial circumstances, economic hardships, and other contributing factors. A restricted number of investigations have assessed the symptom profile, and the frequently reported symptoms encompass a low mood, reduced interest in recreational

activities, challenges with concentration, behavioral issues characterized by anger and aggression, pessimistic outlook, decreased appetite, reduced sleep, an inability to experience pleasure, and physical symptoms. To far, there has been a lack of research conducted in India that assesses the efficiency and usefulness of different antidepressant medications in the treatment of depression in children and adolescents.

Chekol, T. A., Wale, A. M., Abate, W. A., Beo, A. E.,Said, A. E.,&Negash, T. B. (2022) The objective of this research was to evaluate the incidence of depression and its related characteristics among high school adolescent students in Bahirdar City, located in Northwest Ethiopia in the year 2022. A cross-sectional survey was conducted between June 18 and July 16, 2022, focusing on teenage students attending public and private high schools in Bahir Dar City, located in the Amhara region of Ethiopia. The participants had a response rate of 96.9%. The study revealed that the prevalence of depression among adolescents was determined to be 22.1% (95% confidence interval: 18.7, 25.7%). The variables significantly linked with depression were being female (adjusted odds ratio [AOR]: 3.43; 95% confidence interval [CI]: 2.11, 5.56), having a small family size (AOR: 3.01; 95% CI: 1.47, 6.15), reporting ever alcohol use (AOR: 2.40; 95% CI: 1.51, 3.81), attending a public school (AOR: 3.01; 95% CI: 1.68, 5.40), and having a history of abuse (AOR: 1.92; 95% CI: 2.2, 3.08). The present research revealed that the prevalence of depression among high school students in Bahir Dar City exceeded the established national threshold. A significant correlation was seen between variables such as gender, parental family size, alcohol use, attendance at public schools, and a history of maltreatment, and the occurrence of depression in the teenage population. Therefore, it is advantageous for educational institutions.

Banerjee, K., &Banerjee, D. (2022) A research was undertaken to examine the mental health conditions of school adolescents in four selected districts of West Bengal. The primary aims of this study are to gain insight into the mental health scores of school adolescents in the four districts of West Bengal, to identify any disparities in mental health scores between boys and girls in the selected districts, and to assess the significance of the subscale scores obtained from the Strengths and Difficulties Questionnaire (SDQ).The research is grounded on a cross-sectional survey that encompasses school adolescents residing in the four districts of West Bengal, namely North Twenty Four Parganas, South Twenty Four Parganas, Haora, and Hugli. The results indicate a notable disparity between male and female participants across all categories, with the exception of the Conduct issue scale. Significant variations are seen throughout the various districts across all scales, with the exception of the Prosocial scale. In order to facilitate the whole development of teenagers, it is essential to recognize the significance of mental health concerns that need attention from both educational institutions and families.

Kundu, A., Mondal, S., Ishita, S. I.,Ghosh, R., &Goswami, P. (2022) The purpose of this research was to assess the prevalence and severity of depression, anxiety, and stress levels among undergraduate medical students at Burdwan Medical College in West Bengal. The research used a cross-sectional design and was done at BMCH from November 1st to November 20th, 2021. The participants of the study were undergraduate medical students. The study aimed to provide a descriptive analysis of the observed data. The rates of depression, anxiety, and stress among undergraduate medical students are reported to be 54%, 72%, and 43.2% respectively. Within the sample population, it is seen that 5% exhibit symptoms indicative of mild depression, 17.39%

display signs of moderate depression, 12.69% manifest severe depression, and 8.92% demonstrate symptoms of very severe depression. A significant proportion of the student population, namely 21.13%, exhibits a high degree of severity in their anxiety levels. The prevalence of mild anxiety was found to be 19.71%, while moderate anxiety accounted for 19.25% of the subjects. Severe anxiety was reported by 11.74% of the participants. Moreover, the data reveals that 11.28% of the participants in the research exhibit light stress, while 15.94% experience moderate stress. Additionally, 11.74% of the individuals report severe stress, and 4.23% indicate really severe stress. The present research revealed that 53.99% of the individuals exhibited symptoms indicative of depression, whereas 71.84% of the subjects had symptoms suggestive of anxiety. Additionally, 43.21% of the subjects demonstrated symptoms associated with stress. The research also suggested the need of implementing interventions, such as social and psychological support, in order to enhance the overall quality of life experienced by medical students.

Khan, A. W., Adak, C., & Hossain, A. (2022) conducted a research was done to investigate the reported psychological stress levels among Junior High Madrasah students in the Paschim Medinipur area of West Bengal. A cross-sectional survey approach was used, using a sample of 129 units. The study revealed that there was a low prevalence of severe and very severe post-polio syndrome (PPS) among junior high madrasah pupils in the Paschim Medinipur region of West Bengal. Furthermore, no statistically significant variations were seen in PPS levels based on gender, locale of institutions, kinds of family, and sibling counts ($P>0.05$).

Biswas, A. (2022) conducted a study entitled as, **"Effectiveness of group mindfulness intervention on student awareness anxiety stress and depression at various levels in education".** The purpose of this study was to examine the present condition of

depression, anxiety, stress, and mindful attention among students at various academic levels. Additionally, the study aimed to analyze the impact of explanatory factors such as gender and study class on depression, anxiety, stress, and mindful attention. Furthermore, the pre- and post-test findings of the experimental group indicate a significant association between Mindful Attention Awareness, Depression, Anxiety, and Stress among students at different educational levels in West Bengal. The results of the research indicated that there was a substantial decrease in depression among males in the experimental group, however there was no statistically significant reduction seen among girls in the same group. In contrast, a significant reduction in anxiety was seen, a trend that was not observed among the male participants. There were no discernible gender-based disparities in depression, anxiety, stress, or awareness among the boys and girls in the control group. Furthermore, it was seen that a mindfulness intervention has the potential to enhance students' awareness while simultaneously mitigating mental health concerns such as depression, stress, and anxiety. Consequently, the implementation of group mindfulness treatments plays a pivotal role in enhancing the mental and physical well-being of pupils.

Raj, S. et al. (2019) identified a study named as **"Effectiveness of mindfulness based cognitive behaviour therapy on life satisfaction, and life orientation of adolescents with depression and suicidal ideation".** Depression and suicide ideation are two prominent challenges that individuals face on a worldwide scale. The intricate nature of sadness and suicide, stemming from an individual's inadequate psychological adaptation, has been extensively expounded upon. In order to facilitate the enhancement of patients' coping skills, a range of therapeutic options have been devised, among which cognitive behavior therapy has shown the most encouraging outcomes. Cognitive behavioral

therapy techniques that emphasize mindfulness have been effective in improving the well-being of individuals. The present study examined the impact of a mindfulness-based mental or behavioral intervention on life satisfaction and life orientation among adolescents experiencing depression and suicide ideation. There was a substantial gain in life satisfaction, orientation to life, and family functioning seen between the pre-test and post-test periods. Additionally, there was a significant reduction in depressive symptoms and suicidal thoughts. Research has shown evidence to support the effectiveness of mindfulness-based cognitive behavior therapy in enhancing the psychological functioning of depressed and suicidal adolescents.

Heath, N. et al. (2016) carried out a study entitled as **"The Relationship between Mindfulness, Depressive Symptoms, and Non-Suicidal Self-Injury amongst Adolescents".** Despite the common use of mindfulness as a treatment for nonsuicidal self-injury (NSSI), there exists a dearth of studies investigating the impact of mindfulness on NSSI. Consequently, the present investigation sought to explore the association between mindfulness, depressive symptoms, and non-suicidal self-injury (NSSI) in adolescents, with due consideration given to the influence of gender. The study revealed the presence of negative associations between mindfulness and depressive symptoms. However, it is noteworthy that the NSSI group had a much weaker connection in comparison. Furthermore, the group engaging in non-suicidal self-injury (NSSI) exhibited lower levels of mindfulness and higher levels of depressive symptoms. Ultimately, it has been shown that the practice of mindfulness has the ability to somewhat alleviate the influence of depressive symptoms on non-suicidal self-injury (NSSI). This research is a pioneering effort in establishing empirical evidence for the preventive effects of mindfulness on non-suicidal self-injury (NSSI).

Kocoviski, N. & Mackenzie, M.B. (2016) conducted a study entitled as, **"Mindfulness-based cognitive therapy for depression: trends and developments".** Mindfulness-Based Cognitive Therapy (MBCT) was created as a psychological intervention aimed at providing a protective measure for those who are susceptible to experiencing a recurrence of depressive symptoms. According to the theoretical foundations of the intervention, two potential paths for improvement are increased mindfulness and decreased occurrence of unfavorable repetitive thoughts. This review examines the latest developments in Mindfulness-Based Cognitive Therapy (MBCT) studies, focusing on their effectiveness and the uncertainties surrounding their unique impacts. These uncertainties arise from current evaluations that compare MBCT with control conditions that have comparable structures, as well as investigations into change-management strategies and factors that may influence treatment outcomes. The paper also addresses future developments, including the challenges associated with the dissemination and education of a sufficient number of therapists in this therapeutic approach.

Kour, S. (2018) carried out a study named as, **"Academic stress parental pressure depression and self-efficacy among adolescent students in Kashmir valley".** This research aimed to investigate the differentiation of depression among teenage male and female students by analyzing variables such as academic stress, parental pressure, depression, and self-efficacy. The sample consisted of 500 adolescent students from Jammu and Kashmir. The findings of this research indicate that there exists a significant negative correlation between self-efficacy and depression. However, there is a notable positive correlation between the combined scores of academic stress and depression. Moreover, a notable disparity in degrees of depression was seen among teenage pupils of different genders.

Jha, K. K. et al. (2017) conducted a study entitled as, **"Prevalence of Depression among School-going Adolescents in an Urban Area of Bihar, India".** The present research aimed to examine the socio-demographic features of teenagers of school age and the incidence of depression. The study had a total of 1412 adolescent participants, namely adolescents enrolled in grades 9 through 12. In order to assess the frequency of depression among the participants of the study, the researchers administered the Beck's Depression Inventory II (1996) to the individuals in question.The results indicated that among the selected student population, depression was the most prevalent condition, accounting for 49.2% of cases, while severe depression was identified in 7.7% of instances. Additionally, it was shown that females had a significantly greater prevalence of depressive symptoms compared to males. Additionally, it was shown that students from minority backgrounds had a higher likelihood of experiencing symptoms of depression. The findings indicated that there was a higher prevalence of depression among older pupils in comparison to their younger counterparts. Recent research findings indicate that there exists a significant correlation between gender, religion, and the manifestation of depression. Guilt emerged as a prominent clinical factor associated with depression, afterwards accompanied by feelings of distrust, despair, and perceived inadequacy in a prior academic setting.

Sharma, G. & Pandey, D. (2017) regulated a study entitled as **"Anxiety, Depression, and Stress in Relation to Academic Achievement among Higher Secondary School Students".** The objective of this research was to establish a correlation between anxiety, stress, and academic accomplishment. The sample consisted of 120 pupils, with an equal distribution of 60 males and 60 girls. The sample individuals were selected using a random sampling technique. The levels of anxiety, depression, and stress among the

participants were assessed using the Anxiety, Depression, and Stress Scale developed by Bhatnagar, Singh, and Pandey (2010). The results of the research indicate a significant negative correlation between depression, anxiety, and academic achievement, indicating that the presence of these illnesses adversely affects performance. The results also indicated a significant positive correlation between stress levels and academic achievement.

Ibrahim, M. B. & Abdelreheem, M. H. (2015) organised a study named as, **"Prevalence of Anxiety and Depression among Medical and Pharmaceutical Students in Alexandria University".** The purpose of this research was to assess the incidence of anxiety and depression among the student population of Alexandria University's medical and pharmacy programs. The tools used in this study were the Beck Depression Inventory, developed in 1961, and the Beck Anxiety Inventory, developed in 1988. The results of the survey indicated a higher prevalence of anxiety and depression among faculty members in the field of medicine, with rates of 43.9% and 57.9% respectively. In comparison, the faculty of pharmacy exhibited lower rates of 29.3% for anxiety and 51.1% for depression. The findings of the present research indicate that both medical students and pharmacy students experience a significant degree of discomfort. Furthermore, a notable finding emerged indicating that medical students had a higher propensity for experiencing symptoms of worry and depression in comparison to their counterparts in the pharmacy field. Furthermore, it was shown that female students had significantly higher levels of academic performance compared to their male counterparts, specifically in relation to anxiety and depressive symptoms.

Cruz, T., Mastos, A. P. &Marques, C. (2015) carried out a study named as, **"Anxiety, Depression and Academic Achievement among Portuguese Adolescents: The**

Moderation Effect of Negative Life Events". The present study aims to examine the relationships between socio-demographic characteristics and anxiety, as well as the linkages between academic success and anxiety, depression, and academic accomplishment. Additionally, this research seeks to explore the potential moderating effect of adversity in the relationship between anxiety and depression. The sample for this research consisted of 319 teenage pupils, including 217 females and 102 males. The tools used in the study were the Children Depression Inventory (Kovacs, 1985), the Multidimensional Anxiety Scale for Children (March et al., 1997), and the Daily Difficulties Micro-system Scale (Seidman et al., 1995). The results of the study indicated that females have a higher prevalence of anxiety symptoms compared to males. A positive and substantial correlation was found between the harm avoidance factor and academic success. Adolescents who experienced parental divorce had elevated levels of somatic complaints and performance anxiety. The results of the study also indicated that anxiety and traumatic events were significant predictors of depressive symptoms throughout adolescence. Furthermore, traumatic experiences were shown to moderate the relationship between anxiety and depression.

Lim, H. J. et al. (2015) conducted a study entitled as, **"Factors of Depressive Symptoms among Elementary, Middle, and High School Students".** The objective of this research was to ascertain the characteristics associated with depression symptoms among students in elementary, middle, and high school. The results indicated that children exhibiting signs of depression had lower levels of self-esteem, weaker peer attachments, worse academic performance, and difficulties adapting to learning contexts. Additional risk factors for depressive symptoms among students included characteristics such as

gender, body weight, and familial issues. A notable discrepancy was identified between male and female high school pupils in relation to the topic of depression.

Abdollahi, A. Talib, M. A. & Motalebi, S. A. (2015) regulated a study entitled as, **"Emotional Intelligence and Depressive Symptoms as Predictors of Happiness among Adolescents".** The primary objective of the present research was to examine the associations between emotional intelligence, depressive symptoms, and happiness among teenage pupils. The sample consisted of 188 male students. A multi-stage cluster sampling technique is used to choose individuals for the sample. The data collection included the use of three instruments: the Beck Depression Inventory (BDI-II, 1996), the Assessing Emotions Scale developed by Schutte et al. (1998), and the Oxford Happiness Inventory developed by Hills and Argyle (2002). Based on the results, a significant association has been observed between the subjective well-being of students and their elevated emotional intelligence. Nevertheless, a significant association was seen between diminished emotional intelligence and feelings of melancholy. Furthermore, a noteworthy finding emerged indicating a favorable association between feelings of happiness and non-depressive symptoms. Conversely, a significant and robust correlation was seen between severe depressive symptoms and feelings of melancholy. Furthermore, a significant correlation was seen between a high emotional quotient and the lack of depressive symptoms, which emerged as the most influential elements in determining an individual's level of pleasure.

Khanam, S. J. & Bukhari, S. R.(2015) carried out a study entitled as, **"Depression as a Predictor of Academic Performance in Male and Female University Students".** The primary objective of the present research was to examine the impact of depression on academic performance. The sample for this research consisted of 331 college students,

including 166 girls and 165 men. The selection of the sample participants was conducted by a purposeful sampling technique. The participants in the study were administered a demographic questionnaire and the Radloff (1977) Centre for Epidemiological Studies Depression Scale. Additionally, their academic achievement was evaluated based on their cumulative grade point average (CGPA) from previous examinations. The results indicated a significant and inverse correlation between the performance of the participants in the sample and their level of depression. The findings of the study revealed that male students exhibited elevated levels of sadness and had comparatively lower levels of academic accomplishment in comparison to their female counterparts. The results of the study also indicated a significant disparity in the degrees of depression and academic success between male and female pupils.

Yeh et al. (2007) This study investigated the associations between academic achievement and anxiety and depression among medical students who were undergoing integrated curriculum reform. The objective of this research was to investigate the associations between academic success and levels of anxiety and depression among medical students undergoing curricular change. The study also investigated the variations in academic performance and the associations between academic performance and anxiety and depression among medical students with varying degrees of anxiety and depression. Participants in this study consisted of Grade 1 students from a graduate-entry school and Grade 3 students from an undergraduate-entry program. These students were in their first semester of the new curriculum. The purpose of the study was to assess their levels of anxiety and depression, which were measured using the Zung's Anxiety and Depression Scale. The scale was administered to the participants twice. The data pertaining to the academic performance ratings in the four blocks of the first semester of

the newly implemented curriculum were gathered. The findings of the study revealed that there was no statistically significant association seen between academic performance and overall levels of anxiety and sadness. Nevertheless, when categorizing medical students based on their degrees of anxiety and depression (i.e., low, moderate, and high), it was shown that those who exhibited worse academic performance during the first learning block were more prone to have elevated levels of depression during the initial psychological evaluation. In the cohort of medical students, individuals classified as belonging to the high anxiety level group at the first psychological assessment had a negative correlation between the severity of their anxiety and their academic performance in the fourth learning block. In the cohort of medical students categorized as having low levels of anxiety after the second psychological evaluation, it was shown that those individuals who had more pronounced anxiety symptoms achieved higher levels of academic performance during the fourth learning block. inside the cohort of medical students, individuals classified inside the moderate anxiety level group after the second psychological evaluation had a negative correlation between the severity of their anxiety and their academic performance in the second learning block. Within the cohort of medical students, individuals who exhibited elevated levels of depression during the second psychological evaluation were shown to have a negative correlation between the severity of their depressive symptoms and their academic performance during the fourth learning block. The findings of this research demonstrate that there are both positive and negative associations between academic performance and anxiety and depression among medical students, with respect to varying degrees of anxiety or depression severity. The findings have the potential to serve as a valuable resource for educators in designing instructional and evaluative curricula.

Park, H. (2014) examined **"Relationship between Depression and School Achievement in Elementary School Students".** Numerous investigations have been undertaken to examine the impact of academic success on mental health issues, specifically focusing on teenagers, but the exploration of this relationship among primary school pupils remains limited. Hence, the primary objective of the present research was to investigate the impact of academic performance on depressive symptoms among elementary school children in Korea. The study included a total of 1,048 primary kids in Seoul, Korea, ranging from the 5th to 6th grade. The Spearman correlations between school success and depression were found to be -0.31 for boys and -0.37 for girls, with statistical significance seen at $p < 0.001$ for both genders. After accounting for the variables of grading, family economic situation, and self-esteem, it was shown that the higher achiever group had a substantially reduced likelihood of experiencing depression in both boys and girls. This research posits a correlation between a sad mood and worse academic performance among primary pupils in Korea. Hence, those who exhibit inferior academic performance are considered to be a vulnerable population in relation to the development of depression.

Flesch, B. D. et al. (2020) studied **"Major depressive episode among university students in Southern Brazil".** Depression has emerged as the predominant contributor to global disability, with a rising incidence among the younger population. This research aims to assess the prevalence of severe depression among university students, while also examining the characteristics associated with this condition. Specifically, it focuses on the potential effect of the academic field, selected study area, and the milieu in which students are immersed. The present study conducted a comprehensive survey of students who enrolled at a university located in Southern Brazil during the first semester of 2017. The

assessment of the outcome of a major depressive episode was conducted using the Patient Health Questionnaire-9 (PHQ-9), which is administered when a person exhibits five or more symptoms of depression for a minimum duration of one week. The prevalence of the phenomenon was calculated, and a hierarchical multivariable analysis was conducted to explore the components related with it, using the Poisson regression model. The findings of this study indicate that a significant proportion of university students, specifically 32% (95% confidence interval 29.9–34.2), experienced a major depressive episode. Furthermore, the prevalence of this issue was found to be higher among certain demographic groups. Specifically, women were more likely to be affected (prevalence ratio [PR] = 1.59), as were individuals aged 21 to 23 years (PR = 1.24), those with a family history of depression (PR = 1.27), individuals with minority sexual orientations such as homosexuals (PR = 1.64) and bisexuals (PR = 1.69), individuals living with friends or colleagues (PR = 1.36), and students studying in the fields of applied social and human sciences (PR = 1.28), as well as linguistics, language and literature, and art (PR = 1.25). There was a favorable association observed between major depressive episode and many factors, including academic achievement (PR = 2.61), alcohol consumption (PR = 1.25), and illicit drug usage (PR = 1.30). In conjunction with the previously mentioned risk factors of individual, familial, and behavioral nature that have been associated with major depressive episodes in the broader population, it is important to acknowledge that academic variables also play a role in the manifestation of depression among university students. Given the significant incidence of severe depressive episodes and their detrimental effects on overall well-being, it is imperative to implement public and institutional policies that prioritize the promotion and provision of mental health support for students.

Maharaj et al. (2008) aimed to investigate the prevalence of depression among teenagers aged 13-19 years who attend secondary schools in Trinidad, as well as to identify the characteristics related with this mental health condition. The primary aim of this research was to ascertain the prevalence of depression among secondary school students in Trinidad, as well as to identify the psychosocial variables that are linked with depression in this population. METHODS: This study used a cross-sectional design and utilized a stratified random sample of public secondary schools in Trinidad. The research instrument used was a modified pre-tested self-administered Beck Depression Inventory (BDI), which was employed to identify symptoms of depression among students aged 13-19 years. The survey included the participation of 1290 kids, resulting in a response rate of 79.6%. Among the participants, 43% fell within the age range of 13-15 years. Additionally, 53.6% of the students identified as Indo-Trinidadians. Furthermore, 82.5% of the participants attended co-educational schools, while 70.6% reported living with both parents. The observed occurrence of depression was found to be 25.3% with a standard deviation of 2.37%. The results of the chi-square analysis indicated that there were statistically significant relationships between depression and many demographic factors, including age, gender, housing circumstances, and school type. Significant correlations were found between respondents who reported cigarette and alcohol use or expressed fear of or experienced parental injury ($p < 0.05$). The results of the logistic regression analysis revealed that females exhibited a 1.7-fold higher likelihood of experiencing depression in comparison to men. Additionally, those who did not reside with both parents shown a 1.5-fold increased likelihood of experiencing depression compared to those who did. those who indicated fear towards their parents or expressed concerns about being harmed by their parents were shown to have a threefold higher likelihood of experiencing depression compared to those who did not disclose such

experiences. The findings of the study indicate that a notable proportion, namely 25%, of secondary school pupils in Trinidad exhibit symptoms of serious depression. Significant correlations were observed between depression and variables such as age, gender, school type, and family structure. The present research reveals that a considerable number of teenagers encounter instances of violence inside their household, and those who have experienced such violence have a higher propensity towards depressive symptoms.

Bukhari, S. R. & Khanam, S.J. (2015) observed the prevalence Of Depression in University Students Belonging to Different Socioeconomic Status. The objective of this research is to examine the frequency of depression among university students from different socioeconomic backgrounds, namely those belonging to the middle, upper middle, and upper socioeconomic statuses. The chosen approach for this study is the methodology. The current study had a sample of 331 individuals enrolled at a university, consisting of 165 men and 166 females. The participants in this study were chosen via purposive sampling, a strategy that involves selecting individuals based on certain criteria. The sample consisted of individuals from several institutions in Karachi, with an age range of 19 to 30 years. The mean age of the participants was 21.70 years, with a standard deviation of 2.7. The researchers used the Center for Epidemiological Studies Scale for Depression to assess the severity of depression among participants. Additionally, a demographic form was employed to gather information on participants' gender and socioeconomic background. The findings of the study revealed that out of the total sample size of 331 participants, 50 individuals (15.1%) did not exhibit symptoms of depression, 75 individuals (22.7%) displayed mild symptoms of depression, 111 individuals (33.5%) experienced moderate levels of depression, and 95 individuals (28.7%) reported severe symptoms of depression. The data indicates that men exhibited

a higher prevalence of depressive symptoms compared to females. Additionally, those belonging to the upper medium socioeconomic category had a greater degree of depression when compared to individuals from other socioeconomic categories. In conclusion, it can be inferred that depression is prevalent among male and female university students from various socioeconomic backgrounds in Karachi, Pakistan. The frequency of depression is greater among those with an Upper Middle socioeconomic position compared to those with Middle and Upper socioeconomic statuses. In general, men university students have a greater prevalence of depression compared to their female counterparts.

Sung, Y (2000) conducted a study on **"Depression among children and adolescents".** This research aims to investigate the prevalence of depression and its related characteristics among school children in the United States. A cross-sectional, descriptive epidemiological research was undertaken among children and adolescents in grades VII to IX at an English medium school. This study examines the relationship between socio-demographic characteristics and replies to the survey questions. There is a scarcity of material about the existing guidelines for the proper referral of children and adolescents who are experiencing depression. It is generally understood that children who present the greatest challenges in terms of diagnosis and treatment should be promptly referred at the earliest opportunity. The individuals included in this category would consist of patients who exhibit severe depression, particularly those who experience psychosis or have a high risk of suicide. Additionally, this category includes patients who are at a very early age, such as newborns and toddlers. Furthermore, it encompasses patients who have not responded well to psychotherapy or medicinal treatment, as well as those who have major comorbidities. The consideration of the primary care physician's degree of

comfort and expertise should be taken into account when making the choice to refer a patient. Additionally, the possibility of comanagement might be seen as a feasible alternative.

Lisa et al. (1994) A research was undertaken on the prevention of depressed symptoms in school students. This manuscript presents an account of the creation and initial effectiveness of an intervention aimed at mitigating depressive symptoms in 10-13 year-olds who are at a heightened risk, and establishes a connection between the obtained results and the existing knowledge on depression in childhood. The intervention focuses on addressing symptoms of depression and associated challenges, including behavioral issues, subpar academic performance, limited social skills, and unfavorable peer interactions, via the proactive instruction of cognitive strategies. Children were classified as "at-risk" by considering their depressed symptoms and self-reported experiences of parental conflict. A total of 69 children were included in the treatment groups, whereas the control groups consisted of 73 children. The treatment group exhibited a substantial reduction in depressive symptoms and a significant improvement in classroom conduct compared to the control group at the post-test assessment. The results of the six-month follow-up indicated a sustained decrease in depressed symptoms, together with a notable decrease in externalizing conduct issues, as compared to the control group. The children who were most at risk saw the most significant decrease in symptoms.

Vázquez & Blanco. (2008) conducted the study on **"Prevalence of DSM-IV Major Depression Among Spanish University Students".** The primary objective of this research was to determine the prevalence and associated factors of major depressive episodes (MDEs) as defined by the Diagnostic and Statistical Manual of Mental Disorders,

4th edition (DSM-IV), among the population of Spanish university students. The study included a group of individuals who served as participants, and a specific set of procedures and techniques were used to gather data and conduct the research. During the months of October and November in the year 2004, a group of interviewers conducted a screening assessment on a representative sample of 554 individuals who were between the ages of 18 and 34. The sample consisted of 65.9% female participants. The findings of the study are as follows: The study found that the prevalence of Major Depressive Episodes (MDEs) was 8.7%, with a 95% confidence range ranging from 6.5% to 11.3%. The prevalent symptoms seen in the study were a sad mood, reported by 81.3% of participants, and disrupted sleep patterns, reported by 79.2% of participants. The occurrence of MDEs was shown to be higher in women compared to males, with statistical significance at a significance level of $p < .05$. The average number of prior bouts of depression among now depressed students with a history of past episodes was found to be 2.2, with a standard deviation of 1.4. Among the population of students experiencing depression, a mere 0.6% reported having entertained thoughts of suicide, while an even smaller fraction of 0.2% disclosed having made actual suicide attempts. The research results indicated a significant prevalence of depression among university students. The findings indicate a need to establish a program or service targeting university students, with the objective of mitigating depression and enhancing their adjustment to the academic environment.

Unsal & Ayrancı (2008) conduct the study on **"Prevalence of students with symptoms of depression among high school students in a district of western Turkey: an epidemiological study".** The objective of this research was to investigate the many variables that contribute to the prevalence of depression, specifically focusing on high school students. Additionally, this study aimed to provide relevant insights and

recommendations on the prevention of depression in this population. The significance and pertinence of this research were recognized in light of the increasing prevalence of depression among high school pupils. The research used a sample of students aged 14-19 years from six high schools within a single district in western Turkey for data collection purposes. The individuals chosen for this study were enrolled as students at the educational institution during the months of March and April in the year 2006. The Beck Depression Inventory was used as a diagnostic tool for screening purposes. The study's findings indicated that a comprehensive number of 846 students successfully participated in the survey. Within the research cohort, it was observed that 51.9% (439 individuals) were identified as male, while 48.1% (407 individuals) were identified as female. The average age of the participants was determined to be 16.3 years, with a standard deviation of 1.1 years. Based on the provided data, the scale indicates that the prevalence of depression was seen to be 30.7% (n = 260), with a breakdown of 22.6% for men (n = 99) and 39.6% for females (n = 161). A significant proportion of individuals experiencing sorrow exhibited masculine gender (22.6%), reported the presence of physical ailments (37.3%), were diagnosed with a medical condition necessitating medication (51.1%), suffered from acne vulgaris (35.2%), or had encountered previous difficulties (47.3%). The findings of this study highlight the significance of parental and educator awareness about depression and its impact on the well-being of kids. Moreover, the results underscore the need of implementing additional programs aimed at equipping students with coping mechanisms to navigate the challenges they may encounter throughout adolescence. Additionally, the findings of this study indicate that adolescents exhibiting symptoms of sadness should be sent to specialized psychological institutes for a comprehensive evaluation and diagnosis.

El-Missiry et al. (2011) conducted the study on **"Screening for depression in a sample of Egyptian secondary school female students".** The objective of this research was to ascertain the prevalence of depression among adolescent females. In order to facilitate future research endeavors and the development of service initiatives, it is essential to gather comprehensive data pertaining to the prevalence rates, sociodemographic associations, and potential risk factors within the Egyptian population. Additionally, the use of enhanced screening instruments is warranted. The objective of our study was to determine the prevalence of depression across a demographically representative sample of female college students in Egypt. Additionally, we aimed to assess the sensitivity and specificity of the Children's Depression Inventory (CDI) as a screening tool for identifying depression. Furthermore, we sought to highlight potential risk factors associated with depression. The research included a random selection of 602 female students attending both state and private high schools in East Cairo. The researchers used the Children Depression Inventory (CDI) and the Non-patient version of the Structured Clinical Interview for DSM-IV axis-I diseases to assess all participants. The prevalence of depression was estimated to be 15.3% according to the Clinical Depression Inventory (CDI) and 13.3% based on the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I/NP). The findings of the research indicate that... The sensitivity of Clostridium difficile infection (CDI) was found to be 74.8%, indicating the proportion of true positive cases correctly identified by the diagnostic test. Conversely, the specificity of CDI was determined to be 97.6%, representing the proportion of true negative cases accurately identified by the same diagnostic test. The regression analysis yielded many variables, including academic underachievement, familial involvement in physical altercations, poor socioeconomic status, exposure to adverse life events, and a familial history of mental disorders. The prevalence of depression was shown to be high among a cohort of

female high school pupils in Egypt. The phenomenon in question has a correlation with certain psychological characteristics and may be effectively assessed using the CDI. As a result of these circumstances, there exists a need for enhanced screening protocols, psychoeducational initiatives, and comprehensive support services to effectively identify individuals at risk, intervene at an early stage, and cater to their specific needs.

2.2 Critical analysis of reviews

The study conducted by Van de Velde et al. (2021) examined the prevalence of depressive symptoms among students in higher education during the first phase of the COVID-19 pandemic in several countries with high- and middle-income economies. The study conducted by Hamasha et al. (2019) focused on examining risk markers associated with depression. The study conducted by Zheng (2016) examined the correlation between depression and subjective well-being among college students. In their 2014 study, Skues et al. conducted research on the relationship between Facebook use and the diagnosis of depression. In their 2014 study, Ghaedi and Kosnin examined the prevalence of depression among undergraduate students, specifically focusing on gender and age differences. Field et al. (2012) conducted a study examining the prevalence of depression and associated issues among university students. The study conducted by Liem et al. (2010) examined the relationship between depressive symptoms and life satisfaction among emerging adults, specifically comparing high school dropouts and graduates. In a research done by Yuan (2010), the focus was on examining the associations between depression, subjective well-being (SWB), and emotional intelligence among undergraduate students. The study conducted by Avison and Mcalpine (1992) investigates the phenomenon of "Gender differences in symptoms of depression among adolescents". The study conducted by Gore et al. (1992) examined the relationship

between social structure, life stress, and depression symptoms in a group of high school-aged individuals. The research conducted by Kumar et al. (2023) examined the disparities in depression symptoms among the senior population in India, specifically focusing on the variations based on urban-rural locations and gender. The research conducted by Grover et al. (2019) focused on the topic of depression in children and adolescents, specifically examining a collection of papers conducted in India. In their longitudinal research titled "Gender, Anxiety, and Depressive Symptoms: A Longitudinal Study of Early Adolescents," Chaplin et al. (2009) examined the relationship between gender and the presence of anxiety and depressive symptoms in early adolescents. In their research titled "Gender differences in and risk factors for depression in adolescence: A 4-year longitudinal study," Galambos et al. (2004) examined the prevalence of depression among adolescents and identified potential risk factors associated with this mental health condition. According to Apfel (2003), in his study titled "Depression and Its Treatments: A College Sample," The study conducted by Allgood-Merten et al. (1990) examined the topic of "Sex differences and adolescent depression." The findings of the research indicated that female adolescents had a higher prevalence of depressive symptoms. The research done by Anda et al. (1990) focused on the topic of "Depression and the Dynamics of Smoking-A National Perspective." A study was undertaken by Radford, Nakane, Ohta, Mann, and Kalucy (1991) to investigate the process of decision making within a sample of persons who were experiencing depression. The sample consisted of both Australian and Japanese participants. The study conducted by Kumar et al. (2023) examined the disparities in depressive symptoms among the senior population in India, specifically focusing on the variations based on urban-rural locations and gender. The study conducted by Mohta et al. (2020) examined the prevalence of depression among teenagers residing in a rural community in northern India. The research used a cross-

sectional design. The research conducted by Kiran et al. (2018) focused on investigating the relationship between physical activity and depression among adolescents in the West Godavari District of Andhra Pradesh. The study conducted by Mazzuca et al. (2018) focused on the development of a mental health measurement strategy aimed at capturing psychological issues among adolescent girls belonging to the lower caste in rural areas of South India. Singhal et al. (2018) conducted a study titled "The Efficacy of an Indicated Intervention Program for Indian Adolescents with Subclinical Depression." The study conducted by Mishra et al. (2018) examined the prevalence of depression and anxiety among children residing in rural and suburban regions of Eastern Uttar Pradesh. This investigation used a cross-sectional research design. The study conducted by Singh et al. (2017) examined the prevalence and variables related with depression among teenagers attending school in Chandigarh, a region located in northern India. Karmakar and Behera (2017) did an empirical study on the topic of depression among college students. The study conducted by Mutalik et al. (2016) examined the prevalence of depression, anxiety, and stress among college students in Bagalkot using a college-based investigation. In their study titled "Cross-sectional study of depression and help-seeking in Uttarakhand," Mathias et al. (2015) aimed to identify persons experiencing depression. The researchers collected data on several socioeconomic variables, including caste, gender, and educational level of the participants. In their study titled "Investigation of the Prevalence and Factors Influencing Depression Among College Students in the City of Mangalore," Naushad et al. (2014) examined the percentage and determinants of depression among college students. The research conducted by Malhotra and Patra (2014) focused on investigating the prevalence of child and adolescent mental problems in India by a systematic review and meta-analysis. The research done by Russell et al. (2013) examined the correlation between depression and anxiety disorders among teenagers

residing in a rural community population in India. In their study titled "Patient Health Questionnaire-9 as a Screening Tool for Depression among Indian Adolescents," Ganguly et al. (2013) designed and evaluated the effectiveness of the Patient Health Questionnaire-9 in identifying depression in this specific population. The categorization of diseases. In their study titled "Prevalence of depression among adolescents," Nair et al. (2004) investigated the occurrence of depression in the teenage population. In their 2017 research, Basu and Biswas examined the mental health and depression levels of teenagers who attend school. In a research done by Chaudhuri, B. S, Mandal, K. P, Chakrabarty, M, Bandyopadhyay, G, and Bhattacherjee, S. (2017), the objective was to determine the prevalence of depression among the adult population and identify the variables related with its occurrence. Deb et al. (2016) performed a research aimed at determining the prevalence of depression among university students, considering various socio-demographic parameters. Das (2018) did a research on the anxiety levels of university students in West Bengal. Islam, S., Akter, R., Sikder, T., & Griffiths, D. M. (2022) performed a research in which they surveyed first-year undergraduate students to evaluate the prevalence of depression and anxiety, as well as to explore the probable underlying factors contributing to these mental health conditions. Stefano Tancredi et al. (2022) conducted a study aimed at evaluating the correlation between financial loss experienced by students and the manifestation of depressive symptoms during the initial wave of the coronavirus disease 2019 (COVID-19) pandemic. The objective of the study conducted by Sandeep, G. S., Raju, V., Sharma, A., and Shah, R. (2019) was to assess the body of research conducted in India pertaining to depression in children and adolescents. Chekol, T. A., Wale, A. M., Abate, W. A., Beo, A. E., Said, A. E., and Negash, T. B. (2022) conducted a study with the objective of evaluating the prevalence of depression among high school teenagers and identifying the variables related with it. In their recent research, Banerjee

and Banerjee (2022) investigated the mental health conditions of school adolescents in four selected districts of West Bengal. The present research aimed to assess the prevalence and severity of depression, anxiety, and stress levels among undergraduate medical students (Kundu, Mondal, Ishita, Ghosh, & Goswami, 2022). In a recent research done by Khan, Adak, and Hossain (2022), the focus was on examining the perception of psychological stress among students attending Junior High Madrasah. Biswas (2022) performed a research examining the effectiveness of a group mindfulness intervention in reducing awareness anxiety, stress, and depression among students across different educational levels. The study conducted by Raj, S. et al. (2019) examined the efficacy of mindfulness-based cognitive behavior therapy in enhancing life satisfaction and life orientation among teenagers experiencing depression and suicide thoughts. In a study conducted by Kour (2018), the focus was on examining the relationship between academic stress, parental pressure, depression, and self-efficacy among teenage students in the Kashmir valley. The research done by Jha, K. K. et al. (2017) investigated the prevalence of depression among adolescents attending school in an urban area in Bihar, India. Sharma and Pandey (2017) conducted a research named "Anxiety, Depression, and Stress in Relation to Academic Achievement among Higher Secondary School Students." Ibrahim and Abdelreheem (2015) conducted a study titled "Prevalence of Anxiety and Depression among Medical and Pharmaceutical Students".

Most of the above reviews were related to depression among school going adolescents, college students and adults. The reviews were mostly related to Depression with respect to home and school environment, anxiety, stress, parental pressure, mindfulness interventions, associated factors of depression, proportion and determinants of depression, social media usage like facebook and self-esteem. Most of the studies had

used cross-sectional method, while few studies reported longitudinal method, qualitative, experimental and survey-based research method. The studies had mostly used socio-demographic factors like gender, age, locality, health etc. Studies emphasized the need of further research on this area which would help the researcher to have better understanding about this issue of depression. There were few studies on this topic specially in West Bengal, and researchers discovered a significant knowledge gap regarding the listed background variables. Therefore, the researcher chose this area as his research topic and analysed it based on predetermined objectives.

2.3 Statement of the problem

Depression is a serious mental health illness that can have profound effects on the affected individual and others around them. For effective management of depression, it is necessary to seek professional assistance if you are suffering its symptoms. It can substantially impair the quality of life, social relationships, and work performance of an individual including physiological problems, suicidal ideation, and financial burden and so on. The majority of depression-related research conducted in the United States and overseas focused on identifying and removing depressive symptoms, as evidenced by a survey of the relevant literature. Cross-sectional survey study involving students of varying educational levels in India, especially West Bengal, was uncommon. Also, it is vital to precisely define the association between depression and other socioeconomic circumstances. In search of answers to these knowledge gaps, the researcher posed the following study question as –

1. How much depressed are the students of different educational levels in West Bengal? (School &, Higher Education students).

2. How different demographic and socioeconomic factors results in variation of depression in students of different educational levels in West Bengal? (School &, Higher Education students).

Hence, drawing upon an extensive examination of pertinent scholarly works and the considering the research gap the researcher therefore was interested to conduct her study on: ***"Students' Depression: A Critical Analysis Across Different Levels of Education in West Bengal".***

2.4 Delimitation of the Study

The study was delimited to the followings:

i. The study was restricted to 1941 samples from upper primary, secondary, undergraduate level and post graduate level only.

ii. Only North 24 Parganas, south 24 Parganas, Alipurduar, Birbhum, Purulia, Cooch Behar, Darjeeling, Hooghly, Nadia, Howrah, Jalpaiguri, Murshidabad, Nadia, Medinipur and South Kolkata, North Kolkata districts were only selected for the study.

iii. The study was delimited to the school, college and university students around fifteen districts in West Bengal only.

iv. The study was restricted to the student's locality of institute (rural and urban) only.

v. Some specific socio-demographic variables were treated as Independent Variable which was delimited to – Gender, Minority Status, Type of Family, Locality of Institution,

Stream of Study, Student's Level of Education, Father's Occupation, Mother's Occupation, Family Monthly Income and Academic Achievement were only included for the study.

vi. The study focused only on two Dependent Variables i.e Academic Achievement and Level of Depression for the study.

2.5 Objectives of the Study

In view of the basic research questions and delimitations of the study, to find out the different level of Depression among the students of school, undergraduate and postgraduate level, the researcher identified the following objectives:

1. To study the existing Levels of Depression with respect to the Level of Education of students in West Bengal.

2. To examine the existing Levels of Depression with respect to Gender of students in West Bengal.

3. To examine the existing Levels of Depression with respect to Minority status with of students in West Bengal.

4. To examine the existing Levels of Depression with respect to Family type of students in West Bengal.

5. To examine the existing Levels of Depression with respect to Locality of institution of students in West Bengal.

6. To examine the existing Levels of Depression with respect to Stream of Study of students in West Bengal.

7. To examine the existing Levels of Depression with respect the Father's Educational Qualification of students in West Bengal.

8. To examine the existing Levels of Depression with respect to the Mother's Educational Qualification of students in West Bengal.

9. To examine the existing Levels of Depression with respect to Father's Occupation of students in West Bengal.

10. To examine the existing Levels of Depression with respect to Mother's Occupation of students in West Bengal.

11. To examine the existing Levels of Depression with respect to Family Monthly Income of students in West Bengal.

12. To examine the existing Levels of Depression with respect to the Academic Achievement of students in West Bengal.

2.6 Hypothesis

$H_0$1 – There is no significant relationship between existing Levels of Depression and Levels of Education in West Bengal.

$H_0$2 – There is no significant relationship between existing Levels of Depression and Gender in West Bengal.

$H_0$3 – There is no significant relationship between existing Levels of Depression and Minority Status in West Bengal.

$H_0$4 – There is no significant relationship between existing Levels of Depression and Family Type in West Bengal.

$H_0$5 – There is no significant relationship between existing Levels of Depression and Locality of Institutions in West Bengal.

$H_0$6 – There is no significant relationship between existing Levels of Depression and Stream of Study in West Bengal.

$H_0$7 – There is no significant relationship between existing Levels of Depression and Father's Educational Qualification in West Bengal.

$H_0$8 – There is no significant relationship between existing Levels of Depression and Mother's Educational Qualification in West Bengal.

$H_0$9 – There is no significant relationship between existing Levels of Depression and Father's Occupation in West Bengal.

$H_0$10 – There is no significant relationship between existing Levels of Depression and Mother's Occupation in West Bengal.

$H_0$11 – There is no significant relationship between existing Levels of Depression and Family Monthly Income in West Bengal.

$H_0$12 – There is no significant relationship between existing Levels of Depression and Academic Achievement in West Bengal.

CHAPTER III METHOD AND PROCEDURE OF THE STUDY

CHAPTER III

METHOD AND PROCEDURE OF THE STUDY

3.1 Introduction

A key part of research technique is the way that data are collected for research projects. It is a way to solve the study problem in a planned way. It also talks about how the tools needed to collect data were made. This chapter is divided into two sections as methodology and procedure of the study. This chapter gives an outline of the study method the researcher used, which is broken up into the following parts. These are the study's method, research plan, population and sample, way of selecting, factors, tools that was used in the study, statistical methods used in the study, and the study's parameters.

3.2 Method

The present study was conducted in the state of West Bengal to find out the depression among the school & college going student & impact of various demographic variable, for this purpose, an intensive survey was conducted in schools, colleges & Universities from North 24 Parganas, south 24 parganas, Murshidabad, Nadiya, Alipurduar, Hooghly, Purulia, Birbhum, Coochbehar, Purba Medinipur, Paschim Medinipur, Jhargram, North Kolkata district. The students from Twenty schools, sixteen colleges, five universities were selected randomly from sixteen districts of West Bengal. The purpose of the study was to explore the Levels of depression across different Level of Education.

3.2.1 Research Design

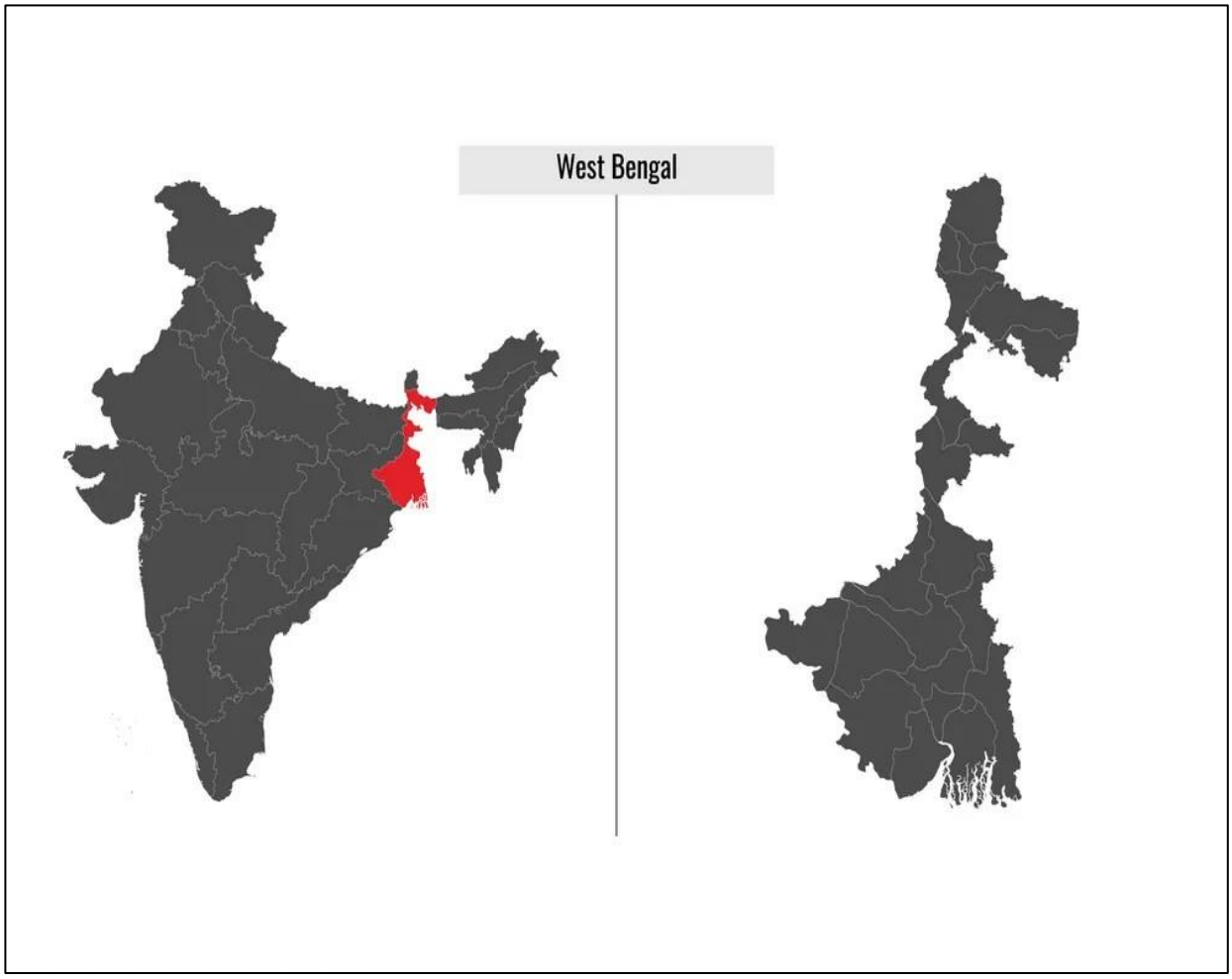
This study focused on the framework for cross-sectional survey research. Survey research designs are measures in quantitative research in which an investigator conducts a survey

to a population sample or the entire population in order to define the population's attitudes, opinions, or behaviors (John, 2005). Generally, a cross-sectional survey was conducted to collect detailed descriptions of existing phenomena pertaining to the Levels of Depression, with the intention of using the data to justify current conditions and practices or to devise intelligent plans for their improvement. Consequently, a Descriptive Survey Research Design was employed in the study because it was believed an appropriate method for gathering information about the various Levels of Depression from a large population involving of respondents from a variety of origins.

3.2.2 Population and Sample

i) Population: Since a sufficient number of sample representatives of a population are necessary to capture information from the target group, a large sample size is required. The study's demographic consisted of undergraduate and postgraduate students enrolled in various West Bengal institutions.

Figure 3.1 The map showing the Population drawn for the study



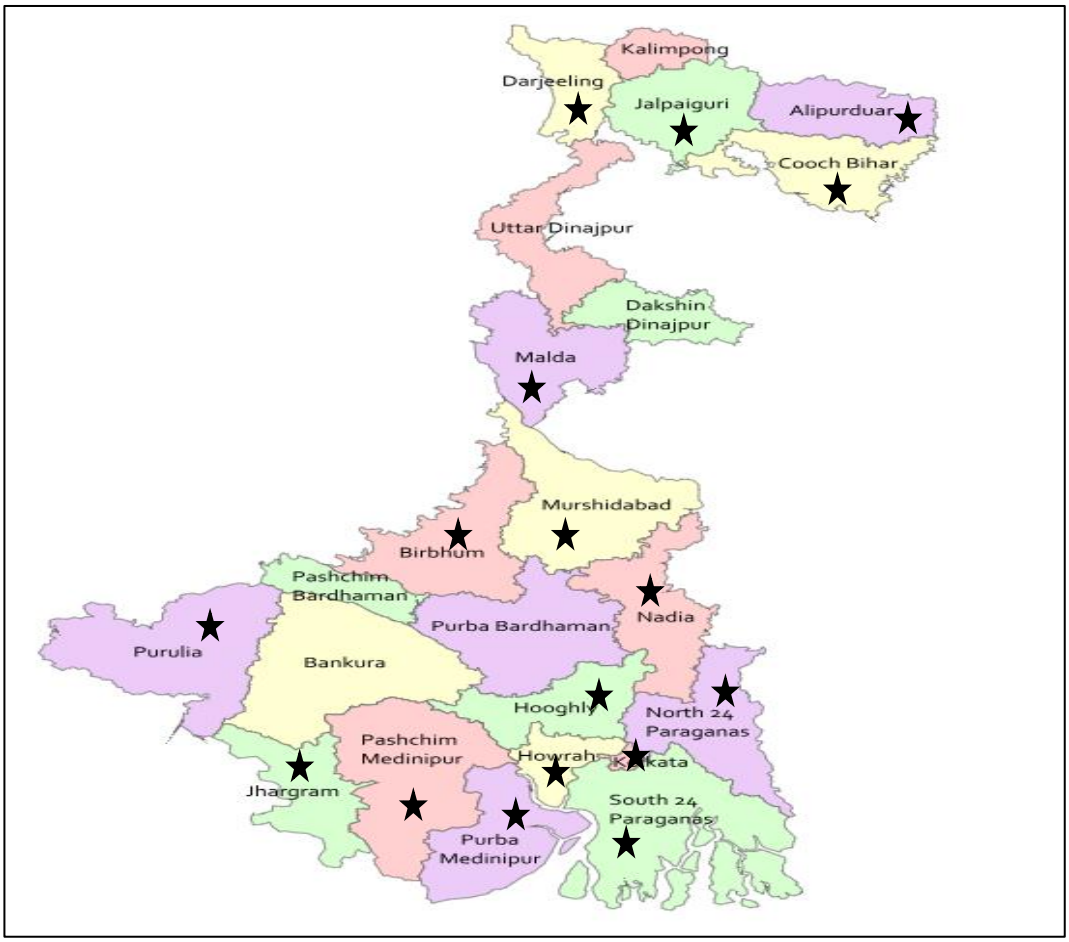
● **Showing Population area**

Retrieved from: https://www.vectorstock.com/royalty-free-vector/map-of-west-bengal-state-of-india-vector-46748735

ii) Sample: As it is unfeasible to test each and every unit of the population, a representative small portion of the population is selected to perform the research study. This small representation of population is called a sample. A sample is said to be a representative subgroup of the target population that the researcher plans to study for generalizing about the target population (Creswell, 2012). Students were chosen randomly from twenty schools, five universities and sixteen colleges in West Bengal. The

total sample for the study comprised of 1941 students from different schools, colleges and universities of West Bengal.

Figure 3.2: Map Showing the Location of Sampling Area



★**Showing Sampling area**

Retrieved from: https://en.wikipedia.org/wiki/List_of_districts_of_West_Bengal

In this study, Total 1941 students from school education and higher education level were included; Gender wise Male (n=877) students and Female (n= 1064) students were included here; then students from Minority status are (n=171) and non-minority students (1770) were included here; the student with Joint Family (n=429) and Nuclear Family (n= 1449) were included here; then students from urban schools (n=1566) and rural schools (n= 375) were included here; then Stream of study School students (n=

987), Arts (n= 671) Commerce (n= 135) Science (n= 148) were included here; then Student's educational level are School Student (n=978), Higher Education Level (n= 963) students were included here; then Father's Education Illiterate(52), Primary (168), Secondary (168), Higher Secondary(120), Higher Education (121);Mother's Education Illiterate(64),Primary (181), Secondary (204), Higher Secondary(104), Higher Education (76); Father's Occupation who were doing Agriculture (n=389), Businessman (n=677), Private Job (n=315) ,Government job (n=189)were included here; then students Mother's Occupation who were included here; as Home maker (n=165),Private job (n=163),Government job (n=122); students Family Monthly income which were Low income(n=1457), Moderate income(n=275), High income (n=208) included here; High achiever (n=1501), Moderate achiever (n=328), low achiever (n=-112)included here .The distributions were shown in table 3.1 to table 3.8 respectively.

Table 3.1: Distribution of Sample according to Gender, Type of Family, Siblings, Social Status, Locality of Residence, Level of Education, Medium of Instruction and Stream of Study

Variables	Categories	Total number
Gender	Male	877
	Female	1064
Minority Status	Yes	171
	No	1770
Type of Family	Joint Family	429
	Nuclear Family	1449
Locality of institution	Urban	1566

	Rural	375
Stream of Study	School Students	987
	Arts	671
	Commerce	135
	Science	148
Student's Educational Level	Upper Primary	923
	Secondary	69
	Graduation	668
	Post Graduation	281
Father's Education	Illiterate	52
	Primary	168
	Secondary	168
	Higher Secondary	120
	Higher Education	121
Mother's Education	Illiterate	64
	Primary	181
	Secondary	204
	Higher Secondary	104
	Higher Education	76
Father 's Occupation	Agriculture	389
	Businessman	677
	Private job	315
	Government job	189
	Labour	371

Mother's occupation	Home maker	165
	Private Job	163
	Government job	122
Family Monthly income	Low income	1457
	Moderate income	275
	High income	208
Academic Achievement	High Achievers	1501
	Moderate Achievers	328
	Low Achievers	112

3.2.3 Sampling Technique

The present study was conducted using the Convenient Sampling Method from twenty schools (twelve districts), sixteen colleges (nine districts) and five universities (four districts) of West Bengal.

Table 3.2 Name of the School and Sample Size

Sl.no.	Name of Schools	District	Sample Size	Date of visit
1	Khalisha Kota Adarsh Vidyalaya for Boys	North 24 Parganas	71	16/8/22
2	Khalisha Kota Adarsh Vidyalaya for Girls	North 24 Parganas	59	16/8/22
3	Dum Dum Baidyanath`Institution for Boys	North 24 Parganas	80	22/8/22
4	DumDumBaidyanath`Institution for Girls	North 24 Parganas	61	22/8/22
5	Birati Vidyalaya for Boys	North 24 Parganas	30	25/8/22
6	Uttar Dumdum Vidyapith for Boys	North24 Parganas	40	24/2/23

7	Dumdum Girls High School	Nort 24 Parganas	50	26/8/22
8	Gobardanga Khantura High School (H.S)	Nort 24 Parganas	80	27/2/23
9	Sahaganja Shyamprasad Jatiya Vidyalaya	Hooghly	40	online
10	Bandel Vidhya Mandir	Hooghly	35	online
11	Dewanganj AK High School	South24 Parganas	56	30/3/23
12	Krishnagar High School	Nadia	36	2/4/23
13	Lalbagh Singhe High School	Mursidabad	35	2/5/23
14	Maharaja Nripendra Nrayan High School	Cooch Behar	51	online
15	Rajkumari Santanamoyee Girls's High School.	Purba Midnapore	50	online
16	Alipurdur High School	Alipurduar	54	online
17	Labpur Jadablal High School	Birbhum	50	online
18	Vidyasagar Abasik Balika Vidyalay	Purulia	54	online
19	Brahman Basan High School	Paschim Medinipur	30	online
20	Jhargram Ashok Vidyapith (H.S)	Jhargram	30	online

Table: 3.3 University and District Wise Sample size

Sl.no.	Name of University	District	Sample Size	Date of visit
1.	West Bengal State University	North24 Parganas	54	Online
2.	Jadavpur University	Kolkata	71	23/4/23
3.	University of North Bengal	Darjeeling	55	Online
4.	University of Calcutta	Kolkata	50	Online
5.	Kalyani University	Nadia	51	Online

Table: 3.4 College and District Wise Sample size

Sl.no.	Name of College	District	Sample Size	Date of visit
1.	Barrackpore RastraguruSurendranath College	North 24 Parganas	25	Online
2.	Mrinalini Datta Mahavidyapith	North 24 Parganas	43	25/3/22
3.	Bhairab Ganguly College	North 24 Parganas	26	20/4/22
4.	VijaygarhJyotish Ray College	Kolkata	18	25/5/22

5.	Gurudas College	Kolkata	51	Online
6.	M.G. College Lalpur	Purulia	17	Online
7.	A.C. College	Jalpaiguri	10	Online
8	Gobardanga Hindu College	North 24 Parganas	150	2/2/22
9	Lilabati mahavidyalaya	Alipurduar	50	Online
10	Maharaja Manindra Chandra College	Kolkata	50	21/11/22
11	Sree Chaitanya Mahavidyalaya College	North 24 Parganas	60	12/3/23
12	Govt General Degree College, Kalna	Nadia	20	Online
13	Krishnagar Govt. College	Nadia	20	Online
14	Sripat Sing College Jiaganj	Murshidabad	35	Online
15	Bajkul Milani Mahavidyalaya	Midnapore	46	Online
16	Kotshila Mahavidyalaya Jiudaru	Purulia	47	Online

3.2.4 Variables

A trait, number of traits, or value that changes over time or in response to different circumstances. So, a variable is a thing that can change that can be measured or is a reasonable group of things about the study subjects that can change. The following factors were found and used in this study.

i) Independent Variables: Independent variables are believed to be the influencing variable effect to dependent variables.

a) Gender: In the present study Gender is one of the classificatory independent variables of the present study. The two dimensions those are male and female were considered here as gender.

b) Minority Status: In the present study Minority Status is one of the classificatory independent variables of the present study. The two dimensions those are yes and no were considered here as minority.

c) Type of Family: In the present study Type of family is one of the classificatory independent variables of the present study. The two dimensions those are joint family and nuclear family were considered here as type of family.

d) Locality of Institution: In the present study Locality of Residence is one of the classificatory independent variables of the present study. The two dimensions those are rural and urban residential area of students were considered here as locality.

e) Stream of Study: In the present study Stream of study is one of the classificatory independent variables of the present study. The four dimensions those are school students, arts, commerce and science was considered here as stream of study.

f) Student's Educational Level: In the present study Level of education is one of the classificatory independent variables of the present study. The school education and higher education level were considered here as level of education.

g) Father's Education: In the present study Father's Education was classified as Illiterate, primary, secondary, higher secondary and higher education.

h) Mother's Education: In the present study Mother's Education was classified as Illiterate, primary, secondary, higher secondary and higher education.

i) Father's Occupation: In the present study Father's occupations is one of the classificatory independent variables of the present study. The five ranges are agriculture, businessman, private job, government job & labour were considered here as father's occupation variable.

j) Mother's Occupation: In the present study Mother's occupations is one of the classificatory independent variables of the present study. The three ranges are home maker, private job, government job was considered here as mother's occupation.

k) Family Monthly Income: Family monthly income is one of the classificatory independent variables of the present study. The three extents are low, moderate, high income was considered here as Family monthly income.

l) Academic Achievement: Academic achievement is one of the classificatory independent variables of the present study. The three levels are high, moderate and low achievers was considered here as academic achievement.

ii) Dependent Variable: In the present study the Level of Depression among the student of different Education Levels (the school education and higher education levels) was considered as the Dependent Variable of the Study.

3.2.5 Measuring Tools Used in the Study

To collect data, the following measuring tools are used in the study:

1. **Socio-Demographic Measures:** The socio-demographic measures were prepared by the investigator for the study that includes Gender, Type of Family, Social Status, Locality of Residence, Level of Education, Medium of Instruction and Stream of Study.

2. **The Beck Depression Inventory-II (1996):** The current research used the Beck Depression Inventory-II (1996) to gather data. The Beck Depression Inventory-II (1996) is a self-administered rating scale that assesses symptoms of depression in persons aged 13 years and older. It measures the severity of depression using a scale ranging from 0 to 3, based on 21 specific questions. The study utilized questionnaires to assess various symptoms experienced by patients, including but not limited to sadness, pessimism, past failures, loss of pleasure, guilt, fear of punishment, self-dislike, self-criticalness, suicidal thoughts, crying, agitation, loss of interest, indecisiveness, worthlessness, loss of energy,

changes in sleeping patterns, irritability, changes in appetite, difficulty concentrating, tiredness or fatigue, and loss of interest in sexual activities. The scale has been specifically designed to cater to those aged 13 years and older.

Scoring Procedure

The Beck Depression Inventory – II (BDI-II) is scored by aggregating the ratings assigned to each of the 21 items. Each item is evaluated using a 4-point rating system. The highest total score, ranging from 0 to 3, is 63.

Reliability & Validity

The Beck Depression Inventory II (BDI-II) was initially created by Beck et al. (1996). The psychometric analysis demonstrated that the BDI-II exhibited high internal consistency reliability, with coefficients of 0.92 for the sample of 500 outpatient individuals and 0.93 for the group of 120 college students. These reliability coefficients were found to be higher than those reported for the previous version of the inventory, BDI-I. Additionally, the BDI-II was subsequently translated and adapted into a Bengali version. The instrument underwent validation by topic specialists from several universities, ensuring face validity, content validity, and construct validity. A Pilot study was then undertaken with a sample size of 170 students, yielding a reliability coefficient of 0.902. This finding indicates a high level of internal reliability. The researcher conducted a literature search to examine the psychometric qualities of the BDI-II. It was discovered that Dozois and Covin (2004) conducted a review of 13 studies that presented reliability data of the BDI-II from 1996 onwards. The study revealed an average Cronbach alpha value of 0.91. While there is little evidence about the test-retest reliability of the BDI-II, the original manual indicated a test-retest reliability coefficient of 0.93 for a sample of 26 psychiatric clinics over a one-week period (Beck et al., 1996).

Table 3.5: Levels of Depression

Range of T- Scores		Category
Scoring:	0-13	minimal levels of depression
	14-19	mild levels of depression.
	20-28	moderate levels of depression.
	29-63	severe levels of depression.

3.3 Procedure

3.3.1 Procedure of Data Collection

The investigator contacted to the head master, head mistress, Principal of the institutions and Heads of the Department from different Institutions and Universities. The researcher then explained the concerned Principals and Heads of the Department for the purpose of the visit. The researcher then asked for the informed consent from institutions which was obtained on the first day of visit to the institution. After getting the permission from the respected Heads of the Institution the researcher then visited various institutions simultaneously. The dates for data collection were then fixed for the researcher to visit the institutions for data collection.

The researcher also constructed Google form for those School, College, University students that were at a very distant places like University of Jadavpur, and Gobardanga Hindu College, Maharaja Manindra college, Dumdum Girls High School. The students were chosen randomly from different schools, colleges and universities in West Bengal. The study was conducted on 1941 students of School Education Level and those of Higher Education level. On the day of visit, the researcher first administered the socio-

demographic profile of the students then they were given Beck-Depression-Inventory (BDI) Scale. The researcher also read the instructions to the students one by one and asked the students to raise any questions that were not clear to them. The researcher then asked the students to put the appropriate responses to the statements provided beside the questions.

The researcher started her data collection from 16/August/22 till 2/March/23. Here the researcher mentions the date wise visit and the names of institutions. Data of the present study were collected from five Universities. Firstly, researcher collecting data from the West Bengal State University through google form, after that researcher visited Jadavpur University dated 23/4/2023 with the questioner for collecting data, then researcher collected data from the University of North Bengal through google form, then researcher collecting data from the University of Calcutta through google form, after that researcher collecting data from the Kalyani University through google form.

The researcher selected sixteen Colleges for data collection they are Barrackpore Rastraguru Surendranath College where the researcher collected data through google form, after that researcher collected data from the Mrinalini Datta Mahavidyapith through visiting the institutions dated on(25/3/22), Bhairab Ganguly College dated on(20/422) , Vijaygarh Jyotish Ray College dated on (25/5/22), Sir Gurudas Mahavidyalaya through google form, M.G. College Lalpur through google form, A.C. College through google form, Gobardanga Hindu college dated on(2/2/22), Lilabati mahavidyalaya through google form, Maharaja Manindra Chandra college dated on(21/11/22), Sree Chaitanaya Mahavidyalaya college dated on(12/3/23), Govt General Degree college kalna through google form, Krishnagar Govt. college jiaganj through google form, Bajkul Milani Mahavidyalaya through google form.

the researcher collected data from twenty schools they are Kotshila Mahavidyalaya through google form & from Khalisha Kota Adarsh Vidyalaya for Boys she collected data on(16/8/22), than Khalisha Kota Adarsh Vidyalaya for Girls through visiting the institutions dated on(16/8/22), Dum Dum Baidyanath` Institution for Boys through visiting the institutions dated on(22/8/22), Dum Dum Baidyanath` Institution for Girls through visiting the institutions dated on(22/8/22), Birati Vidyalaya for Boys through visiting the institutions dated on(25/8/22), Uttar Dumdum Vidyapith for Boys through visiting the institutions dated on(24/2/23), Dumdum Girls High School through visiting the institutions dated on(26/8/22), Gobardanga Khantura High School (H.S) through visiting the institutions dated on(27/2/23 , Sahaganja Shyamprasad Jatiya Vidyalaya through the google form, Bandel Vidhya Mandir through the google form, Dewanganj AK High School through visiting the institutions dated on(30/3/23), Krishnagar High School through visiting the institutions dated on(2/4/23), Lalbagh Singhe High School through visiting the institutions dated on(2/5/23), Maharaja Nripendra Nrayan High School through the google form, Rajkumari Santanamoyee Girls's High School through the google form, Alipurdur High School through the google form, Labpur Jadablal High School through the google form, Vidyasagar Abasik Balika Vidyalay through the google form, Brahman Basan High School through the google form, Jhargram Ashok Vidyapith (H.S) through the google form at the outset the principals & Heads of the selected institutions were personally contacted with a request letter seeking permission to collect the data from the respective institution.

The students took 45-50 minutes to complete the test. The response sheets were then collected from the students for further analysis. At the end of the data collection the researcher thanked the principal of colleges, teachers and students of many colleges, head of the departments of universities and also teacher and students of universities who

helped the researcher so much to collect data from those institution. The data was then coded for the final analysis and interpretation.

3.3.2 Data quality

The researcher gathered a total of 1960 responses. However, a total of 19 participants did not fully complete the questionnaire and failed to provide appropriate responses to all of the questions. Therefore, the remaining 1941 replies will be regarded as a representative sample.

3.3.3 Tabulation of the data

The whole dataset was methodically collected and organized in sequential order to facilitate further analysis and draw inferences aligned with the aims of the current research. The researcher meticulously recorded the individual data of 1941 students from various schools and colleges in a spreadsheet using Microsoft Excel. Moreover, the data was encoded using several IDs and prepared for subsequent analysis.

3.3.4 Statistical Techniques used

The researcher collected primary data from a sample of 1941 students, which was then entered into an Excel spreadsheet for individual tabulation. Various statistical approaches, such as standard deviation (SD), mean, t-test, percentage, and analysis of variance (ANOVA), Pearson's Chi-Square were used in the study. The data was analysed using the Statistical Package for Social Sciences (SPSS package), version 21.0. This software was chosen due to its ability to handle a substantial number of variables simultaneously, hence reducing the need for manual calculations and minimizing the potential for errors.

CHAPTER IV ANALYSIS AND INTERPRETATION

4.1 Introduction

4.2 Descriptive and Inferential Statistics

CHAPTER IV

ANALYSIS AND INTERPRETATION

4.1 Introduction

This chapter finds out the extent to which the present study's hypotheses were supported by the data. The data were collected from 1941 students studying in schools, colleges and universities in west Bengal. Only male and female students are used here as a sample. The data collected on demographic factors with respect of level of depression and have been analyzed using standard statistical procedures. Data were subjected to both descriptive and inferential statistics. Descriptive statistics included-frequency, percent, N, mean and standard deviations. Inferential statistics performed in the present study were chi-square test; Independent samples t tests and ANOVA. The chapter also includes interpretation of statistical analysis and findings that were performed for the present study. Wherever necessary, graphical representations have been provided for clarity and clear understanding.

4.2 Descriptive and Inferential Statistics

4.2.1 Existing Levels of Depression of students with respect to the Level of Education

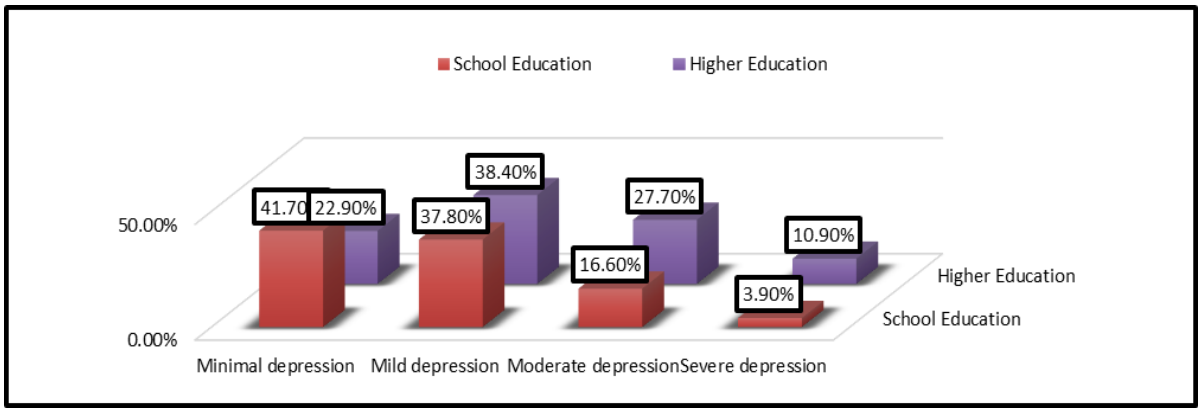
Objective 1- *To study existing level of depression in students at different levels of education in West Bengal.*

$H_0$1 *– There is no significant relationship between the existing level of depression and education level of the students.*

Table 4.2.1.a *Chi-square showing existing Levels of Depression of students with respect to the Level of Education in West Bengal*

Education Levels	N	Minimal depression	Mild depression	Moderate depression	Severe depression	df	χ^2	Asymp Sig
School Education	978 100 %	408 **41.7%**	370 37.8%	162 16.6%	38 3.9%	3	112.576	0.000*
Higher Education	963 100 %	221 22.9%	370 **38.4%**	267 27.7%	105 10.9%			
Total	**1941**	**629**	**740**	**429**	**143**			

Fig 4.2.1.a: Showing Existing Levels of Depression of students with respect to the Level of Education



Interpretation:

- **Minimal depression**: Students from School Education Level (n=408, 41.7%); Students from Higher Education Level (n=221, 22.9%).
- **Mild depression:** Students from School Education Level (n=370, 37.8%); Students from Higher education Level (n=370, 38.4%).
- **Moderate depression**: Students from School Education Level (n=162, 16.6%); Students from Higher education Level (n=267,27.7%).
- **Severe depression:** Students from School Education Level (n=38, 3.9%); Students from Higher education Level (n=105, 10.9%).

A chi-square test of independence was computed between the levels of depression and level of education. A statistically significant dependency was found **{$\chi^2(3) = 112.576$, $p<.05$}**. It can be said that students belonging from the school education level are on minimal depression level and students belonging from the higher education level are on mild depression level.

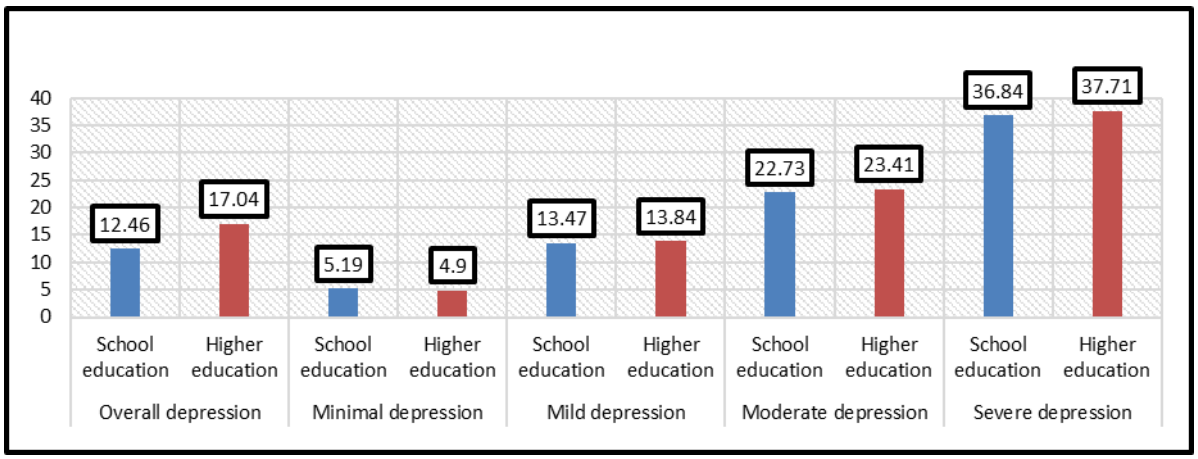
Results: There is a significant relationship found in the existing Levels of Depression and the Level of Education. Higher Education Level Students are higher than School Education Level in Depression.

Table 4.2.1.b: t-test showing the Student's Educational Level and level wise status of depression.

Level of Depression	**Students Educational Level**	**N**	**Mean**	**SD**	**t**	**Sig.**	**Remarks**
Minimal depression	School education Higher education	408 221	5.19 4.90	2.41 2.88	1.304	0.193	NS
Mild depression	School education Higher education	370 370	13.47 13.84	2.49 2.54	-1.970	0.049	*S
Moderate depression	School education Higher education	162 267	22.73 23.41	2.89 3.05	-2.290	0.022	*S
Severe depression	School education Higher education	38 105	36.84 37.71	7.83 7.45	-0.610	0.543	NS
Overall depression	School education Higher education	978 963	12.46 17.04	8.46 10.43	-10.65	0.000*	*S

*S-Significant; NS-Not Significant

Fig 4.2.1.b: Showing the mean difference of Student's Educational Level and level wise status of depression.



Interpretation:

- **Overall depression**: Students from higher education level (n=963; m=17.04) scored higher in overall depression than students from school education level (n=978; m=12.46), and the difference was statistically significant (t=-10.65; p=0.000*).
- **Minimal depression**: Students from school education level (n=408; m=5.19) scored higher in overall depression than students from higher education level (n=221; m= 4.90), and the difference was statistically significant (t=1.304; p=0.193).
- **Mild depression:** Students from higher education level (n=370; m=13.84) scored higher in overall depression than students from school education level (n=370; m=13.47), and the difference was statistically significant (t=-1.970 p=0.049).
- **Moderate depression**: Students from higher education level (n=267; m=23.41) scored higher in overall depression than students from school education level (n=162; m=22.73), and the difference was statistically significant (t=-2.290; p=0.022).

- **Severe depression:** Students from higher education level (n=105; m=37.71) scored higher in overall depression than students from school education level (n=38; m=36.84), and the difference was statistically significant (t=-0.610; p=0.543).

From the above analysis it is apparent that except minimal, and severe depression there is significant difference in overall, mild, moderate levels of depression between students of school education and higher education.

Hypotheses testing-

There were six sub analyses of the hypothesis among which four was found to have statistically significant difference within the levels which is more than fifty percent of all the sub analysis under the hypothesis 1. Therefore, it can be resolved that the major hypothesis ($H_0 1$) be rejected on ground of having more than fifty percent of sub-hypotheses could not stand with statistically significant results. Thus, the Null Hypothesis: $H_0 1$ – '*There is no significant relationship between the existing Levels of Depression and Levels of Education of students in West Bengal*' is refuted.

4.2.2 Existing Levels of Depression of students with respect to Gender

Objective 2: *To examine the existing Levels of Depression with respect to Gender of students in West Bengal.*

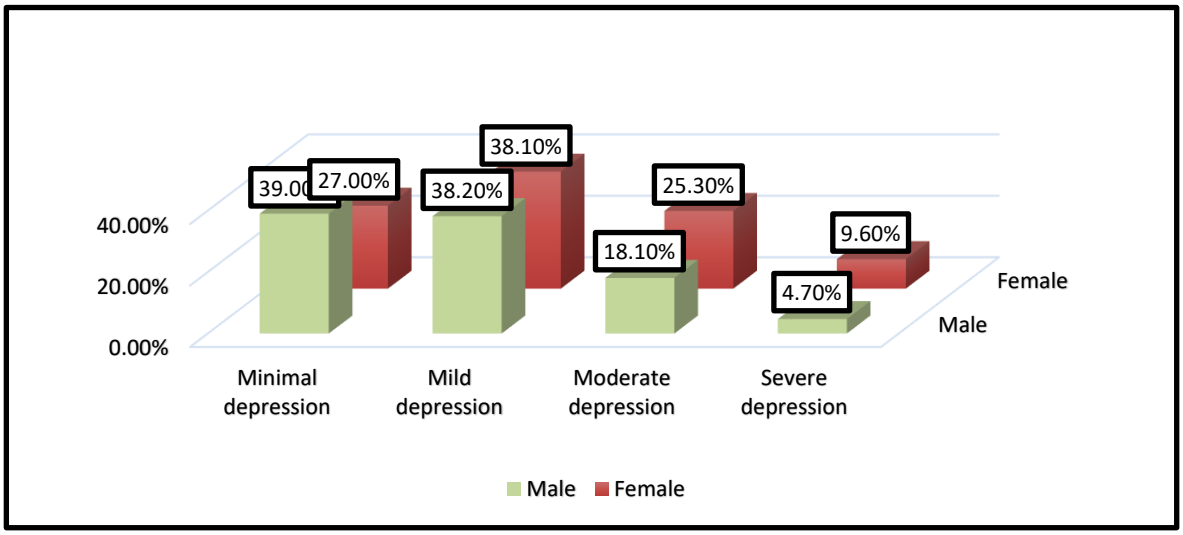
H_0 2 *– There is no significant relationship between the Existing Levels of Depression of students and Gender in West Bengal.*

Table 4.2.2.a: Chi-square showing the Gender wise comparison and Level of Depression

Gender	N	Minimal depression	Mild depression	Moderate depression	Severe depression	df	χ^2	Asymp Sig
Male	877 100%	342 **39.00%**	335 38.2%	159 18.1%	41 4.7%	**3**	**48.607**	**0.000***
Female	1064 100%	287 27.00%	405 **38.1%**	270 25.3%	102 9.6%			

Total	**1941**	**629**	**740**	**429**	**143**			

Fig:4.2.2. a: Showing Existing Levels of Depression of students with respect to Gender.



Interpretation:

- **Minimal depression**: Male students (n=342, 39.00%); Female Students (n=287, 27.00%)**.**
- **Mild depression:** Male students (n=335, 38.2%); Female Students (n=405, 38.1%)**.**
- **Moderate depression**: Male students (n=159, 18.1%); Female Students (n=270, 25.3)**.**
- **Severe depression** Male students (n=41, 4.7%); Female Students (n=102, 9.6%)**.**

A chi-square test of independence was computed between the levels of depression and Gender of students. A statistically significant dependency was found **(χ^2-48.607, df-3, p-0.000, p<0.05**). It can be said that male students are on minimal level of depression and female students are on mild level of depression.

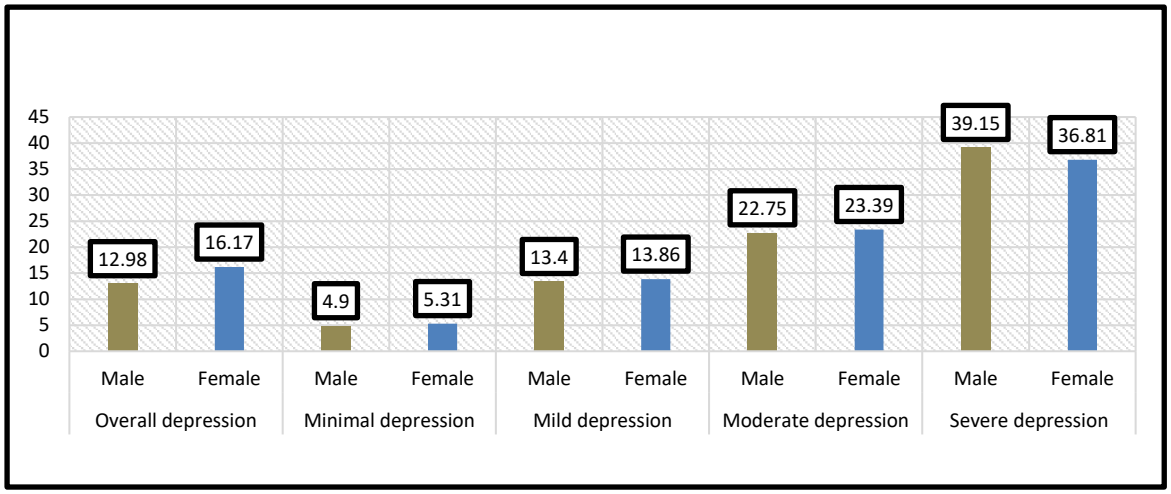
Result: There is a significant relationship found between Gender and the Existing Levels of Depression of students in West Bengal. Female students are higher on Level of Depression than male students.

Table 4.2.2.b: t-test showing the Gender wise comparison in Level of Depression

Level of Depression	Gender	N	Mean	SD	t	p-value	Remarks
Overall depression	Male Female	877 1064	12.98 **16.17**	9.18 9.98	-7.268	0.000	*S
Minimal depression	Male Female	342 287	4.90 **5.31**	2.64 2.50	-2.015	0.044	*S
Mild depression	Male Female	335 405	13.40 **13.86**	2.45 2.57	-2.486	0.013	*S
Moderate depression	Male Female	159 270	22.75 **23.39**	2.67 3.17	-2.149	0.032	*S
Severe depression	Male Female	41 102	39.15 36.81	8.26 7.16	1.684	0.094	NS

*S-Significant; NS-Not Significant

Fig: 4.2.2.b: Showing mean difference of the Gender wise comparison with the Level of Depression.



Interpretation:

- **Overall depression**: Female students (n=1064; m=16.17) scored higher in overall depression than male students (n=877; m=12.98) and the difference was statistically significant (t=-7.268; p<0.05).
- **Minimal depression**: Female students (n=287; m=5.31) scored higher in minimal depression than male students (n=342; m=4.90) and the difference was statistically significant (t=-2.015; p<0.05).
- **Mild depression:** Female students (n=405; m=13.86) scored higher in mild depression than male students (n=335; m=13.40) and the difference was statistically significant (t=-2.486; p<0.05).
- **Moderate depression**: Female students (n=270; m=23.39) scored higher in moderate depression than male students (n=159; m=22.75) and the difference was statistically significant (t=-2.149; p<0.05).
- **Severe depression:** Male students (n=41; m=39.15) scored higher in severe depression than female students (n=102; m=36.81) but the difference was statistically not significant (t=1.684; p>0.05).

From the above analysis it is evident that except severe depression, there is a significant difference in overall, minimal, mild and moderate levels of depression with respect to Gender.

Hypotheses testing-

There were six sub analyses of the hypothesis amid which four was found to have statistically significant difference within the levels which is more than fifty percent of all the sub analysis under the hypothesis 2. Therefore, it can be concluded that the major hypothesis ($H_0 2$) be rejected on ground of having more than fifty percent of sub-hypotheses could not stand with statistically significant results. Thus the Null

Hypothesis: $H_0$2 – '*There is no significant relationship between Gender and the existing Levels of Depression of students in West Bengal'* is refuted.

4.2.3: Existing Levels of Depression of students with respect to the Minority Status

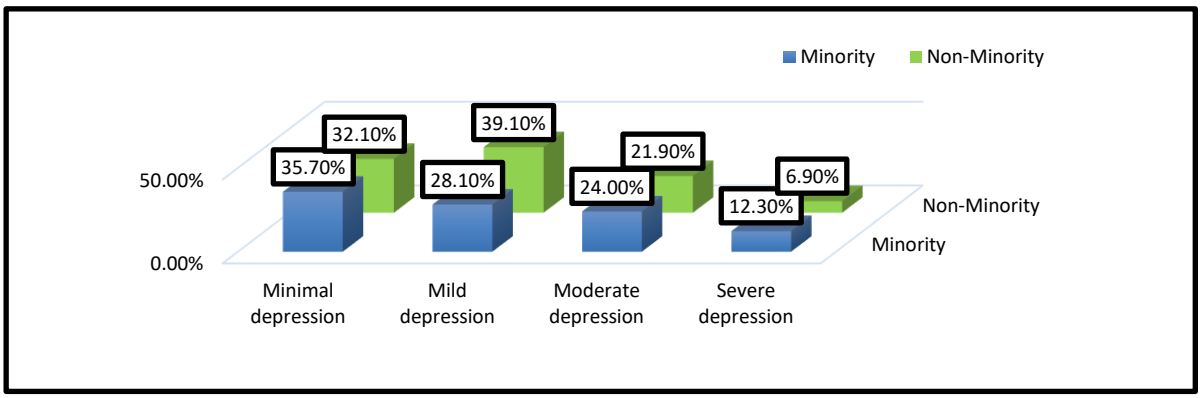
Objective 3: *To examine the existing Levels of Depression with respect to Minority status of students in West Bengal.*

$H_0$3 *– There is no significant relationship between the Existing Levels of Depression and Minority Status of students in West Bengal*

Table 4.2.3.a: Chi-square showing the existing Depression Levels of students with respect to the Minority Status in West Bengal

Minority status	N	Minimal depression	Mild depression	Moderate depression	Severe depression	df	χ^2	Asymp Sig
Minority	171 100%	61 **35.7%**	48 28.1%	41 24.0%	21 12.3%	3	12.033	0.007*
Non-Minority	1770 100%	568 32.1%	692 **39.1%**	388 21.9%	122 6.9%			
Total	**1941**	**629**	**740**	**429**	**143**			

Fig:4.2.3.a: Showing Existing Levels of Depression of students with respect to the Minority Status



Interpretation:

- **Minimal depression**: Students belongs from Minority Status (n=61, 35.7%); Students belongs from Non Minority Status (n=568, 32.1%)**.**
- **Mild depression:** Students belongs from Minority Status (n=48, 28.1%); Students belongs from Non Minority Status (n=692, 39.1%)**.**
- **Moderate depression**: Students belongs from Minority Status (n=41, 24.0%); Students belongs from Non Minority Status (n=388, 21.9%)**.**
- **Severe depression**: Students belongs from Minority Status (n=21, 12.3%); Students belongs from Non Minority Status (n=122, 6.9%)**.**

A chi-square test of independence was calculated between the levels of depression and level of education. A statistically significant dependency was found **(χ^2-12.033, df-3, p-0.007, p<0.05**). It can be said that students belonging from minority status are on minimal depression level and students from non-minority status are on mild depression level.

Result: There is a significant relationship found between the existing Levels of Depression and Minority status of students in West Bengal. Students who belong from

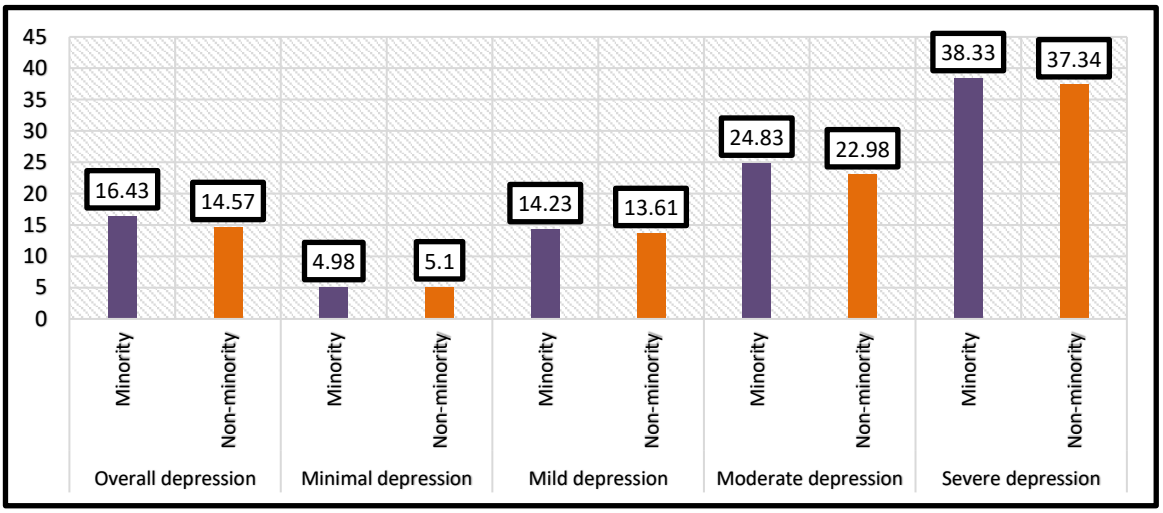
non-minority status are higher on Level of Depression than Students from minority status.

Table 4.2.3.b: t-test showing the Minority status and Level of Depression

Level of Depression	Minority Status	N	Mean	SD	t	p-value	Remarks
Minimal depression	Yes No	61 568	4.98 **5.10**	2.90 2.550	-.330	0.742	NS
Mild depression	Yes No	48 692	**14.23** 13.61	2.28 2.53	1.639	0.102	NS
Moderate depression	Yes No	41 388	**24.83** 22.98	3.09 2.95	3.804	0.000*	*S
Severe depression	Yes No	21 122	**38.33** 37.34	7.94 7.49	.558	0.577	NS
Overall depression	Yes No	171 1770	**16.43** 14.57	11.78 9.53	2.389	0.017*	*S

*S-Significant; NS-Not Significant

Fig: 4.2.3.b: Showing mean difference of the Minority status and Level of Depression



Interpretation:

- **Overall depression**: Students belongs from Minority status (n=171; m=16.43) scored higher in overall depression than Students belongs from non-minority status (n=1770; m=14.57) and the difference was statistically significant (t=2.389; p<0.05).

- **Minimal depression**: Students belongs from Minority status (n=61; m=4.98) scored lower in minimal depression than Students belongs from non-minority status (n=568; m=5.10) but the difference was statistically not significant (t=-0.330; p>0.05).
- **Mild depression:** Students belongs from Minority status (n=48; m=14.23) scored higher in mild depression than Students belongs from non-minority status (n=692; m=13.61) but the difference was statistically not significant (t=1.639; p>0.05).
- **Moderate depression**: Students belongs from Minority status (n=41; m=24.83) scored higher in moderate depression than Students belongs from non-minority status (n=388; m=22.98) and the difference was statistically significant (t=3.804; p<0.05).
- **Severe depression:** Students belongs from Minority status (n=21; m=38.33) scored higher in severe depression than Students belongs from non-minority status (n=122; m=37.34) and the statistical difference was not significant (t=0.558; p > 0.05).

It is evident that except minimal, mild and severe level of depression there is a significant difference found in overall and moderate level of depression with Students belongs from Minority Status.

Hypotheses testing-

There were six sub analyses of the hypothesis among which four was initiated to have statistically significant difference within the levels which is more than fifty percent of all the sub analysis under the hypothesis 3. Therefore, it can be concluded that the major hypothesis ($H_0$3) be accepted on ground of having more than fifty percent of sub-hypotheses could not stand with statistically significant results. Thus the Null Hypothesis: $H_0$3 – *'There is no significant relationship between the existing Levels of Depression of students and Minority Status in West Bengal'* is refuted.

4.2.4: Existing Levels of Depression of students with respect to the Family Type

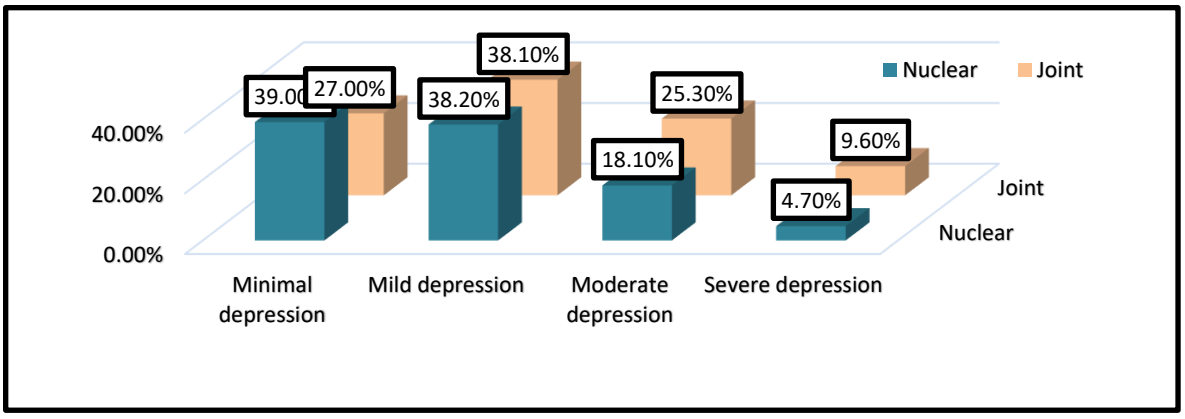
Objective 4: *To examine the existing Levels of Depression with respect to Family type of students in West Bengal.*

$H_0$4 *– There is no significant relationship between the Existing Levels of Depression and Family Type of students in West Bengal*

Table 4.2.4.a: Chi-square showing the existing Depression Levels of students with respect to the Family Type in West Bengal

Family Type	N	Minimal depression	Mild depression	Moderate depression	Severe depression	df	χ^2	Asymp Sig
Nuclear	1449 100%	462 **39.00%**	535 **38.2%**	345 18.1%	107 4.7%	3	10.192	0.017*
Joint	492 100%	167 27.00%	205 38.1%	84 25.3%	36 9.6%			
Total	**1941**	**629**	**740**	**429**	**143**			

Fig 4.2.4.a: Showing Existing Levels of Depression of students with respect to the Family Type



Interpretation:

- **Minimal depression**: Students belongs from Nuclear family (n=462, 39.00%); Students belongs from Joint family (n=167, 27.00%).
- **Mild depression:** Students belongs from Nuclear family (n=535, 38.2%); Students belongs from Joint family (n=205, 38.1%).

- **Moderate depression**: Students belongs from Nuclear family (n=345, 18.1%); Students belongs from Joint family (n=84, 25.3%).
- **Severe depression:** Students belongs from Nuclear family (n=107, 4.7%); Students belongs from Joint family (n=36, 9.6%).

A chi-square test of independence was computed between the levels of depression and level of education. A statistically significant dependency was found **(χ^2-10.192 df-3, p-0.017*, p<0.05**). It can be said that students from nuclear family are on minimal depression level and students from joint family are on mild depression level.

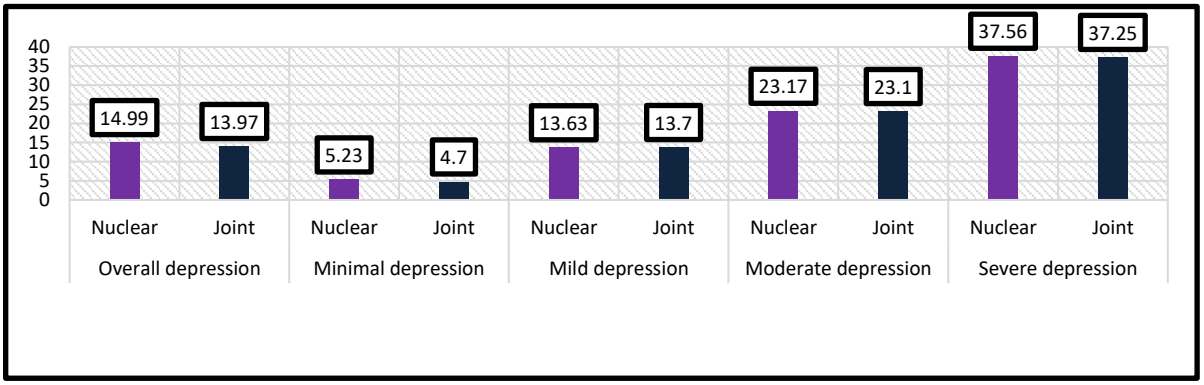
Result: There is a significant relationship found between the existing Levels of Depression and Family type of students in West Bengal. Students from nuclear family are higher on Level of Depression than students belonging from joint family.

Table 4.2.4.b: t-test showing the Family Type and Level of Depression

Level of Depression	Family Type	N	Mean	SD	t	p-value	Remarks
Minimal depression	Nuclear Joint	462 167	**5.23** 4.70	2.51 2.72	2.265	.024*	*S
Mild depression	Nuclear Joint	535 205	13.63 **13.70**	2.55 2.44	-0.332	.740	NS
Moderate depression	Nuclear Joint	345 84	**23.17** 23.10	3.02 2.97	.199	.843	NS
Severe depression	Nuclear Joint	107 36	**37.56** 37.25	7.69 7.14	.213	.832	NS
Overall depression	Nuclear Joint	1449 492	**14.99** 13.97	9.77 9.66	1.999	.046*	*S

*S-Significant; *NS-Not Significant

Fig: 4.2.4.b: t test showing mean difference of the Family Type and Level of Depression



Interpretation:

- **Overall depression**: Students from nuclear families (n=1449; m=14.99) scored higher in overall depression than students from joint families (n=492; m=13.97) and the difference was statistically significant (t=1.999; p<0.05).
- **Minimal depression**: Students from nuclear families (n=462; m=5.23) scored higher in overall depression than students from joint families (n=167; m=4.70) and the difference was statistically significant (t=2.265; p<0.05).
- **Mild depression:** Students from nuclear families (n=535; m=13.63) scored lower in overall depression than students from joint families (n=205; m=13.70) and the difference was statistically not significant (t=-0.332; p>0.05).
- **Moderate depression**: Students from nuclear families (n=345; m=23.17) scored higher in overall depression than students from joint families (n=84; m=23.10) and the difference was statistically not significant (t=0.199; p>0.05).
- **Severe depression:** Students from nuclear families (n=107; m=37.56) scored higher in overall depression than students from joint families (n=36; m=37.25) and the difference was statistically not significant (t=0.213; p>0.05).

From the above analysis it is evident that except mild, moderate and severe depression, there is significant difference in Overall, and Minimal levels of Depression with Family Type of Students.

Hypotheses testing-

There were six sub analyses of the hypothesis among which four was found to have statistically significant difference within the levels which is more than fifty percent of all the sub analysis under the hypothesis 4. Therefore, it can be determined that the major hypothesis ($H_0$4) be accepted on ground of having more than fifty percent of sub-hypotheses could not stand with statistically significant results. Thus the Null Hypothesis: $H_0$4 – '*There is no significant relationship between the existing Levels of Depression and Family Type of students in West Bengal*' is refuted.

4.2.5 Existing Levels of Depression of students with respect to the Locality of Institution

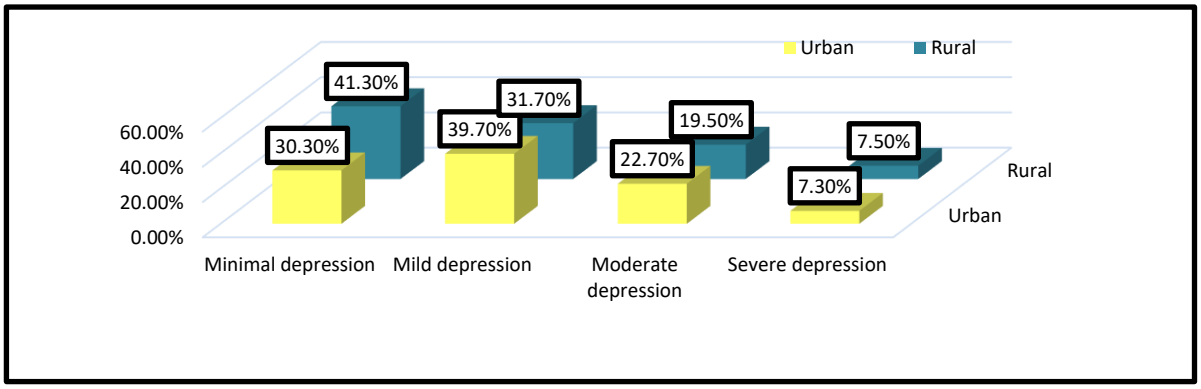
Objective 5: *To examine the existing Levels of Depression with respect to Locality of institution of students in West Bengal.*

$H_0$5 *– There is no significant relationship between the Existing Levels of Depression and Locality of institution in West Bengal*

Table 4.2.5.a: Chi-square showing the existing Depression Levels of students with respect to the Locality of Institution in West Bengal

Locality of School	N	Minimal depression	Mild depression	Moderate depression	Severe depression	df	χ^2	Asymp Sig
Urban	1566 100%	474 30.3%	621 **39.7%**	356 22.7%	115 7.3%	3	17.878	0.000*
Rural	375 100%	155 **41.3%**	119 31.7%	73 19.5%	28 7.5%			
Total	**1941**	**629**	**740**	**429**	**143**			

Fig:4.2.5.a Showing Existing Levels of Depression of students with respect to the Locality of Institution



Interpretation:

- **Minimal depression**: Students from Urban Institution (n=474, 30.3%); Students from Rural Institution (n=155, 41.3%).
- **Mild depression**: Students from Urban Institution (n=621, 39.7%); Students from Rural Institution (n=119, 31.7%).
- **Moderate depression**: Students from Urban Institution (n=356, 22.7%); Students from Rural Institution (n=73, 19.5%).
- **Severe depression:** Students from Urban Institution (n=115, 7.3%); Students from Rural Institution (n=28, 7.5%).

A chi-square test of independence was computed between the levels of depression and level of education. A statistically significant dependence was found **(χ^2-17.878 df-3, p-0.000*, p<0.05).** It can be said that Students from Urban Institution are on mild depression level and Students from rural Institution are on minimal depression level.

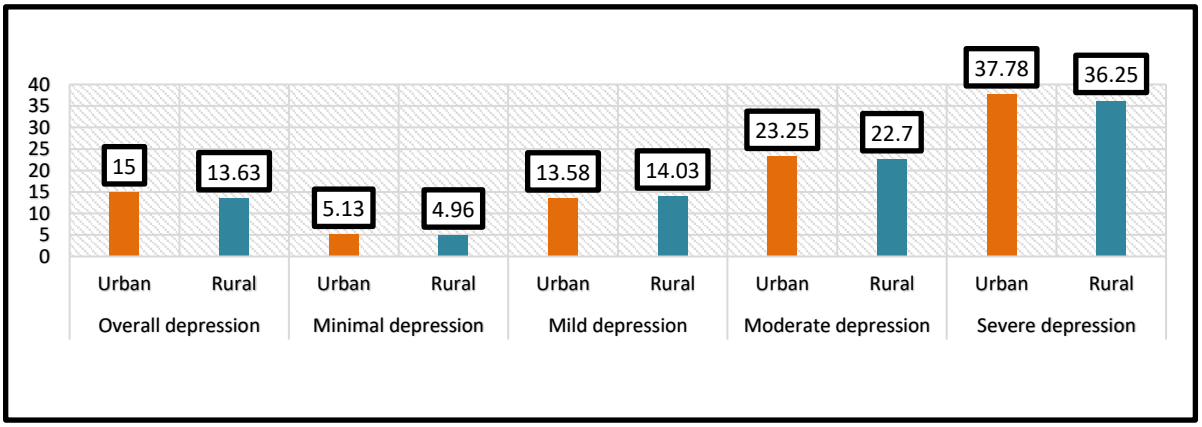
Result: There is a significant association found between the existing Levels of Depression and Locality of institution of students in West Bengal. Students from Urban Institution are higher on Level of Depression than Students from Rural Institution.

Table 4.2.5.b: t-test showing the Locality of Institution and Level of Depression

Level of Depression	Locality of School	N	Mean	SD	t	p-value	Remarks
Minimal depression	Urban Rural	474 155	**5.13** 4.96	2.66 2.34	.700	.484	NS
Mild depression	Urban Rural	621 119	13.58 **14.03**	2.52 2.50	-1.800	.072	NS
Moderate depression	Urban Rural	356 73	**23.25** 22.70	3.01 2.95	1.419	.157	NS
Severe depression	Urban Rural	115 28	**37.78** 36.25	7.57 7.39	.964	.337	NS
Overall depression	Urban Rural	1566 375	**15.00** 13.63	9.74 9.77	2.441	0.015*	*S

*S-Significant; NS-Not Significant

Fig: 4.2.5.b: Showing mean difference of the Locality of Institution and Level of Depression



Interpretation:

- **Overall depression**: Students from Urban Institution (n=1566; m=15.00) scored higher in overall depression than Students from rural Institution (n=375; m=13.63) and the difference was statistically significant (t=2.441; p<0.05).
- **Minimal depression**: Students from Urban Institution (n=474; m=5.13) scored higher in overall depression than Students from rural Institution (n=155; m=4.96) and the difference was statistically not significant (t=0.700; p>0.05).
- **Mild depression:** Students from Urban Institution (n=621; m=13.58) scored lower in overall depression than Students from Rural Institution (n=119; m=14.03) and the difference was statistically not significant (t=-1.800; p>0.05).
- **Moderate depression**: Students from Urban Institution (n=356; m=23.25) scored higher in overall depression than Students from rural Institution (n=73; m=22.70) and the difference was statistically not significant (t=1.419; p>0.05).
- **Severe depression:** Students from Urban Institution (n=115; m=37.78) scored higher in overall depression than Students from Rural Institution students (n=28; m=36.25) and the difference was statistically not significant (t=0.964; p>0.05).

From the above analysis it is evident that except Minimal, Mild, Moderate and severe depression there is significant difference in Overall Levels of Depression with Locality of Institution.

Hypotheses testing-

There were six sub analyses of the hypothesis amid which four was found to have statistically significant difference within the levels which is more than fifty percent of all the sub analysis under the hypothesis 5. Therefore, it can be concluded that the major hypothesis ($H_0 5$) be accepted on ground of having more than fifty percent of sub-hypotheses could not stand with statistically significant results. Thus the Null Hypothesis:

$H_0$5 – '*There is no significant relationship between the existing Levels of Depression and Locality of School of students in West Bengal*' is refuted.

4.2.6 Existing Levels of Depression of students with respect to the Stream of Study

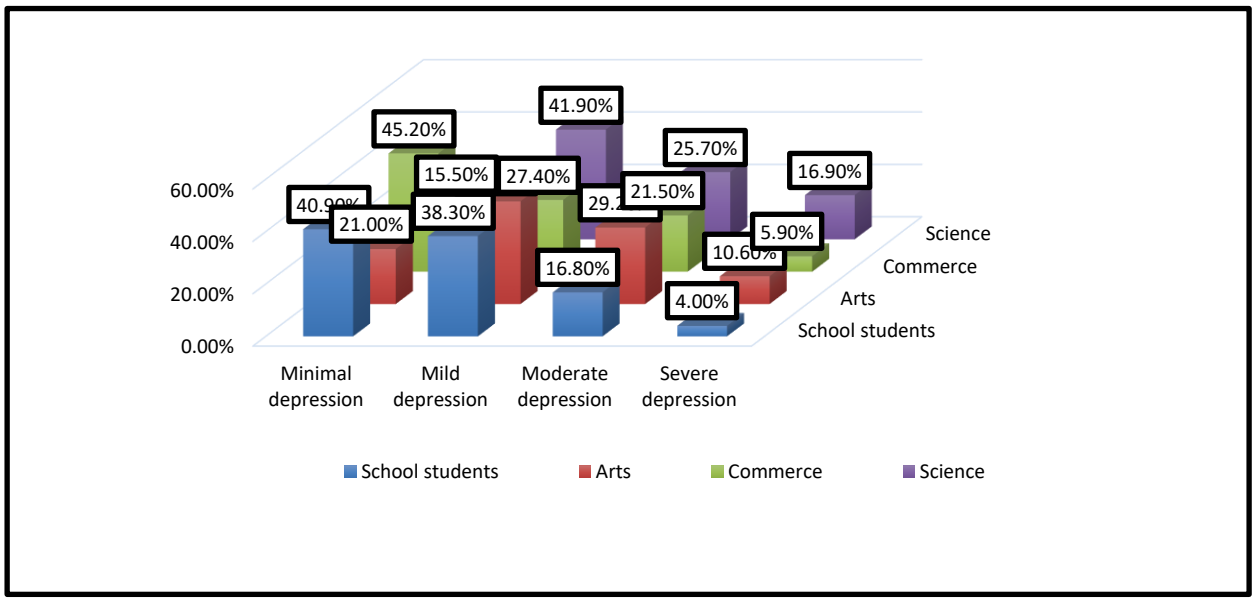
Objective 6*: To examine the existing Levels of Depression with respect to Stream of Study of students in West Bengal.*

$H_0$6 *– There is no significant relationship between the Existing Levels of Depression and Stream of Study of students in West Bengal*

Table 4.2.6.a: Chi-square showing the existing Depression Levels of students with respect to the Stream of Study in West Bengal

Stream of Study	N	Minimal depression	Mild depression	Moderate depression	Severe depression	df	χ^2	Asymp Sig
School students	987 100%	**404** **40.9%**	378 38.3%	166 16.8%	39 4.0%	3	145.965	0.000*
Arts	671 100%	141 21.0%	**263** **39.2%**	196 29.2%	71 10.6%			
Commerce	135 100%	**61** **45.2%**	37 27.4%	29 21.5%	8 5.9%			
Science	148 100%	23 15.5%	**62** **41.9%**	38 25.7%	25 16.9%			
Total	1941	629	740	429	143			

Figure: 4.2.6.a: Showing Existing Levels of Depression of students with respect to the Stream of Study.



Interpretation:

- **Minimal depression**: School students (n=404, 40.9%); Students of Arts (n=141,21.0%); Students of Commerce (n=61,45.2%); Students of Science (n=23,15.5%).
- **Mild depression:** School students (n=378, 38.3%); Students of Arts (n=263,39.2%); Students of Commerce (n=37, 27.4%); Students of Science (n=62, 41.9%).
- **Moderate depression**: School students (n=166, 16.8%); Students of Arts (n=196,29.2%); Students of Commerce (n=29, 21.5%); Students of Science (n=38, 25.7%).
- **Severe depression:** School students (n=39, 4.0%); Students of Arts (n=71, 10.6%); Students of Commerce (n=8, 5.9%); Students of Science (n=25, 16.9%).

A chi-square test of independence was computed between the levels of depression and level of education. A statistically significant dependency was found **(χ^2-145.965, df-3, p-0.000*, p<0.05**). It can be said that school students display minimal depression level. Arts and science students are on mild depression level and commerce students are on minimal depression level.

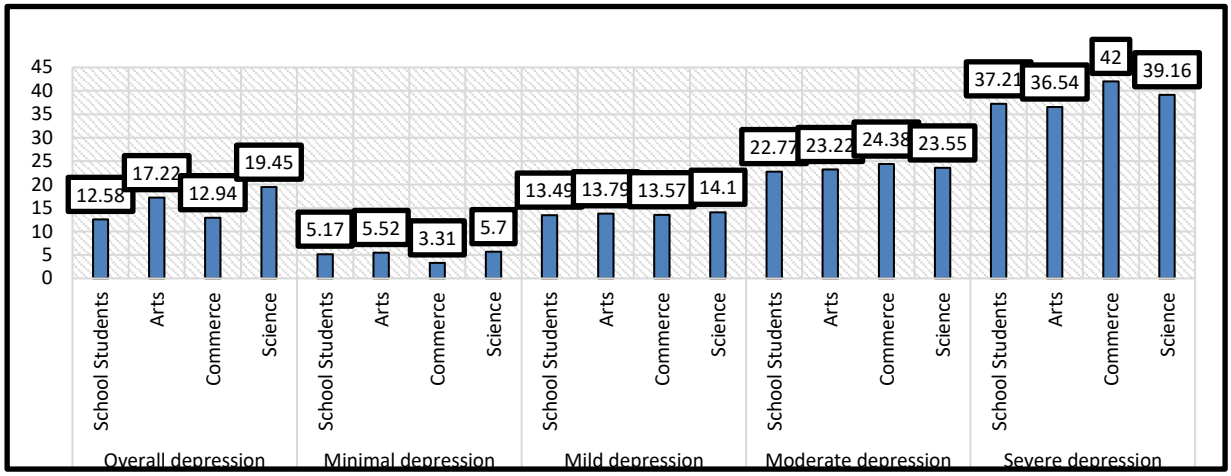
Result: There is a significant relationship found between the existing Levels of Depression and Stream of Study of students in West Bengal. Arts and science students showed higher Level of Depression than Commerce and School Students.

Table 4.2.6.b: ANOVA showing the Stream of Study and Level of Depression

Level of Depression	Stream of Study	N	Mean	SD	F	Sig	Remarks
Minimal depression	School Students	404	5.17	2.42	12.077	0.000*	*S
	Arts	141	5.52	2.60			
	Commerce	61	3.31	2.73			
	Science	23	**5.70**	3.03			
Mild depression	School Students	378	13.49	2.49	1.462	0.224	NS
	Arts	263	13.79	2.57			
	Commerce	37	13.57	2.52			
	Science	62	**14.10**	2.50			
Moderate depression	School Students	166	22.77	2.90	2.816	0.039	*S
	Arts	196	23.22	2.99			
	Commerce	29	**24.38**	3.73			
	Science	38	23.55	2.75			
Severe depression	School Students	39	37.21	7.93	1.790	0.152	NS
	Arts	71	36.54	6.55			
	Commerce	8	**42.00**	5.75			
	Science	25	39.16	9.45			
Overall depression	School Students	987	12.58	8.54	40.621	0.000*	*S
	Arts	671	17.22	9.73			
	Commerce	135	12.94	11.44			
	Science	148	**19.45**	11.51			

*S-Significant; NS-Not Significant

Figure:4.2.6.b Showing mean difference of the Stream of Study and Level of Depression



Interpretation:

- **Overall depression**: Students of science stream (n=148; m=19.45) scored higher in overall depression than school students (n=987; m=12.58), students of arts stream (n=671; m=17.22) and students of commerce stream (n=135; m=12.94) and the difference was statistically significant (F=40.621; p<0.05).
- **Minimal depression**: Students of science stream (n=23; m=5.70) scored higher in minimal depression than school students (n=404; m=5.17), students of arts stream (n=141; m=5.52) and students of commerce stream (n=61; m=3.31) and the difference was statistically significant (F=12.077; p<0.05).
- **Mild depression:** Students of science stream (n=62; m=14.10) scored higher in overall depression than school students (n=378; m=13.49), students of arts stream (n=263; m=13.79) and students of commerce stream (n=37; m=13.57) and the difference was statistically not significant (F=1.462; p>0.05).
- **Moderate depression**: Students of commerce stream (n=29; m=19.45) scored higher in overall depression than school students (n=166; m=22.77), students of arts stream (n=196; m=23.22) and students of science stream (n=38; m=23.55) and the difference was statistically significant (F=2.816; p<0.05).

- **Severe depression:** Students of commerce stream (n=8; m=42.00) scored higher in overall depression than school students (n=39; m=37.21), students of arts stream (n=71; m=36.54) and students of science stream (n=25; m=39.16) and the difference was statistically not significant (F=1.790; p>0.05).

From the above analysis it is evident that except Mild and Severe Depression there is a significant difference in Overall, Minimal and Moderate Levels of Depression with respect to Stream of Study of Students.

Hypotheses testing-

There were six sub analyses of the hypothesis among which four was found to have statistically significant difference within the levels which is more than fifty percent of all the sub analysis under the hypothesis 6. Therefore, it can be concluded that the major hypothesis ($H_0$6) be rejected on ground of having more than fifty percent of sub-hypotheses could not stand with statistically significant results. Thus the Null Hypothesis: $H_0$6 – '*There is no significant relationship between the existing Levels of Depression and Stream of Study of students in West Bengal'* is refuted.

4.2.7 Existing Levels of Depression of students with respect to Father's Educational Qualification

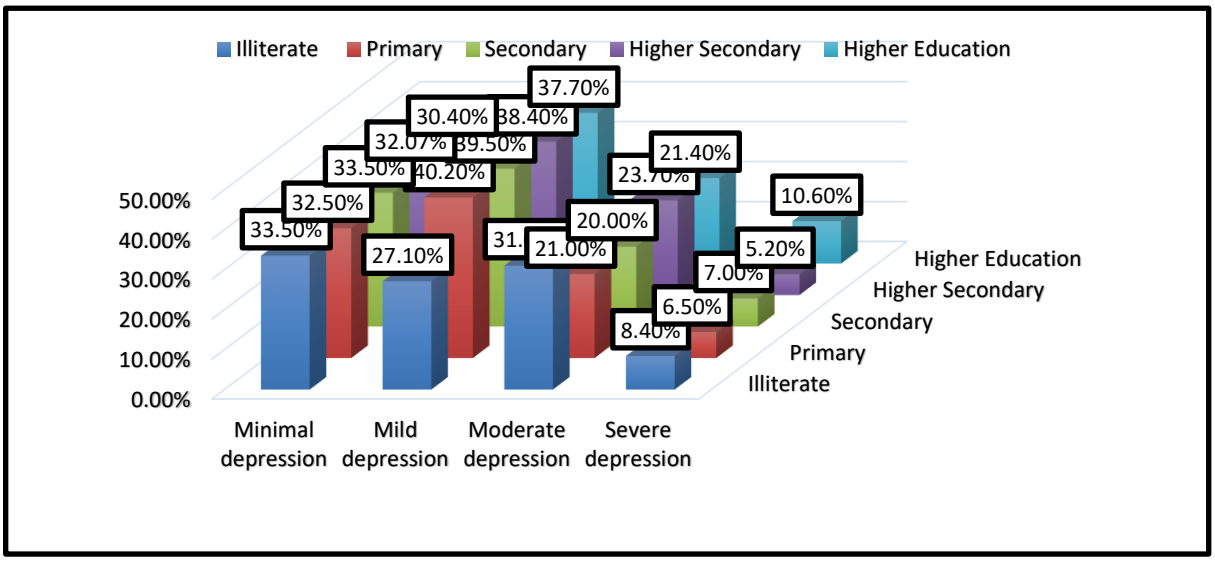
Objective 7*: To examine the existing Levels of Depression with respect to Father's Educational Qualification of students in West Bengal.*

$H_0$7: *There is no significant relationship between the Existing Levels of Depression and Father's Educational Qualification of students in West Bengal*

Table 4.2.7.a: Chi-square showing the existing Levels of Depression of students with respect to Father's Educational Qualification in West Bengal

Father's Educational qualification	N	Minimal depression	Mild depression	Moderate depression	Severe depression	df	χ^2	Asymp Sig
Illiterate	155 100%	**52** **33.5%**	42 27.1%	48 31.0%	13 8.4%	12	22.634	0.031*
Primary	520 100%	168 32.5%	**209** **40.2%**	109 21.0%	34 6.5%			
Secondary	501 100%	168 33.5%	**198** **39.5%**	100 20.0%	35 7.0%			
Higher Secondary	367 100%	120 32.07%	**141** **38.4%**	87 23.7%	19 5.2%			
Higher Education	398 100%	121 30.4%	**150** **37.7%**	85 21.4%	42 10.6%			
Total	1941	629	740	429	143			

Figure 4.2.7.a Showing Existing Levels of Depression of students with respect to Father's Educational Qualification



Interpretation:

- **Minimal depression**: Students whose fathers are Illiterate(n=52, 33.5%); Students whose fathers had Primary education (n=168, 32.5%); Students whose fathers had Secondary education (n=168, 33.5%); Students whose fathers had Higher

Secondary(n=120, 32.07%), Students whose fathers had Higher Education (n=121, 30.4%).

- **Mild depression:** Students whose fathers are Illiterate (n=42, 27.1%); Primary education (n=209, 40.2%); Students whose fathers had Secondary education (n=198, 39.5%); Students whose fathers had Higher secondary (n=141, 38.4%), Students whose fathers had Higher Education (n=150, 37.7%).
- **Moderate depression**: Students whose fathers are Illiterate(n=48, 31.0%); Students whose fathers had Primary education (n=109, 21.0%); Students whose fathers had Secondary education (n=100, 20.0%); Students whose fathers had Higher secondary (n=87, 23.7%), Students whose fathers had Higher Education (n=85, 21.4%).
- **Severe depression**: Students whose fathers are Illiterate (n=13, 8.4%); Students whose fathers had Primary education (n=34, 6.5%); Students whose fathers had Secondary education (n=35, 7.0%); Students whose fathers had Higher secondary (n=19, 5.2%), Students whose fathers had Higher Education (n=42, 10.6%).

A chi-square test of independence was computed between the levels of depression and level of education. A statistically significant dependency was found **(χ^2-22.634, df-12, p-0.031*, p<0.05.**

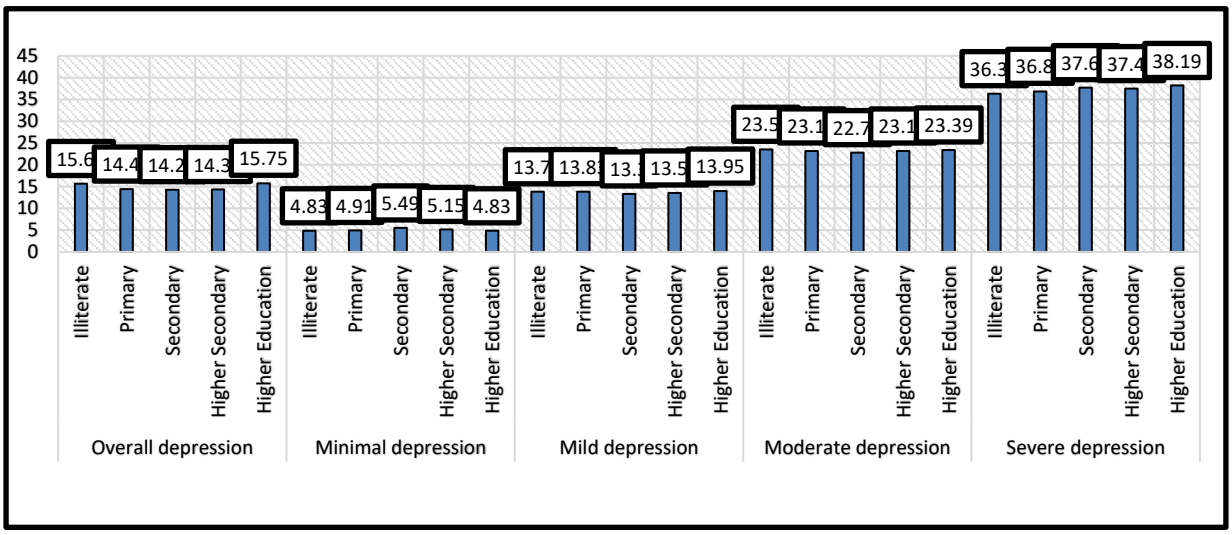
Result: There is a significant relationship found between the existing Levels of Depression and Father's Educational Qualification of students in West Bengal. Those students whose fathers are Illiterate they fall under minimal depression level than those students whose fathers had some education in the primary, secondary, higher secondary and higher education level they fall under mild depression level and shows higher Level of Depression compared to students whose fathers are Illiterate.

Table 4.2.7.b: ANOVA showing the Father's Educational Qualification and Level of Depression

Level of Depression	Father's Educational qualification	N	Mean	SD	F	Sig.	Remarks
Minimal depression	Illiterate	52	4.83	2.33	1.671	0.155	NS
	Primary	168	4.91	2.59			
	Secondary	168	5.49	2.53			
	Higher	120	5.15	2.53			
	Secondary Higher Education	121	4.83	2.75			
Mild depression	Illiterate	42	13.79	2.61	1.863	.115	NS
	Primary	209	13.83	2.45			
	Secondary	198	13.30	2.54			
	Higher	141	13.52	2.56			
	Secondary Higher Education	150	13.95	2.49			
Moderate depression	Illiterate	48	23.54	3.03	.732	.570	NS
	Primary	109	23.16	3.32			
	Secondary	100	22.77	2.82			
	Higher	87	23.15	3.11			
	Secondary Higher Education	85	23.39	2.68			
Severe depression	Illiterate	13	36.31	2.32	.232	.920	NS
	Primary	34	36.85	1.12			
	Secondary	35	37.69	1.44			
	Higher	19	37.47	1.63			
	Secondary Higher Education	42	38.19	1.17			
Overall depression	Illiterate	155	15.69	10.38	2.056	0.084	NS
	Primary	520	14.41	9.38			
	Secondary	501	14.28	9.50			
	Higher	367	14.31	9.14			
	Secondary Higher Education	398	15.75	10.74			

*S-Significant; NS-Not Significant

Figure:4.2.7.b showing mean difference the Father's Educational Qualification and Level of Depression.



Interpretation:

- **Overall depression**: Students whose fathers had higher education (n=398; m=15.75) higher on the overall level of depression than Students whose fathers are illiterate(n=155;m=15.69) ; Students whose fathers had primary education (n=520; m=14.41), ; Students whose fathers had higher secondary (n=367; m=14.31) and Students whose fathers had secondary education (n=501; m=14.28) and the difference was not statistically significant (F=2.056; p>0.05).
- **Minimal depression**: Students whose fathers had secondary education (n=168; m=5.49) higher on the minimal level of depression than Students whose fathers had higher secondary (n=120; m=5.15) ; Students whose fathers had primary education (n=168; m=4.91), ; Students whose fathers had higher education (n=121; m=4.83) and Students whose fathers are illiterate (n=52; m=4.83) and the difference was not statistically significant (F=1.671; p>0.05).

- **Mild depression:** Students whose fathers had higher education (n=150; m=13.95) higher on the mild level of depression than Students whose fathers had primary education (n=209;m=13.83) ; Students whose fathers are illiterate (n=42; m=13.79), ; Students whose fathers had higher secondary (n=141; m=13.52) and Students whose fathers had secondary education (n=198; m=13.30) and the difference was not statistically significant (F=1.863; p>0.05).
- **Moderate depression** Students whose fathers are illiterate (n=48; m=23.54) higher on the moderate level of depression than Students whose fathers had higher education (n=85;m=23.39) ; Students whose fathers had primary education (n=109; m=23.16), ; Students whose fathers had higher secondary (n=87; m=23.15) and Students whose fathers had secondary education (n=100; m=22.77) and the difference was not statistically significant (F=.732; p>0.05).
- **Severe depression:** Students whose fathers had higher education (n=42; m=38.19) higher on the severe level of depression than Students whose fathers had secondary education (n=35;m=37.69) ; Students whose fathers had higher secondary (n=19; m=37.47) and Students whose fathers had primary education (n=34; m=36.85) and Students whose fathers are illiterate (n=13; m=36.31) the difference was not statistically significant (F=.232; p>0.05).

From the above analysis it is evident that there is no significant difference in Overall, Minimal, Mild, Moderate and Severe Levels of Depression with respect to Father's Educational Qualification of Students.

Hypotheses testing-

There were six sub analyses of the hypothesis among which four was found to have statistically significant difference within the levels which is more than fifty percent of all

the sub analysis under the hypothesis 7. Therefore, it can be concluded that the major hypothesis ($H_0$7) be accepted on ground of having more than fifty percent of sub-hypotheses could not stand with statistically significant results. Hence the Null Hypothesis: $H_0$7 – '*There is no significant relationship between the existing Levels of Depression and Father's Educational Qualification of students in West Bengal*' is partially refuted.

When seen in terms of levels of depression it was found that the level of depression are significantly dependent on the level of father's education, but when seen in terms of depression score, there was found no statistically significant mean difference across the level of father's education. In light of the above, we may say that the hypothesis can be partially refuted.

4.2.8 Existing Levels of Depression of students with respect to the Mother's Educational Qualification

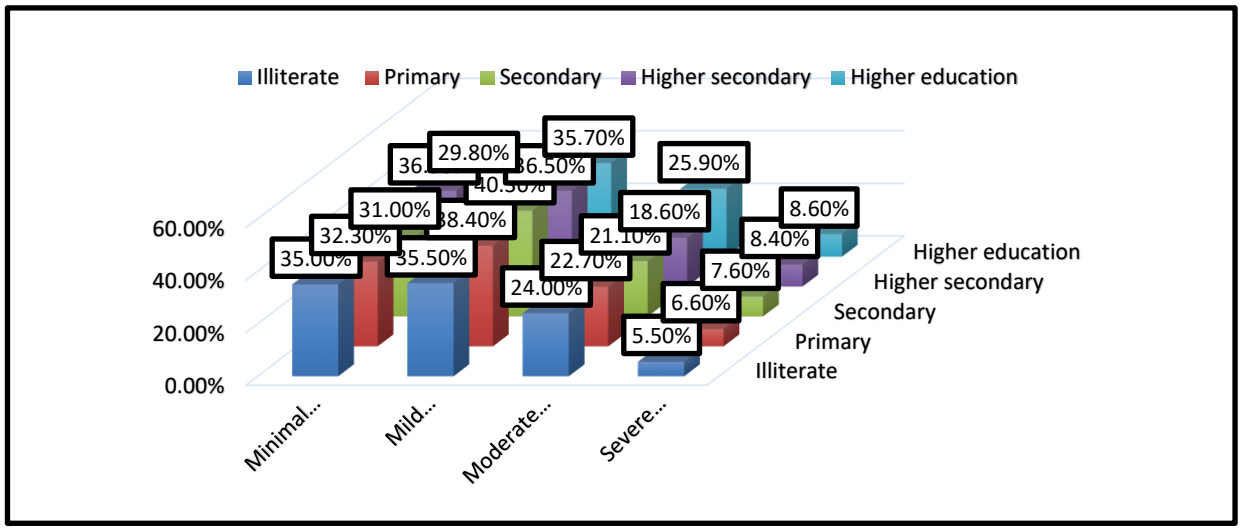
Objective 8*: To examine the existing Levels of Depression with respect to Mother's Educational Qualification of students in West Bengal.*

$H_0$8 *– There is no significant relationship between the Existing Levels of Depression and Mother's Educational Qualification of students in West Bengal*

Table 4.2.8.a: Chi-square showing the existing Level of Depression of students with respect to Mother's Educational Qualification in West Bengal

Mother's Educational qualification	N	Minimal depression	Mild depression	Moderate depression	Severe depression	df	χ^2	Asymp Sig
Illiterate	183 100%	64 35.0%	65 **35.5%**	44 24.0%	10 5.5%	12	10.784	0.548
Primary	560 100%	181 32.3%	215 **38.4%**	127 22.7%	37 6.6%			
Secondary	658 100%	204 31.0%	265 **40.3%**	139 21.1%	50 7.6%			
Higher secondary	285 100%	104 **36.5%**	104 **36.5%**	53 18.6%	24 8.4%			
Higher education	255 100%	76 29.8%	91 **35.7%**	66 25.9%	22 8.6%			
Total	1941	629	740	429	143			

Figure:4.2.8.a: Showing Existing Levels of Depression of students with respect to the Mother's Educational Qualification



Interpretation

- **Minimal depression**: Students whose mothers are Illiterate (n=64, 35.0%) are lower in levels of depression than Students whose mothers had Primary education (n=181, 32.3%); Students whose mothers had Secondary education (n=204, 31.0%); Students whose mothers had Higher Secondary (n=104, 36.5%), Students whose mothers had Higher Education (n=76, 29.8%).

- **Mild depression:** Students whose mothers are Illiterate (n=65, 35.5%); Students whose mothers had Primary education (n=215, 38.4%); Students whose mothers had Secondary education (n=265, 40.3%); Students whose mothers had Higher secondary (n=104, 36.5%), Students whose mothers had Higher Education (n=191, 35.7%)**.**
- **Moderate depression**: Students whose mothers are Illiterate(n=44, 24.0%); Primary education (n=127, 22.7%); Students whose mothers had Secondary education (n=139, 21.1%); Students whose mothers had Higher secondary (n=53, 18.6%), Students whose mothers had Higher Education (n=66, 25.9%).
- **Severe depression**: Students whose mothers are Illiterate (n=10, 5.5%); Students whose mothers had Primary education (n=37, 6.6%); Students whose mothers had Secondary education (n=50, 7.6%); Students whose mothers had Higher secondary (n=24, 8.4%), Students whose mothers had Higher Education (n=22, 8.6%).

A chi-square test of independence was computed between the levels of depression and level of education. A statistically significant dependency was not found **{χ^2-10.784, df-12, p-0.548*, p>0.05}.**

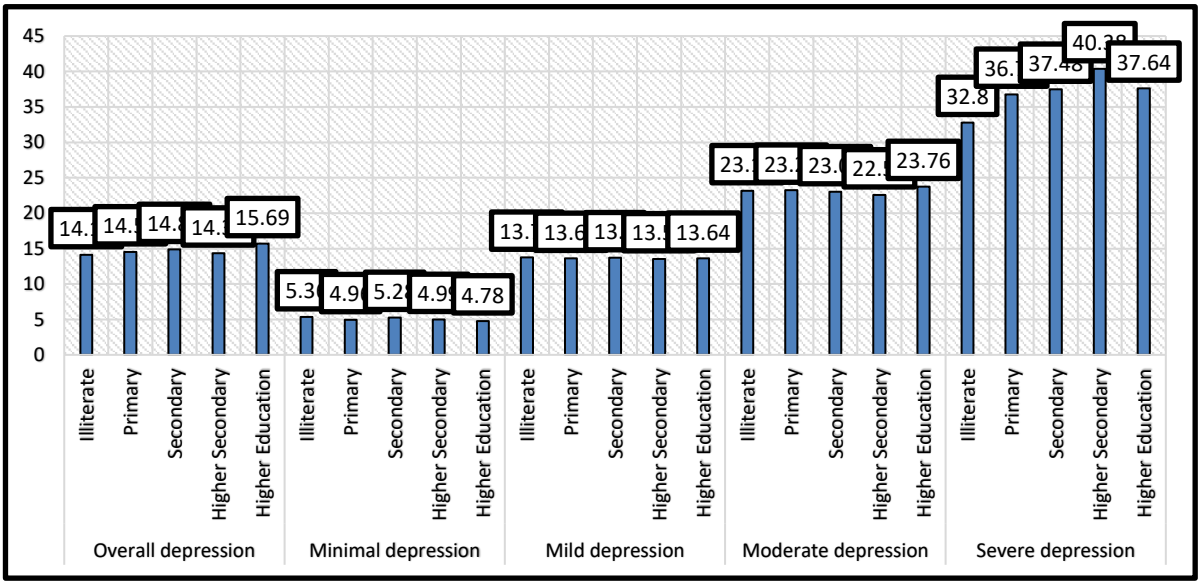
Result: There is no significant relationship found between the existing Levels of Depression and the Mother's Educational Qualification of students in West Bengal. All the Students whose mothers who fall under the category of illiterate, primary, secondary, higher secondary and higher education they fall under mild depression level and all shows mild Level of Depression.

Table 4.2.8.b: ANOVA showing the Existing Level of Depression and Mother's Educational Qualification

Level of Depression	Mother's Educational Qualification	N	Mean	SD	F	Sig.	Remarks
Minimal depression	Illiterate	64	**5.36**	2.33	0.902	0.462	NS
	Primary	181	4.96	2.61			
	Secondary	204	5.28	2.50			
	Higher Secondary	104	4.99	2.65			
	Higher Education	76	4.78	2.82			
Mild depression	Illiterate	65	**13.77**	2.37	.117	.976	NS
	Primary	215	13.61	2.52			
	Secondary	265	13.70	2.69			
	Higher Secondary	104	13.55	2.34			
	Higher Education	91	13.64	2.37			
Moderate depression	Illiterate	44	23.16	2.99	1.257	.286	NS
	Primary	127	23.23	3.23			
	Secondary	139	23.02	2.82			
	Higher Secondary	53	22.57	3.04			
	Higher Education	66	**23.76**	2.92			
Severe depression	Illiterate	10	32.80	3.22	1.982	.101	NS
	Primary	37	36.78	8.10			
	Secondary	50	37.48	7.63			
	Higher Secondary	24	**40.38**	7.98			
	Higher Education	22	37.64	6.38			
Overall depression	Illiterate	183	14.13	8.51	0.983	0.415	NS
	Primary	560	14.53	9.54			
	Secondary	658	14.87	9.63			
	Higher Secondary	285	14.36	10.65			
	Higher Education	255	**15.69**	10.28			

*S-Significant; NS-Not Significant

Figure:4.2.8.b: Showing mean difference of the Mother's Educational Qualification and Level of Depression.



Interpretation:

- **Overall depression**: Students whose mothers had higher education (n=255; m=15.69) shows higher on the overall level of depression than Students whose mothers had secondary education (n=658; m=14.87), Students whose mothers had primary education level (n=560; m=14.53), Students whose mothers had higher secondary (n=285; m=14.36), Students whose mothers are illiterate (n=183;m=14.13)) and the difference was not statistically significant (F=0.983; p>0.05).
- **Minimal depression**: Students whose mothers had secondary education (n=204; m=5.28) was higher on the minimal level of depression than Students whose mothers had higher secondary (n=104; m=4.99); Students whose mothers had primary education (n=181; m=4.96), Students whose mothers had higher education (n=76;

m=4.78) and Students whose mothers are illiterate (n=64; m=5.36) and the difference was not statistically significant (F=0.902; p>0.05).

- **Mild depression:** Students whose mothers had higher education (n=92; m=13.64) was higher on the mild level of depression than Students whose mothers had primary education (n=215;m=13.61) ; Students whose mothers are illiterate (n=65; m=13.77), Students whose mothers had higher secondary (n=104; m=13.55) and Students whose mothers had secondary education (n=265; m=13.70) and the difference was not statistically significant (F=.117; p>0.05).
- **Moderate depression** Students whose mothers are illiterate (n=44; m=23.16) was higher on the moderate level of depression than Students whose mothers had higher education (n=66;m=23.76) ; Students whose mothers had primary education (n=127; m=23.23), Students whose mothers had higher secondary (n=53; m=23.57) and Students whose mothers had secondary education (n=139; m=23.02) and the difference was not statistically significant (F=1.257; p>0.05).
- **Severe depression:** Students whose mothers had higher education (n=22; m=37.64) were higher on the severe level of depression than Students whose mothers had secondary education (n=50;m=37.48) ; Students whose mothers had higher secondary (n=24; m=40.38) and Students whose mothers had primary education (n=37; m=36.78) and Students whose mothers are illiterate (n=10; m=32.80). The difference was not statistically significant (F=.1.982; p>0.05).

From the above analysis it is evident that there is no significant difference in Overall, Minimal, Mild, Moderate and Severe Levels of Depression with respect to Mother's Educational Qualification of Students.

Hypotheses testing-

There were six sub analyses of the hypothesis among which four was found to have statistically significant difference within the levels which is more than fifty percent of all the sub analysis under the hypothesis 8. Therefore, it can be concluded that the major hypothesis ($H_0$8) be accepted on ground of having more than fifty percent of sub-hypotheses could not stand with statistically significant results. Hence the Null Hypothesis: '$H_0$8 – *There is no significant relationship between the existing Levels of Depression and Mother's Educational Qualification of students in West Bengal*' is accepted.

4.2.9 Existing Levels of Depression of students with respect to the Father's Occupation.

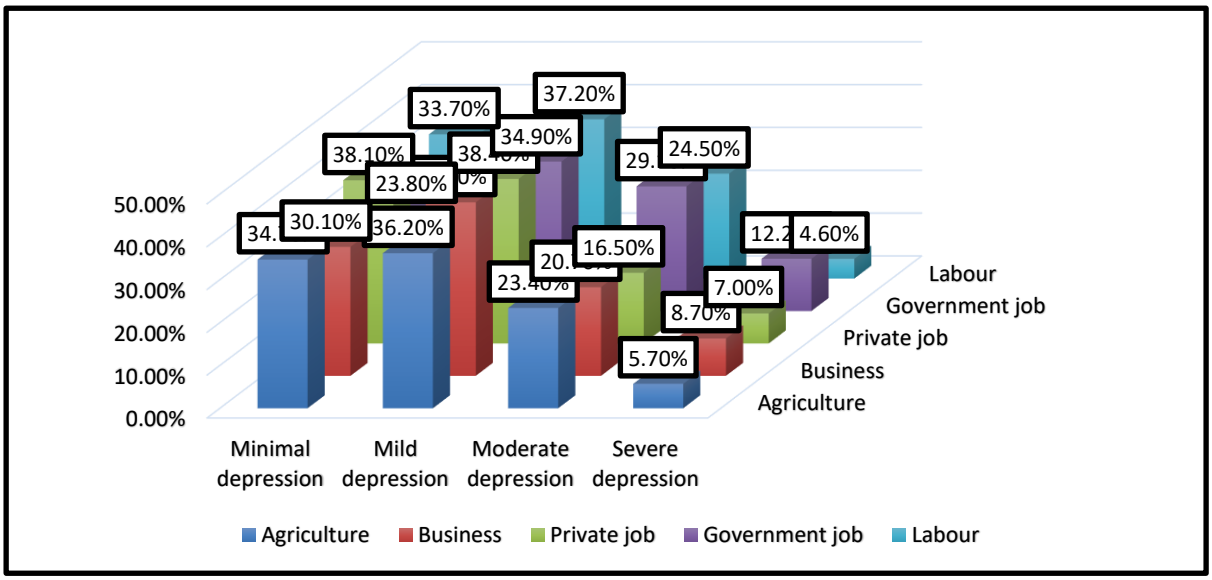
Objective 9*: To examine the existing Levels of Depression with respect to Father's Occupation of students in West Bengal.*

$H_0$9 *– There is no significant relationship between the Existing Levels of Depression and Father's Occupation of students in West Bengal*

Table 4.2.9.a: Chi-square showing the existing Levels of Depression of students with respect to Father's Occupation in West Bengal

Father's Occupation	N	Minimal depression	Mild depression	Moderate depression	Severe depression	df	χ^2	Asymp Sig
Agriculture	389 100%	135 34.7%	**141** **36.2%**	91 23.4%	22 5.7%	12	34.948	0.000*
Business	677 100%	204 30.1%	**274** **40.5%**	140 20.7%	59 8.7%			
Private job	315 100%	120 38.1%	**121** **38.4%**	52 16.5%	22 7.0%			
Government job	189 100%	45 23.8%	**66** **34.9%**	55 29.1%	23 12.2%			
Labour	371 100%	125 33.7%	**138** **37.2%**	91 24.5%	17 4.6%			
Total	1941	629	740	429	143			

Figure: 4.2.9.a: Showing the existing Levels of Depression of students with respect to Father's Occupation in West Bengal.



Interpretation

- **Minimal depression**: agriculture (n=135, 34.7% are in Minimal Depression); business (n=204, 30.1% are in Minimal Depression); private job (n=120, 38.1% are in Minimal

Depression); government job (n=45, 23.8% are in Minimal Depression), labour (n=125, 33.7% are in Minimal Depression).

- **Mild depression:** agriculture (n=141, 36.2% are in Mild Depression); business (n=274, 40.5% are in Mild Depression); private job (n=121, 38.4% are in Mild Depression); government job (n=66, 34.9% are in Mild Depression), labour (n=138, 37.2% are in Mild Depression).
- **Moderate depression** agriculture (n=91, 23.4% are in Moderate Depression); business (n=140, 20.7% are in Moderate Depression); private job (n=52, 16.5% are in Moderate Depression); government job (n=55, 29.1% are in Moderate Depression), labour (n=91, 24.5% are in Moderate Depression).
- **Severe depression** agriculture (n=22, 5.7% are in Severe Depression); business (n=59, 8.7% are in Severe Depression); private job (n=22, 7.0% are in Severe Depression); government job (n=23, 12.2% are in Severe Depression), labour (n=17, 4.6% are in Severe Depression).

A chi-square test of independence was computed between the levels of depression and level of education. A statistically significant dependency was found **(χ^2-34.948, df-12, p-0.000, p<0.05**).

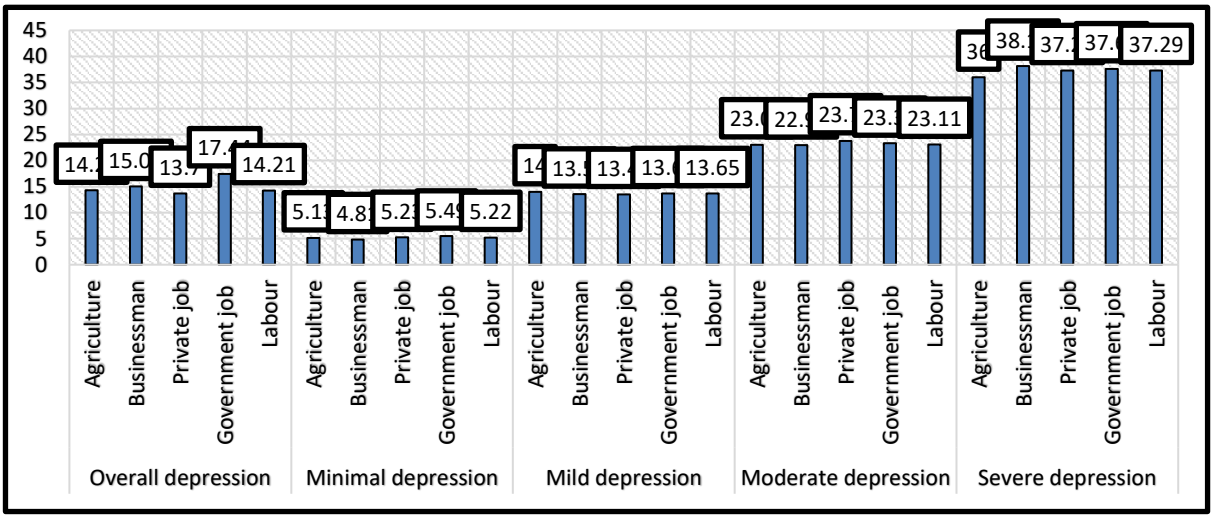
Result: There is a significant relationship found between the existing Levels of Depression and the Father's Occupation of students to West Bengal. All students whose father's occupation are agriculture, business, private job, government job, and labour they all fall under Mild Depression Level.

Table 4.2.9.b: ANOVA showing the Existing Level of Depression and Father's Occupation

Level of Depression	Father Occupation	N	Mean	SD	F	Sig.	Remarks
Minimal depression	Agriculture	135	5.13	2.69	1.037	0.387	NS
	Businessman	204	4.81	2.71			
	Private job	120	5.23	2.40			
	Government job	45	**5.49**	2.50			
	Labour	125	5.22	2.44			
Mild depression	Agriculture	141	14.00	2.46	.921	.451	NS
	Businessman	274	13.55	2.62			
	Private job	121	13.48	2.33			
	Government job	66	**13.65**	2.19			
	Labour	138	13.65	2.70			
Moderate depression	Agriculture	91	23.01	3.06	.806	.522	NS
	Businessman	140	22.97	2.91			
	Private job	52	**23.79**	3.14			
	Government job	55	23.33	2.86			
	Labour	91	23.11	3.11			
Severe depression	Agriculture	22	36.00	6.90	.320	.864	NS
	Businessman	59	**38.12**	7.85			
	Private job	22	37.27	6.23			
	Government job	23	37.61	8.94			
	Labour	17	37.29	7.26			
Overall depression	Agriculture	389	14.28	9.12	5.175	.000*	*S
	Businessman	677	15.01	10.19			
	Private job	315	13.70	9.58			
	Government job	189	**17.44**	10.68			
	Labour	371	14.21	8.99			

*S-Significant; NS-Not Significant

Figure: 4.2.9.b: Showing mean difference the Father's Occupation and Level of Depression



Interpretation:

- **Overall depression**: Students whose fathers are in Govt. job (n=189; m=17.44) scored higher in overall depression than students whose fathers are in agriculture (n=389; m=14.28), students whose fathers are in business (n=677; m=15.01), students whose fathers are in private job (n=315; m=13.70) and students whose fathers are a daily labour (n=371; m=14.21) and the difference was statistically significant (F=5.175; p<0.05).
- **Minimal depression**: Students whose fathers are in Govt. job (n=45; m=5.49) scored higher in minimal depression than Students whose fathers are in agriculture (n=135; m=5.13), Students whose fathers are in business (n=204; m=4.81), Students whose fathers are in private job (n=120; m=5.23) and Students whose fathers are daily labour (n=125; m=5.22) and the difference was statistically not significant (F=1.037; p>0.05).
- **Mild depression**: Students whose fathers are in Govt. job (n=66; m=13.65) scored higher in mild depression than Students whose fathers are in agriculture (n=141; m=14.00), Students whose fathers are in business (n=274; m=13.55), Students whose

fathers are in private job (n=121; m=13.48), Students whose fathers are daily labour (n=138; m=13.65) and the difference was statistically not significant (F=0.921; p>.05).

- **Moderate depression**: Students whose fathers are in Private job (n=52; m=23.79) scored higher in moderate depression than Students whose fathers are in agriculture (n=91; m=23.01), Students whose fathers are in business (n=140; m=22.97), Students whose fathers are in govt. job (n=55; m=23.33) and Students whose fathers are a daily labour (n=91; m=3.11) and the difference was statistically not significant (F=0.806; p>0.05).

Severe depression: Students whose fathers are in Business (n=59; m=38.12) scored higher in severe depression than Students whose fathers are in agriculture (n=22; m=36.00), Students whose fathers are in govt. job (n=23; m=37.61), Students whose fathers are in private job (n=22; m=37.27) and Students whose fathers are a daily labour (n=17; m=37.29) and the difference was statistically not significant (F=0.320; p>0.05).

From the above analysis it is evident that except in Minimal, Mild, Moderate and Severe Depression there is a significant variance in Overall Levels of Depression and Father's Occupation.

Hypotheses testing-

There were six sub analyses of the hypothesis among which four was found to have statistically significant difference within the levels which is more than fifty percent of all the sub analysis under the hypothesis 9. Therefore, it can be concluded that the major hypothesis ($H_0$9) be accepted on ground of having more than fifty percent of sub-hypotheses could not stand with statistically significant results. Hence the Null Hypothesis: $H_0$9 – '*There is no significant relationship between the existing Levels of Depression and Father's Occupation of students in West Bengal'* is refuted.

4.2.10 Existing Levels of Depression of students with respect to the Mother's Occupation

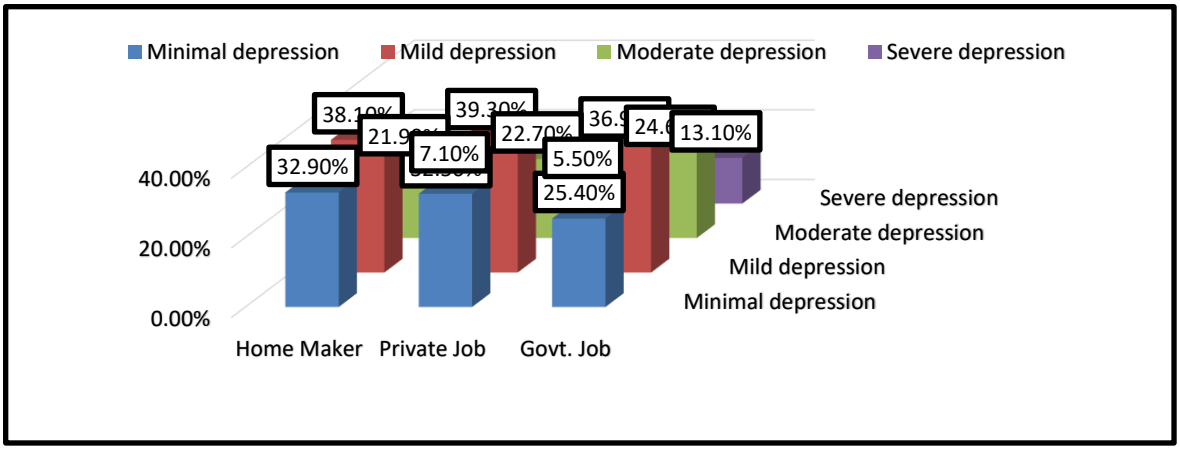
Objective 10*: To examine the existing Levels of Depression with respect to Mother's Occupation of students in West Bengal.*

H₀10: *– There is no significant relationship between the Existing Levels of Depression and Mother's Occupation of students in West Bengal*

Table 4.2.10.a: Chi-square showing the existing Levels of Depression of students with respect to Mother's Occupation in West Bengal

Mother's Occupation	N	Minimal depression	Mild depression	Moderate depression	Severe depression	df	χ^2	Asymp Sig
Home Maker	1656 100%	545 32.9%	631 **38.1%**	362 21.9%	118 7.1%	6	8.845	0.182
Private Job	163 100%	53 32.5%	64 **39.3%**	37 22.7%	9 5.5%			
Govt. Job	122 100%	31 25.4%	45 **36.9%**	30 24.6%	16 13.1%			
Total	1941	629	740	429	143			

Figure:4.2.10.a: Showing Existing Levels of Depression of students with respect to the Mother's Occupation.



Interpretation

- **Minimal depression**: Students whose mothers are Home maker (n=545, 32.9%); Students whose mothers are in Private job (n=53, 32.5%); Students whose mothers are in Government job (n=31, 25.4%);
- **Mild depression:** Students whose mothers are Home maker (n=631, 38.1%); Students whose mothers are in Private job (n=64, 39.3%); Students whose mothers are in govt. job (n=45, 36.9%);
- **Moderate depression**: Students whose mothers are Home maker (n=362, 21.9%); Students whose mothers are in private job (n=37, 22.7%); Students whose mothers are in govt. job (n=30, 24.6%);
- **Severe depression:** Students whose mothers are Home maker (n=118, 7.1%); Students whose mothers are in private job (n=9, 5.5%); Students whose mothers are in govt. job (n=16, 13.1%).

A chi-square test of independence was computed between the levels of depression and level of education. A statistically significant dependency was not found **(χ^2-8.845, df-6, p-0.182, p>0.05**).

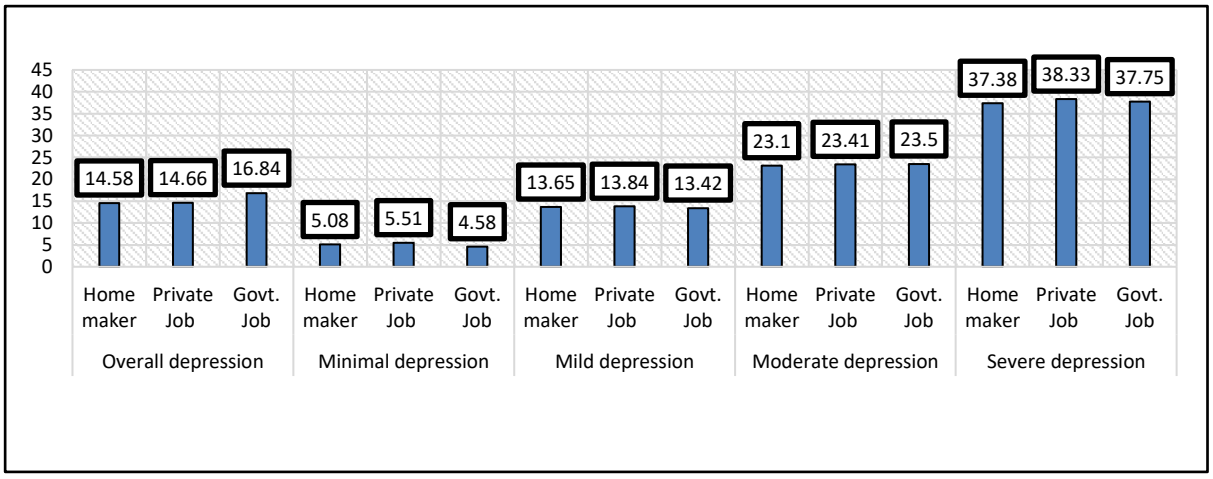
Result: There is no significant relationship found between the existing Levels of Depression and Mother's Occupation of students in West Bengal. All students whose mother's occupation are home maker, private job & government job they all fall under Mild depression Level.

Table 4.2.10.b: ANOVA showing the Mother's Occupation and Level of Depression

Level of Depression	Mother's Occupation	N	Mean	SD	F	Sig.	Remarks
Minimal depression	Home maker Private Job Govt. Job	545 53 31	5.08 **5.51** 4.58	2.54 2.79 2.89	1.310	0.271	NS
Mild depression	Home maker Private Job Govt. Job	631 64 45	13.65 **13.84** 13.42	2.55 2.49 2.28	0.371	0.690	NS
Moderate depression	Home maker Private Job Govt. Job	362 37 30	23.10 23.41 **23.50**	2.93 3.24 3.67	.385	.681	NS
Severe depression	Home maker Private Job Govt. Job	118 9 16	37.38 **38.33** 37.75	7.44 8.57 8.12	.077	.926	NS
Overall depression	Home maker Private Job Govt. Job	165 163 122	14.58 14.66 **16.84**	9.66 9.34 11.27	3.060	.047	*S

*S-Significant; NS-Not Significant

Figure: 4.2.10.b: Showing mean difference the Mother's Occupation and Level of Depression



Interpretation:

- **Overall depression**: Students whose mothers are in Government Job (n=122; m=16.84) scored higher in overall depression than students whose mothers are

homemaker (n=165; m=14.58) and students whose mothers are in private jobs (n=163; m=14.66) and the difference was statistically significant (F=3.060; p<0.05).

- **Minimal depression**: Students whose mothers are Private Job (n=53; m=5.51) scored higher in minimal depression than students whose mothers are homemaker (n=545; m=5.08) and students whose mothers are in Government Job (n=31; m=4.58) and the difference was statistically not significant (F=1.310; p>0.05).
- **Mild depression**: Students whose mothers are in Private Job (n=64; m=13.84) scored higher in mild depression than students whose mothers are homemaker (n=631; m=13.65) and students whose mothers are in Government Job (n=45; m=14.42) and the difference was statistically not significant (F=0.371; p>0.05).
- **Moderate depression**: Students whose mothers are in Government Job (n=30; m=23.50) scored higher in moderate depression than students whose mothers are homemaker (n=362; m=23.10) and students whose mothers are in Private Job (n=37; m=23.41) and the difference was statistically not significant (F=0.385; p>0.05).
- **Severe depression**: Students whose mothers are in Private Job (n=9; m=38.33) scored higher in severe depression than students whose mothers are homemaker (n=118; m=37.38) and students whose mothers are in Government Job (n=16; m=37..75) and the difference was statistically not significant (F=0.077; p>0.05).

From the above analysis it is evident that except minimal, mild, moderate and severe depression there stands a significant difference in Overall Levels of Depression and Mother's Occupation. It was found that students whose Mother's Occupation is Government Job they tend to show higher Level of Depression than those who are Home Makers and those who work in Private Job.

Hypotheses testing-

There were six sub analyses of the hypothesis among which four was found to have statistically significant difference within the levels which is more than fifty percent of all the sub analysis under the hypothesis 10. Therefore, it can be concluded that the major hypothesis ($H_0$10) be accepted on ground of having more than fifty percent of sub-hypotheses could not stand with statistically significant results. Hence, the Null Hypothesis: $H_0$10 – *'There is no significant relationship between the existing Levels of Depression and Mother's Occupation of students in West Bengal'* is partially rejected.

When seen in terms of levels of depression it was found that the level of depression is not significantly dependent on the level of mother's occupation, but when seen in terms of depression score, there was found statistically significant mean difference across the level of mother's occupation. In light of the above, we may say that the hypothesis can be partially rejected.

4.2.11 Existing Levels of Depression of students with respect to Family Monthly Income

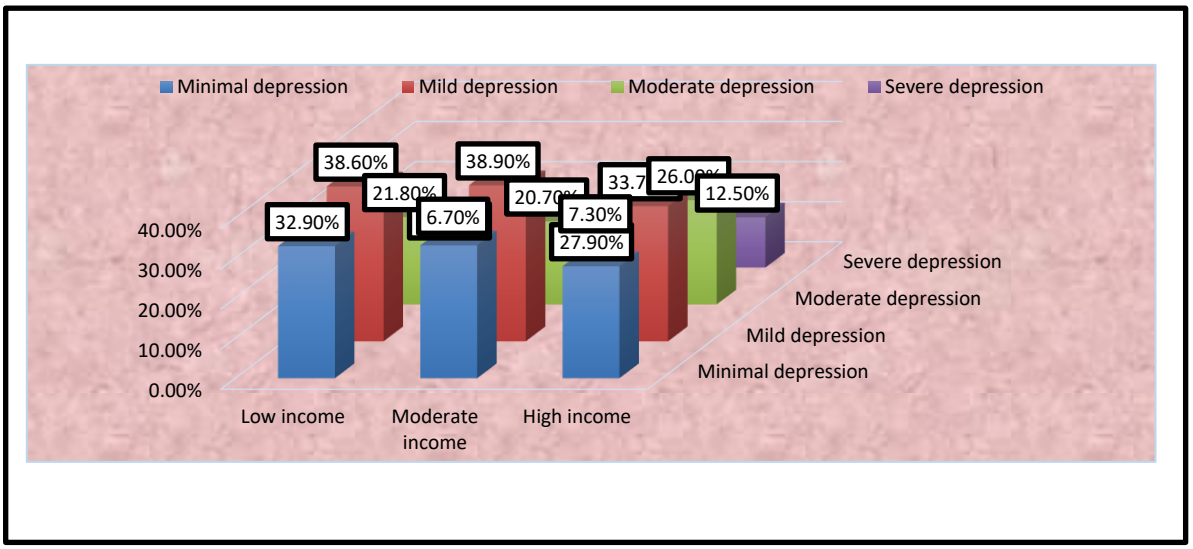
Objective 11*: To examine the existing Levels of Depression with respect to Family Monthly Income of students in West Bengal.*

$H_0$11: *– There is no significant relationship between the Existing Levels of Depression and Family Monthly Income of students in West Bengal*

Table 4.2.11.a: Chi-square showing the existing Levels of Depression of students with respect to Family Monthly Income in West Bengal

Family Monthly Income	N	Minimal depression	Mild depression	Moderate depression	Severe depression	df	χ^2	Asymp Sig
Low income	1457 100%	480 32.9%	563 **38.6%**	317 21.8%	97 6.7%	6	12.868	0.045*
Moderate income	275 100%	91 33.1%	107 **38.9%**	57 20.7%	20 7.3%			
High income	208 100%	58 27.9%	70 **33.7%**	54 26.0%	26 12.5%			
Total	1941	629	740	429	143			

Figure: 4.2.11.a: Showing the existing Levels of Depression of students with respect to Family Monthly Income in West Bengal



Interpretation:

- **Minimal depression**: Low income (n=480, 32.9%); Moderate income (n=91, 33.1% are in Minimal Depression); High income (n=58, 27.9%)

- **Mild depression:** Low income (n=563, 38.6%); Moderate income (n=107, 38.9); High income (n=70, 33.7%);
- **Moderate depression**: Low income (n=317, 21.8%); Moderate income (n=57, 20.7%); High income (n=26, 12.58%);
- **Severe depression:** Low income (n=97, 6.7%); Moderate income (n=20, 7.3%); High income (n=26, 12.5%);

A chi-square test of independence was computed between the Levels of Depression and Family Monthly Income. A statistically significant dependency was found **(χ^2- 12.868, df - 3, p - 0.045, p < 0.05**).

Results: A significant association found between Family Monthly Income and the existing Levels of Depression of students in West Bengal. All students who belong to all the different high, moderate and low family monthly income are all on Mild Depression Level.

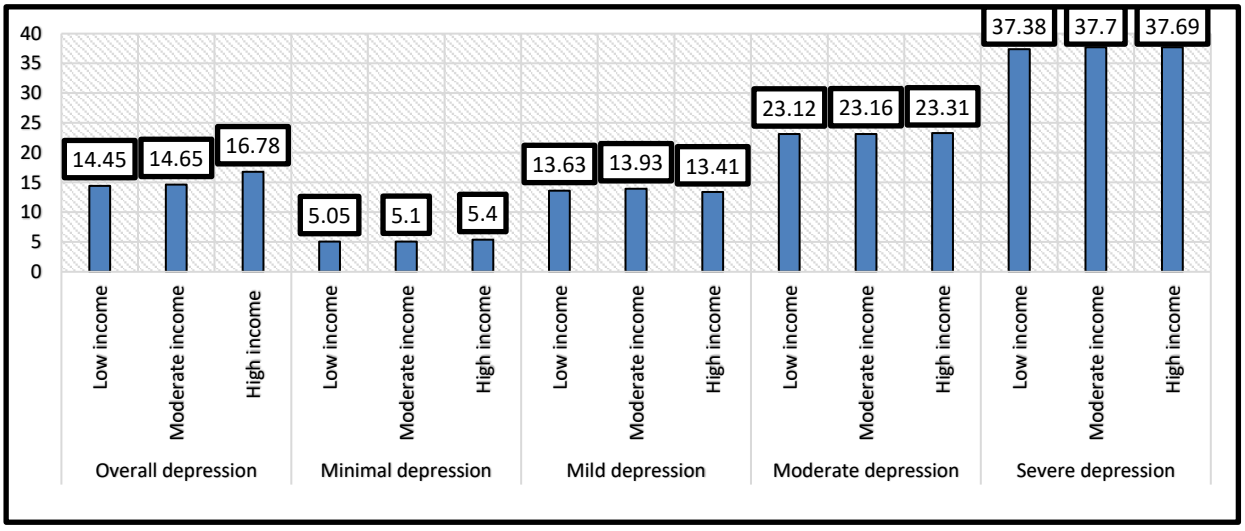
Table 4.2.11.b: ANOVA showing the Family Monthly Income and Level of Depression

Level of Depression	Family Monthly Income	N	Mean	SD	F	Sig.	Remarks
Minimal depression	Low income Moderate income High income	480 91 58	5.05 5.10 **5.40**	2.65 2.45 2.24	.471	.625	NS
Mild depression	Low income Moderate income High income	563 107 70	13.63 **13.93** 13.41	2.54 2.40 2.50	1.005	.366	NS
Moderate depression	Low income Moderate income High income	317 57 54	23.12 23.16 **23.31**	2.96 3.15 3.22	.093	.911	NS
Severe depression	Low income	97 20	37.38 **37.70**	7.46 8.67	.027	.974	NS

	Moderate income High income	26	37.69	7.19			
Overall depression	Low income Moderate income High income	1457 275 208	14.45 14.65 **16.78**	9.55 9.79 10.89	5.244	.005*	*S

*S-Significant; NS-Not Significant

Figure:4.2.11.b Showing mean difference the Family Monthly Income and Level of Depression



Interpretation:

- **Overall depression**: Students with High Family Income (n=208; m=16.78) scored higher in overall depression than students with low family income (n=1457; m=14.45) and students with moderate family income (n=275; m=14.65) and the difference was statistically significant (F=5.244; p<0.05).
- **Minimal depression**: Students with high family income (n=58; m=5.40) scored higher in minimal depression than students with low family income (n=480; m=5.05) and students with moderate family income (n=91; m=5.10) and the difference was statistically not significant (F=0.471; p>0.05).

- **Mild depression**: Students with moderate family income (n=107; m=13.93) scored higher in mild depression than students with low family income (n=563; m=13.63) and students with high family income (n=70; m=13.41) and the difference was statistically not significant (F=1.005; p>0.05).
- **Moderate depression**: Students with high family income (n=54; m=23.31) scored higher in moderate depression than students with low family income (n=317; m=23.12) and students with moderate family income (n=57; m=23.16) and the difference was statistically not significant (F=0.093; p>0.05).
- **Severe depression**: Students with moderate family income (n=20; m=37.70) scored higher in severe depression than students with low family income (n=97; m=37.38) and students with high family income (n=26; m=37.69) and the difference was statistically not significant (F=0.027; p>0.05).

From the above analysis it is evident that except in Minimal, Mild, Moderate and Severe depression a significant difference in Overall Levels of Depression was found with the Family Monthly Income.

Hypotheses testing-

There were six sub analyses of the hypothesis among which four was found to have statistically significant difference within the levels which is more than fifty percent of all the sub analysis under the hypothesis 11. Therefore, it can be concluded that the major hypothesis ($H_0$11) be accepted on ground of having more than fifty percent of sub-hypotheses could not stand with statistically significant results. Thus the Null Hypothesis: $H_0$11 – '*There is no significant relationship between the existing Levels of Depression and Family Monthly Income of students in West Bengal'* is refuted.

4.2.12 Existing Levels of Depression of students with respect to the Academic Achievement

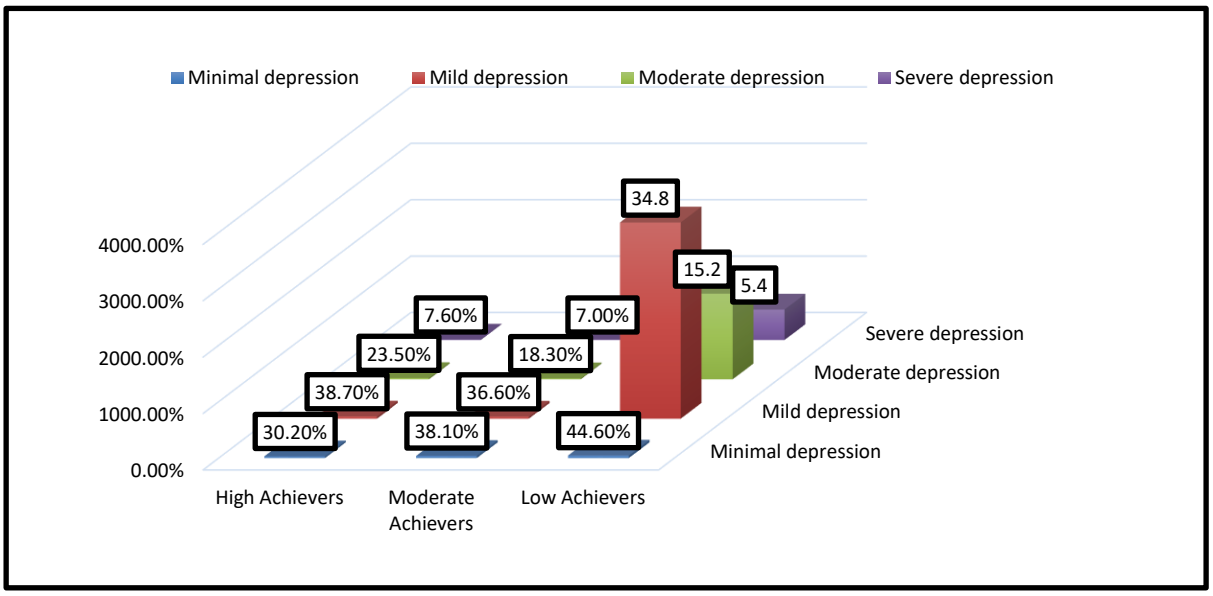
Objective 12*: To examine the existing Levels of Depression with respect to Academic Achievement of students in West Bengal.*

$H_0$12: *– There is no significant relationship between the Existing Levels of Depression and Academic Achievement of students in West Bengal*

Table 4.2.12.a: Chi-square showing the existing Levels of Depression of students with respect to Academic Achievement in West Bengal

Academic Achievement	**N**	**Minimal depression**	**Mild depression**	**Moderate depression**	**Severe depression**	**df**	**χ^2**	**Asymp Sig**
High Achievers	1501 100 % 	454 30.2%	581 **38.7%**	352 23.5%	114 7.6%	6	17.881	0.007*
Moderate Achievers	328 100 % 	125 **38.1%**	120 36.6%	60 18.3%	23 7.0%			
Low Achievers	112 100 % 	50 **44.6%**	39 34.8	17 15.2	6 5.4			
Total	**1941**	**629**	**740**	**429**	**143**			

Figure: 4.2.12.a: Showing the existing Levels of Depression of students with respect to Academic Achievement in West Bengal



Interpretation:

- **Minimal depression**: High Achiever students (n=454, 30.2%); Moderate Achiever Students (n=125, 38.1%); Low Achiever Students (n=50, 44.6%).

- **Mild depression:** High achiever students (n=581, 38.7%); Mild achiever Students (n=120, 36.6%); low achiever Students (n=39, 34.8%).

- **Moderate depression** High achievers students (n=352, 23.5%); Moderate achiever Students (n=60, 18.3%); Low achiever Students (n=17, 15.2%).

- **Severe depression:** High achiever students (n=114, 7.6%); Moderate achiever Students (n=23, 7.0%); low achievers Students (n=6, 5.4%).

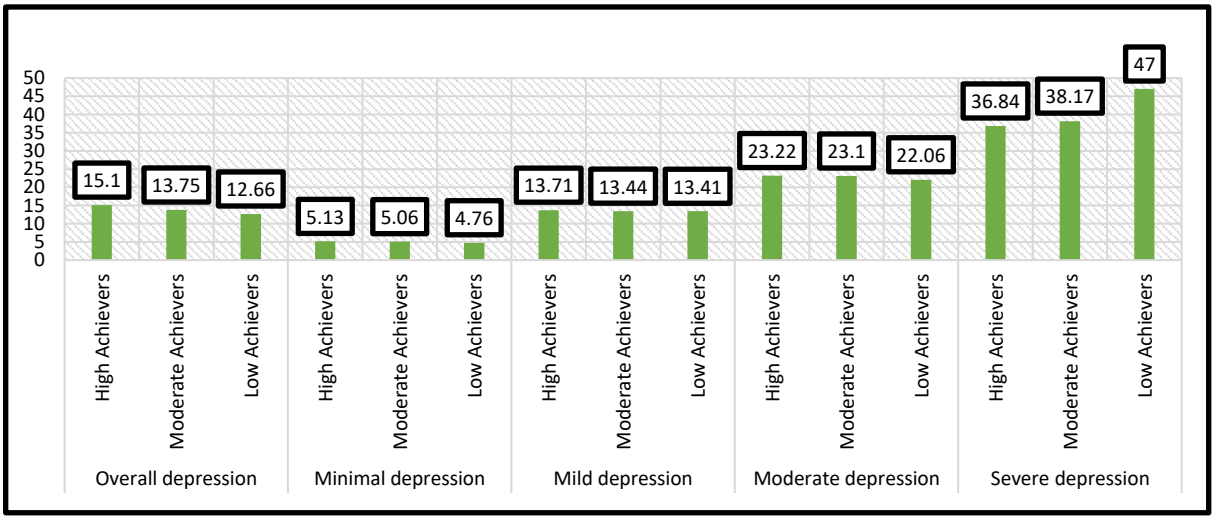
A chi-square test of independence was computed between the Levels of Depression and Level of Education. A statistically significant dependency was found **(χ^2-17.881, df-6, p-0.007*, p<0.05**). Students who are High Achievers are on Mild Depression Level. Students who were Moderate achievers and Low achievers are on Minimal Depression Level.

Result: There is a significant relationship found between the existing Levels of Depression and the Academic Achievement of students in West Bengal. Students who are High Achievers are on higher level of Depression compared to Low and Moderate Achievers.

Table 4.2.12.b: ANOVA showing the Academic Achievement and Level of Depression

Level of Depression	Academic Achievement	N	Mean	SD	F	Sig.	Remarks
Minimal depression	High Achievers Moderate Achievers Low Achievers	454 125 50	5.13 5.06 4.76	2.69 2.34 2.08	.467	.627	NS
Mild depression	High Achievers Moderate Achievers Low Achievers	581 120 39	13.71 13.44 13.41	2.55 2.37 2.51	.763	.467	NS
Moderate depression	High Achievers Moderate Achievers Low Achievers	352 60 17	23.22 23.10 22.06	2.95 3.24 3.28	1.209	.299	NS
Severe depression	High Achievers Moderate Achievers Low Achievers	114 23 6	36.84 38.17 47.00	7.19 7.17 9.92	5.632	.004	*S
Overall depression	High Achievers Moderate Achievers Low Achievers	1501 328 112	15.10 13.75 12.66	9.664 9.82 10.75	5.288	.005*	*S

Fig: 4.2.12.b: Showing mean difference the Academic Achievement and Level of Depression



Interpretation:

- **Overall depression**: High achievers (n=1501; m=15.10) scored higher in overall depression than moderate achievers (n=328; m=13.75) and low achievers (n=112; m=12.66) and the difference was statistically significant (F=5.288; p<0.05).
- **Minimal depression**: High achievers (n=454; m=5.13) scored higher in minimal depression than moderate achievers (n=125; m=5.06) and low achievers (n=50; m=4.76) and the difference was statistically not significant (F=0.467; p>0.05).

- **Mild depression**: High achievers (n=581; m=13.71) scored higher in mild depression than moderate achievers (n=120; m=13.44) and low achievers (n=39; m=13.41) and the difference was statistically not significant (F=0.763; p>0.05).

- **Moderate depression**: High achievers (n=352; m=23.22) scored higher in moderate depression than moderate achievers (n=60; m=23.10) and low achievers (n=17; m=22.06) and the difference was statistically not significant (F=1.209; p>0.05).

- **Severe depression**: Low achievers (n=6; m=47.00) scored higher in severe depression than moderate achievers (n=23; m=38.17) and high achievers (n=114; m=36.84) and the difference was statistically significant (F=5.632; p<0.05).

From the above analysis it is evident that except Minimal, Mild and Moderate Levels of Depression there is a significant difference found in Overall and Severe Levels of Depression with respect to Academic Achievements of students.

Hypotheses testing-

There were six sub analyses of the hypothesis among which four was found to have statistically significant difference within the levels which is more than fifty percent of all the sub analysis under the hypothesis 12. Therefore, it can be concluded that the major hypothesis ($H_0$12) be accepted on ground of having more than fifty percent of sub-hypotheses could not stand with statistically significant results. Hence, the Null Hypothesis: $H_0$12 – *'There is no significant relationship between the existing Levels of Depression and Academic Achievement of students in West Bengal*' is refuted.

CHAPTER V DISCUSSION AND CONCLUSION

CHAPTER V

DISCUSSION AND CONCLUSION

5.1 Introduction

The sections titled "Results" and "Discussion" have significant importance inside a thesis. The "Results" section presents the study results in an unbiased manner, devoid of any interpretation, so providing a comprehensive overview of the collected data. The provided information establishes the empirical foundation for the next parts. Conversely, the "Discussion" section provides an in-depth analysis and interpretation of the aforementioned results. In this instance, the researcher provides a contextual framework for the findings, including them into the existing body of knowledge, and extrapolating its wider implications. This part also facilitates critical examination, by comparing the findings with previous studies and emphasizing the practical or theoretical importance of the study. Additionally, the study suggests potential avenues for future research, establishing links between the study's findings and broader scholarly discussions. Fundamentally, the section labeled "Results" presents the unprocessed data, while the section labeled "Discussion" ascribes significance to the data, so guaranteeing that the thesis is grounded in empirical evidence and has a comprehensive interpretive framework.

5.2 Findings of the study

1. There is a significant relationship found in the Level of Education and the existing Levels of Depression of students in West Bengal.

2. There is a significant relationship found between Gender and the Existing Levels of Depression of students in West Bengal.

3. There is a significant relationship found between the Minority status and the existing Levels of Depression of students in West Bengal.

4. There is a significant relationship found between the Family type and existing Levels of Depression of students in West Bengal.

5. There is a significant relationship found between the Locality of institution and existing Levels of Depression of students in West Bengal.

6. There is a significant relationship found between the Stream of Study and the existing Levels of Depression of students in West Bengal.

7. There is a significant relationship found between the Father's Educational Qualification and the existing Levels of Depression of students in West Bengal.

8. There is a significant relationship found between the Mother's Educational Qualification and the existing Levels of Depression of students in West Bengal.

9. There is a significant relationship found between the Father's Occupation and the existing Levels of Depression of students to West Bengal.

10. There is no significant relationship found between Mother's Occupation and the existing Levels of Depression of students in West Bengal.

11. There is a significant relationship found among Family Monthly Income and the existing Levels of Depression of students in West Bengal.

12. There is a significant relationship found between the Academic Achievement and the existing Levels of Depression of students in West Bengal.

5.3 Summary of Findings

A chi-square test of independence was computed between the levels of depression and level of education. A statistically significant dependency was found **(χ^2-112.576, df-3, p-0.000, p<0.05**). Higher Education Level Students are higher than School Education Level in the existing Level of Depression. A statistically significant dependency was found between the levels of depression and Gender of students. **(χ^2-48.607, df-3, p-0.000, p<0.05**). The study revealed that female students had a greater level of depression compared to their male counterparts. A substantial statistical association was seen between the degrees of depression and the amount of schooling **(χ^2-12.033, df-3, p-0.007, p<0.05**). Research has shown that students who identify as non-minority exhibit greater levels of depression compared to those who identify as belonging to a minority group. A considerable statistical association was seen between the degrees of depression and the amount of schooling **(χ^2-10.192 df-3, p-0.017*, p<0.05**). Research findings specify that students hailing from mixed family structures exhibit greater levels of depression compared to those from nuclear family backgrounds. A substantial statistical association was seen between the degrees of depression and the amount of schooling **(χ^2-**

17.878 df-3, p-0.000*, p<0.05). The study revealed that students attending urban institutions show greater levels of depression compared to those attending rural institutions. A substantial statistical association was seen between the degrees of depression and the amount of schooling **(χ^2-145.965, df-3, p-0.000*, p<0.05**). The study revealed that students pursuing arts and scientific disciplines have a greater prevalence of depression compared to their counterparts in commerce and school-related fields. A substantial statistical association was seen between the degrees of depression and the amount of schooling **(χ^2 - 22.634, df - 12, p -0.031*, p < 0.05).** The study discovered that students whose fathers are illiterate exhibited lower levels of depression compared to students whose fathers had received some level of education in primary, secondary, higher secondary, and higher education. This suggests that students with educated fathers experienced a higher degree of depression than those with illiterate fathers. No statistically significant relationship was found between the levels of depression and amount of education **(χ^2-10.784, df-12, p-0.548*, p>0.05.** The study revealed that students whose mothers have limited or no literacy skills experience minimal levels of depression. Conversely, students whose mothers have received primary, secondary, higher secondary, or higher education exhibit mild levels of depression and demonstrate a higher degree of depressive symptoms compared to students whose mothers are illiterate. A substantial statistical association was seen between the degrees of depression and the amount of schooling **(χ^2-34.948, df-12, p-0.000, p<0.05**). The study revealed that adolescents whose fathers are engaged in occupations related to agriculture, business, private employment, government employment, or labour tend to exhibit symptoms indicative of mild depression. No statistically significant association was seen between the levels of depression and amount of education **(χ^2-8.845, df-6, p-0.182, p>0.05).** The study discovered that adolescents whose mothers are engaged in

occupations such as homemaking, private employment, or government employment tend to exhibit symptoms of mild depression. A substantial statistical association was seen between the levels of depression and the monthly income of families **(χ^2-12.868, df-3, p-0.045, p<0.05**). The study indicated that adolescents from numerous socioeconomic backgrounds, including rich, moderate, and poor family monthly income, display mild levels of depression. A considerable statistical relationship was seen between the levels of depression and the level of education **(χ^2-17.881, df-6, p-0.007*, p<0.05**). The research findings specify that individuals classified as Moderate Achievers exhibit greater levels of depression compared to both High Achievers and Low Achievers in relation to their academic achievements in the region of West Bengal.

5.4 Discussion

1. **Based on Level of Education and the existing Levels of Depression**

The findings are in consonance with the findings of Liem et al. (2010) in his study found a significant relationship in the educational level with depression level. In the study of Naushad et al (2014) found that the prevalence and severity of depression increased substantially with the participants' level of education.

2. **Based on Gender and the Existing Levels of Depression**

The findings are in consonance with the findings of Hamasha et al. (2019) found a significant risk factors of gender for depression. Ghaedi & Kosnin (2014) in his study found a significant association between depression and sex. The study of Gore et al. (1992) revealed that Girls from disadvantaged socioeconomic backgrounds exhibited the highest levels of depressive symptoms. Kumar et al. (2023) in his study revealed that woman in rural and urban areas had higher depressive symptoms than men. The study of

Mukul Baran Mandal (2017) revealed that Girl students scored significantly higher than boy students with respect to depression.

Contrary to the findings Sarokhani et al. (2013) showed that no differences in depression were observed among male and female students. Naushad et al (2014) showed that no association of depression with gender of participants. Kumar et al. (2016) revealed that there stood no significant differences in the mental health among male and female college students. Russell et al. (2013) results revealed that gender had no effect on depression. The study of Avison & Mcalpine(1992) found higher depression among male than female adolescents.

3. Based on Minority status and the existing Levels of Depression

The findings are in consonance with the findings of Jha et al. (2017) the study revealed that the prevalence of depression was higher among students from minority groups. Karmakar & Behera (2017) in his study found a significant difference between minority students with regard to depression.

Contrary to the findings Kumar et al. (2016) in his study discovered no significant disparities in the mental health status of college students based on religion.

4. Based on Family type and existing Levels of Depression

The findings are in consonance with the findings of Mukul Baran Mandal (2017) the results revealed that depression scores of students belonging to nuclear families are higher than those of students belonging to joint families. Chekol et al. (2022) in his study shows that there was a significant association between sex, family size and depression.

Maharaj et al. (2008) result of the study shows that there were strong associations between depression and family structure.

Contrary to the findings the study of Khan et al. (2022) showed that in West Bengal's Paschim Medinipur district, among junior high madrasah pupils, there were no significant differences in Perceived Psychological Stress level in relation to family type.

5. Based on Locality of institution and existing Levels of Depression

In line with the findings of Kumar et al. (2023), a greater proportion of women in rural and urban areas exhibited depressive symptoms than men, as demonstrated by the current study. Shukla et al. (2019) found that rural residents had substantially greater rates of melancholy. Regarding depression, Karmakar and Behera (2017) discovered a significant difference between rural and urban college students. The findings of Raja et al. (2020) indicate that depression is prevalent among school-going urban adolescents in India. The findings of Mandal (2017) revealed that rural students with depression scored lower than urban students with depression.

Contrary to the findings the study of Mohta et al. (2020) his findings indicated that there was no statistically significant prevalence of depression among teenagers residing in rural areas. In a study conducted by Kumar et al. (2016), it has shown that there were no statistically significant variations in the mental health condition of college students based on their geographical location. In their study, Khan et al. (2022) in his study reported that there were no statistically significant discrepancies perceived in the Perceived Psychological Stress levels among the students of junior high madrasah with regard to the locale of their institutions.

6. **Based on Stream of Study and the existing Levels of Depression**

The findings are in consonance with the findings of Karmakar and Behera (2017) who found that there is significant difference exists between science-arts stream students with regard to depression. Naushad et al. (2014) in his study had demonstrated that individuals pursuing a Commerce education had a significantly higher prevalence of depressive symptoms than their counterparts studying in the Science stream. According to the findings of Baviskar et al. (2013), there was a notable disparity in the prevalence of depression among Arts students when compared to their counterparts in the scientific and commerce faculties.

Apart from that no other handful contrary study was found in the same context.

7. **Based on Father's Educational Qualification and the existing Levels of Depression**

The findings are in consonance with the findings of Shukla et al. (2019) whose study showed that there is an advanced prevalence of depression among female adolescent whose fathers have attained at least a graduate college education or possess a doctoral degree or higher. Apart from that no other handful contrary study was found in the same context.

8. **Based on Mother's Educational Qualification and the existing Levels of Depression**

The findings are in consonance with the findings of Shukla et al. (2019) who found that whose mothers were educated up to primary or up to intercollege when compared with illiterate mothers, they were more prone to higher prevalence of depression. Apart from that no other handful contrary study was found in the same context.

9. Based on Father's Occupation and the existing Levels of Depression

Findings showed that children of people who work for the government may be more likely to get depressed because of higher social standards, parent gaps because of work, bureaucratic pressures, and possible stress from moving. Other than that, no other handful supported study was found between the father's Occupation and the existing Levels of Depression of students.

10. Based on Mother's Occupation and the existing Levels of Depression

Finding showed that children of people who work for the government may be more likely to get depressed because of higher social standards, parent absences because of work, bureaucratic pressures, and possible stress from moving. Other than that, no other handful supported study was found between the mother's Occupation and the existing Levels of Depression of students.

11. Based on Family Monthly Income and the existing Levels of Depression

The findings are in consonance with the findings of Gore et al. (1992) who found that Girls from disadvantaged socioeconomic backgrounds exhibited the highest levels of depressive symptoms. In the study of Bukhari, S. R. & Khanam, S.J. (2015) it was found that there was higher level of de-pression in upper-middle socioeconomic status than other socioeconomic statuses. Tancredi, S et al. (2022) in his study showed that higher prevalence of depressive symptoms in students who lost economic resources compared to students with stable economic resources. Apart from that no other handful contrary study was found in the same context.

12. Based on Academic Achievement and the existing Levels of Depression

The findings are in consonance with the findings of Aude Villatte et al. (2017) the study showed that Academic variables were significantly linked to depressive symptoms scores. In the study of Sindhu P et al. (2016) it revealed that low scorers reported higher level of Depression compared to high scorers.

The study of Muhammad et al. (2018) indicated a significant relationship between depression and students' academic performance among undergraduates. The study of Khanam et al. (2015) revealed a substantial difference between male and female students' levels of depression and academic achievement. Park, H. (2014) in his study indicated that the lower school achievement is associated with a depressive mood in Korean elementary students.

Contrary to the findings Yeh et al (2007) revealed that no significant correlation was found between academic achievement and global anxiety and depression.

5.5 Educational Implications

There exists a need to establish a program or service catering to the needs of students in schools and universities, with the primary objective of mitigating the occurrence of depression and enhancing their adjustment to academic and higher educational environments. The provision of support for this particular cohort of students is vital, necessitating the involvement and assistance of both the community and the university administration. Students who are identified as experiencing symptoms of depression should be referred to specialized psychiatric centres for a comprehensive diagnosis. It is central to highlight the status of educating both parents and teachers about depression

relative to the students' well-being. Additionally, there is a need for the development of educational programs targeted towards students, addressing the challenges they may encounter during their academic journey. There is a need to create early detection methods for depression and implement customized preventative programs in order to enhance mental well-being and academic achievement within the school, college, and university demographic. Enhancing the psychological and material aspects, together with facilitating educational opportunities for those with low Socio-Economic Status, may potentially lead to a decrease in the occurrence of depression across the broader community. Gender should be taken into consideration as an additional component in prevention and intervention efforts. It is essential to establish targeted initiatives aimed at the prevention, identification, and intervention of prevalent mental disorders among the youth population.

Numerous interventional studies are required to make a significant contribution towards the implementation of strategies aimed at enhancing the identification and reducing the prevalence of depression among students, both at the undergraduate and postgraduate levels. It is advisable for teaching personnel to strengthen their teaching and communication abilities. There exists a need for enhanced screening procedures, psychoeducational programs, and services to provide improved identification, early intervention, and targeted support for those who are at risk.

The educational attainment level of individuals may have a significant influence on their ability to get healthcare services and ultimately affect their health outcomes. The rising prevalence of depression represents a significant issue within the realm of public health, particularly as it pertains to those with less educational attainment, who have an amplified susceptibility to depressive symptoms. The assessment of depression has

significant importance throughout several sectors of healthcare, including primary care as well as specialized mental health services. The present study aimed to explore the impact of schooling on the psychometric features of self-report measures assessing depressed symptoms.

1. Developing integrated curriculum that encourages students to raise issues and concerns and then weaves those thematically into all disciplines.

2. Using physical challenges to solve problems and build collaboration. Low ropes courses and other physical/mental problem solving involve the mind and body in learning and team building.

3. Yoga and meditation classes should be compulsory for student of any discipline. 4. Using peer collaboration or cooperative learning helps students understanding of issues and promotes group problem solving.

5. Improving students in real life apprenticeships. Students shadow workers in various jobs or learn skill in a short internship that either connects to an area of study or help them to understand one of the problems they have posed themselves and are interested in finding answers.

6. Designing project-based units of study where students ask critical questions and then develop their own projects to find the answers.

7. Using simulations to involve students in understanding various points of view or discussing complex ethical issues.

8. Playing music that links memory to specific learning tasks. Rhythmic patterns are effective memory tools for learning and music is a great medium for facilitating students.

9. Adolescence is the time when teens form their personal identities. It is an age where if streamlined into a proper path with the proper guidance of adults and educators these young people can beautifully emerge as responsible citizens.

10. Depression is a problem to be looked upon carefully. Although it is a common practice to laugh it away seeing their immature young age. They are well aware of their environments. So the environment also affects them. Any untoward upheaval causes them to stress. These in turn results to depression. We as adults have to regularly monitor their behaviour because any negative reaction may be due to some mental depression. Young children currently commit suicides on petty matters which otherwise may be allocated easily. But they easily influence the road-end and do such foolish acts. This must be taken seriously.

11. Girls have to be supervised more carefully because the physiological changes and any slightest hint of any abuse fallouts in stronger reactions of depression. Although boys also report the similar kind of reaction pattern but still girls should be handled more carefully. That does not mean that boys deserve any lesser attention as they can be victims of physical abuse or bullying which in turn can aggravate their depression.

5.6 Recommendation for Further Study

1. The study was conducted on School and Higher Education students. Further investigation could be done on Elementary Children.
2. The present study was focused only students from West Bengal. So further studies can be done with a comparative analysis taking other state and country.
3. Further studies can be done taking the B.Ed teacher trainees, teachers, administrators, management and even parents. Teachers from different level like primary, secondary, senior secondary, college and university level.

4. Beck Depression Inventory-II was used to investigate the levels of depression among students. Further studies can be done taking other scales like DASS.
5. The study focused on the socio-demographic variables. More studies could be done on other Psychological variables like Motivation, Emotional competence, social competence, Parenting Style, Value Conflict, Welbeing, Personality, Self Awarenss, Critical and Creative Thinking, Spiritual Intelligence etc.
6. Experimental study and studies pertaining to interventions for solving issues related to Depression can be conducted. A study can be effectively done on depression to suggest rightful interventions for this younger group.
7. Further studies can be done with Government, Semi-Government and Private Sector employees.
8. Further studies can be done on the remedial actions and treatment of Depression through different Meditations, Counselling, Psychotherapy etc.
9. Further studies can be done on the Literacy of Depression among Students, Teachers, Administrators, Head of the Institutions etc.
10. Further studies can be done on Students from ICSE, CBSE, Kendra Vidyalayas, Sainik School, Distance Education like IGNOU, NIOS etc.
11. For generalizing the result of the present study further studies may be conducted on larger sample size taking different districts and states.
12. Further studies can be done on the impact of age, community, living status, family environment on level of Depression.
13. More studies can be done to change the way of viewing depression in the society.
14. More studies can be done on different strategies and awareness about the treatments of depressive students.
15. More studies can be done on altering the society's attitude towards the depression.

16. More studies can be done on creating a happy school and family environment.

BIBLIOGRAPHY

BIBLIOGRAPHY

Abdollahi, A. Talib, M. A. & Motalebi, S. A. (2015). Emotional Intelligence and Depressive Symptoms as Predictors of Happiness among Adolescents. *Iranian Journal of Psychiatry and Behavioural Sciences,* 9(4).

Abramson, L. Y., Seligman, M. E., & Teasdale, J. D. (1978). Learned helplessness in humans: critique and reformulation. *Journal of abnormal psychology, 87(1)*, 49.

Ahmad, A. &Mazlan., N. H. (2014). Stress and depression: A comparison study between men and women inmates in Peninsular Malaysia. *International Journal of Humanities and Social Science*, 4(2):153-160

Allgood-Merten, B., Lewinsohn, P. M., & Hops, H. (1990). Sex differences and adolescent depression. *Journal of Abnormal Psychology,* 99(1), 55–63. https://doi.org/10.1037/0021-843X.99.1.55

Alloy, L. B., Abramson, L. Y., Whitehouse, W. G., Hogan, M. E., Tashman, N. A., Steinberg, D. L., & Donovan, P. (1999). Depressogenic cognitive styles : Predictive validity, information processing and personality characteristics, and developmental origins. *Behavior research and therapy, 37(6)*, 503-531.

Anda, R.F., Williamson, D.F., Escobedo, L.G., Mast, E.E., Giovino, G.A., Remington, P.L. (1990). Depression and the Dynamics of Smoking: A National Perspective. *JAMA*.264(12):1541–1545. doi:10.1001/jama.1990.03450120053028

Andrus, B.M., Blizinsky, K., Vedell, P.T. et al. (2012). Gene expression patterns in the hippocampus and amygdala of endogenous depression and chronic stress models. *Mol Psychiatry,* 2012;17(1):49-61. doi:10.1038/mp.2010.119

Apfel, J. L. (2003). Depression and Its Treatments: A College Sample. *Journal of College Student Psychotherapy,* 18(2), 67–81. https://doi.org/10.1300/J035v18n02_06

Armstrong, S., &Oomen-Early, J. (2009). Social connectedness, self-esteem, and depression symptomatology among collegiate athletes versus nonathletes. *Journal of American college health:J of ACH,* 57(5), 521–526. https://doi.org/10.3200/JACH.57.5.521-526

Assariparambil, A. R., Noronha, J. A., Kamath, A., Adhikari, P., Nayak, B. S., Shankar, R., & George, A. (2021). Depression among older adults: a systematic review of South Asian countries. *Psychogeriatrics: the official journal of the Japanese Psychogeriatric Society,* 21(2), 201–219. https://doi.org/10.1111/psyg.12644

Avison, W. R., & Mcalpine, D. D. (1992). Gender differences in symptoms of depression among adolescents. *Journal of health and social behavior,* 33(2), 77–96.

Beck, A. T. (1967). *Depression: Causes and treatment*. Philadelphia: University of Pennsylvania Press.

Beck, A. T., Epstein, N., & Harrison, R. (1983). Cognitions, attitudes and personality dimensions in depression. *British Journal of Cognitive Psychotherapy*.

Bibring, E. (1953). The mechanism of depression. In P. Greenacre (Ed.), Affective disorders; psychoanalytic contributions to their study (pp. 13–48). International Universities Press.

Biswas, A. (2022). Effectiveness of group mindfulness intervention on student awareness anxiety stress and depression at various levels in education. Ph.D. Thesis, Department of Education, Jadavpur University, West Bengal, India.

Bitsika, V., Sharpley, C. F., & Melham, T. C. (2009). Gender Differences in Factor Scores of anxiety and Depression among Australian University Students: Implications for Counselling Interventions. *Canadian Journal of Counselling and Psychotherapy*, 44(1). Retrieved from https://cjc-rcc.ucalgary.ca/article/view/58945

Bolwig, T.G., Fink M. Electrotherapy for melancholia: The pioneering contributions of Benjamin Franklin and Giovanni Aldini. *J ECT*. 2009;25(1):15-8.doi: 10.1097/YCT.0b013e318191b6e3

Brink A. (1979). Depression and loss: A theme in Robert Burton's "Anatomy of Melancholy" (1621). *Can J Psychiatry*.;24(8):767-72. doi: 10.1177/070674377902400811

Brown, G. W., & Harris, T. (1978). Social origins of depression: a reply. *Psychological Medicine, 8(04)*, 577-588.

Bukhari, S. R. & Khanam, S.J. (2015). Prevalence Of Depression in University Students Belonging to Different Socioeconomic Status. Journal of Postgraduate Medical Institute.

Carveth, M., Gesse, P., & Moss, M. (1996). Barriers to Higher Education for Individuals with Educational Demand. *Psychiatry Rehabilitation J*. 217–31.

Chalo, P., Pereira, A., Batista, P., & Sancho, L. (2017). Brief Biofeedback Intervention on Anxious Freshman University Students.: EBSCOhost. *Applied Psychophysiology Biofeedback.* http://web.a.ebscohost.com/ehost/pdfviewer/pdfviewer?vid=0&sid=13ad56ec-324c-49fa916d-fb1086ee7bb4%40sessionmgr4008

Chaplin, T. M., Gillham, J. E., & Seligman, M. E. (2009). Gender, Anxiety, and Depressive Symptoms: A Longitudinal Study of Early Adolescents. *The Journal of early adolescence*, 29(2), 307–327. https://doi.org/10.1177/0272431608320125

Chauhan, S., Srivastava, S., Kumar, P., Patel, R., Dhillon, P. (2020). Interaction of substance use withphysical activity and its effect on depressive symptoms among adolescents. *J SubstAbus*.0(0):1–7.

Chodoff, P. (1972). The depressive personality: A critical review. *Archives of General Psychiatry, 27(5)*, 666-673.

Christensson, A., Vaez., M., Dickman., P.&Runeson., B. (2010). Self-reported depression in first-year nursing students in relation to socio-demographic and educational factors: A nationwide cross-sectional study in Sweden. *Social psychiatry and psychiatric epidemiology.* 46. 299-310. 10.1007/s00127-010-0198-y.

Clayborne, Z.M., Varin, M., Colman, I. (2019) Systematic review and meta-analysis: adolescent depression and long-term psychosocial outcomes. *J Am Acad Child Adolesc Psychiatry* 58(1):72–79. https://doi.org/10.1016/j.jaac.2018.07.896

Cleveland Clinic. (2023). https://my.clevelandclinic.org/health/diseases/9290-depression.

Costello, E.J., Egger, H., Angold, A. (2005) 10-year research update review: the epidemiology of child and adolescent psychiatric disorders: I. Methods and public health burden. *J Am Acad Child Adolesc Psychiatry,* 44(10):972–986. https://doi.org/10.1097/01.chi.0000172552.41596.6f

Cruz, T., Mastos, A. P. & Marques, C. (2015). Anxiety, Depression and Academic Achievement among Portuguese Adolescents: The Moderation Effect of Negative Life Events. Paper presented in 9th International Technology, Education and Development Conference, Madrid, Spain.

De Sousa, A. (2011). Freudian theory and consciousness: A conceptual analysis. *Mens Sana Monogr.*;9(1):210-217. doi:10.4103/0973-1229.77437

Dwivedi, N., Sachdeva, S., Taneja, N. (2021). Depression among medical students of India: Meta-analysis of published research studies using screening instruments. *Indian J Soc Psychiatry,* 37:183-90

Ellis, A. (1957). Rational psychotherapy and individual psychology. *Journal of Individual Psychology, 13,* 38–44.

El-Missiry A, Soltan M., Hadi, MA, Sabry, W. (2011). Screening for depression in a sample of Egyptian secondary school female students. *J Affect Disord.* DOI: 10.1016/j.jad.2011.06.031

Erskine, H.E., Moffitt, T.E., Copeland, W.E., Costello, E.J., Ferrari, A.J., Patton, G., et al. (2015). A heavy burden on young minds: the global burden of mental and substance use disorders in children and youth*. Psychol Med.;*45:1551–63.

Fenichel, O. (1968). *Depression and mania. The Meaning of Despair*. New York: Science House.

Field, T., Diego, M., Pelaez, M., Deeds, O., & Delgado, J. (2012). Depression and related problems in university students. *College Student Journal,* 46(1), 193–202.

Flesch, B.D., Houvèssou, G.M., Munhoz, T., Fassa. A. (2020). Major depressive episode among university students in Southern Brazil. *Revista de SaúdePública*

Freud, S. (1917). Mourning and melancholia. *Standard edition, 14(19)*, 17

Galambos, N. L., Leadbeater, B. J., & Barker, E. T. (2004). Gender differences in and risk factors for depression in adolescence: A 4-year longitudinal study. *International Journal of Behavioral Development,* 28(1), 16–25. https://doi.org/10.1080/01650250344000235

Ganguly, S., Samanta, M., Roy, P., Chatterjee, S., Kaplan, D. W., &Basu, B. (2013). Patient health questionnaire-9 as an effective tool for screening of depression among Indian adolescents. *The Journal of adolescent health: official publication of the Society forAdolescentMedicine,*52(5),546–551. https://doi.org/10.1016/j.jadohealth.2012.09.012

Gaudiano, B.A. (2008). Cognitive-behavioural therapies: Achievements and challenges. *Evid Based Ment Health*, 11(1):5-7. doi:10.1136/ebmh.11.1.5

Ghaedi, L. & Kosnin, A. (2014). Prevalence of Depression among Undergraduate Students: Gender and Age Differences. *Int. J. Psychological Res.,* 7(2).

Ghandour, R. M., Sherman, L. J., Vladutiu, C. J., Ali, M. M., Lynch, S. E., Bitsko, R. H., & Blumberg, S. J. (2019). Prevalence and treatment of depression, anxiety, and conduct problems in U.S. children. *The Journal of Pediatrics,* 206, 256–267.e3. https://doi.org/10.1016/j.jpeds.2018.09.021

Gore, S., Aseltine, R. H., Jr, & Colton, M. E. (1992). Social structure, life stress and depressive symptoms in a high school-aged population. *Journal of health and social behavior,* 33(2), 97–113.

Gotlib, I. H., & Colby, C. A. (1987). *Treatment of depression: An interpersonal systems approach.* Pergamon Press.

Grover, S., Raju, V.V., Sharma, A., Shah, R. (2019). Depressionin children and adolescents: A review of Indian studies. *Indian J Psychol Med*. 2;41:216-27.

Hamasha, A., Kareem, Y., Alghamdi, M., Algarni, M., Alahedib, K., & Alharbi, F. (2019). Risk indicators of depression among medical, dental, nursing, pharmacology, and other medical science students in Saudi Arabia. *International Review of Psychiatry.* https://doi.org/10.1080/09540261.2019.1584095.

Heath, N. et al. (2016). The Relationship between Mindfulness, Depressive Symptoms, and Non-Suicidal Self-Injury amongst Adolescents. *Archives of Suicide Research,* 20(4), 635– 649.https://doi.org/10.1080/13811118.2016.1162243 https://www.mayoclinic.org/diseases-conditions/depression/symptoms-causes/syc-20356007#:~:text=Also%20called%20major%20depressive%20disorder,life%20isn't%20worth%20living.

Ibrahim, M. B. &Abdelreheem, M. H. (2015). Prevalence of anxiety and depression among medical and pharmaceutical students in Alexandria University. *Alexandria Journal of Medicine,* Volume 51, Issue 2.

International Symposium & Exhibition on Business and Accounting 2016 (ISEBA 2016) ISBN: 978-983-42982-8-9

Janatolmakan, M., Andaieshgar, B., Aryan, A., Jafari, F., &Khatony, A. (2020). Comparison of Depression Rate Between the First-and Final-Year Nursing Students in Kermanshah, Iran. Psychology Research and Behavior Management, 1147c+. https://link.gale.com/apps/doc/A622151025/HRCA?u=anon~bc8f79ea&sid=googleScholar&xid=310ff0a0

Jha, K. K., Singh, S. K., Nirala, S. K., Kumar, C, Kumar, P, & Aggrawal, N. (2017). Prevalence of Depression among School-going Adolescents in an Urban Area of Bihar, India. *Indian Journal of Psychological Medicine,* 39(3).

Johnson, D., Dupuis, G., Piche, J., Clayborne, Z., Colman, I. (2018) Adult mental health outcomes of adolescent depression: a systematic review. *Depress Anxiety* 35(8):700–716. https://doi.org/10.1002/da.22777

Karmakar, T.,&Behara. S. K. (2017). Depression among the College Students: An Empirical Study. Educational Quest: *An Int. J. of Education and Applied Social Science*, Vol. 8, No. 1, pp. 163-170, DOI: 10.5958/2230-7311.2017.00024.1

Khanam, S. J. & Bukhari, S. R. (2015). Depression as a Predictor of Academic Performance in Male and Female University Students*. Journal of Pakistan Psychiatric Society*, 12(2).

Kiran, M., Kumar, U., Parthasarathy, N., Ambati, S., Krishna, Y., Kumar, A.,Revanth. (2018). Physical Activity and Depression among Adolescents in West Godavari District, Andhra Pradesh. *Indian Journal of Public Health Research & Development.* 9. 96. 10.5958/0976-5506.2018.00419.9.

Klein, M. (1935). A Contribution to the Psychogenesis of Manic-Depressive States. *Int. J. Psycho-Anal.,* 16:145-174.

Knorring, A.L., Knorring, L., Waern, M. (2013). Depression from cradle to grave Lakartidningen, 110(9-10):480-483.

Kocoviski, N. & Mackenzie, M.B. (2016). Mindfulness-based cognitive therapy for depression: trends and developments. Psychol Res Behav Manag. 2016; 9: 125–132. Published online 2016 May 19. doi: 10.2147/PRBM.S63949, PMCID: PMC4876939, PMID: 27274325.

Kour, S. (2018). Academic stress parental pressure depression and self-efficacy among adolescent students in Kashmir valley. Ph.D. Thesis, Department of Education, University of Kashmir, Jammu and Kashmir, India.

Kumar, S., Chauhan, S., Patel, Ratna., Kumar, M., Jean Simon, D. (2023). Urban-rural and gender differential in depressive symptoms among elderly in India. 2. 100114. 10.1016/j.dialog.2023.100114.

Ladaninejad, S., Ilali, E., Mousavinasab, N., & Taraghi, Z. (2019). The Relationship between Depressive Symptoms and Demographic-Medical Characteristics among Elder People with Cancer. *Asia-Pacific journal of oncology nursing,* 6(4), 424–430. https://doi.org/10.4103/apjon.apjon_13_19

Lewinsohn, P. M. (1974). A behavioral approach to depression. In R. J. Friedman & M. M. Katz (Eds.), The psychology of depression: Contemporary theory and research. *John Wiley & Sons.*

Liem, J.H., Lustig, K., & Dillon, C.O. (2010). Depressive Symptoms and Life Satisfaction Among Emerging Adults: A Comparison of High School Dropouts and Graduates. *Journal of Adult Development,* 17, 33-43.

Lim, H. J., Chung, S. S. & Joung, K. H. (2015). Factors of Depressive Symptoms among Elementary, Middle, and High School Students. *Archieves of Psychiatric Nursing*, 30(3), pp. 302-308.

Lokkerbol J, Adema D, de Graaf R, ten Have M, Cuijpers P, Beekman A, et al(2013). Non-fatal burden of disease due to mental disorders in the Netherlands. Soc Psychiatry Psychiatr Epidemiol.;48:1591–9

Malhotra, S., & Patra, B. N. (2014). Prevalence of child and adolescent psychiatric disorders in India: a systematic review and meta-analysis. *Child and adolescent psychiatry and mental health*, 8, 22. https://doi.org/10.1186/1753-2000-8-22

Malki, K., Keers, R., Tosto, M.G. et al. (2014). The endogenous and reactive depression subtypes revisited: Integrative animal and human studies implicate multiple distinct molecular mechanisms underlying major depressive disorder. *BMC Med,* 12:73. doi:10.1186/1741-7015-12-73

Maslow, A. H. (1962). Towards a psychology of being. *Princeton: D. Van Nostrand Company.*

Mathias, K., Goicolea, I., Kermode, M., et al. (2015). Cross-sectional study of depression and help-seeking in Uttarakhand, *North India BMJ.* 5: e008992. doi: 10.1136/bmjopen-2015-008992

Mazzuca, A., Nagarchi, D., Ramanaik, S., Raghavendra, T., Javalkar, P.,Rotti, S., Bhattacharjee, P., Isac, S., Cohen, A.,&Beattie, T. (2018). Developing a Mental Health Measurement Strategy to Capture Psychological Problems among Lower Caste Adolescent Girls in Rural, South India. *Transcultural Psychiatry.* 56. 136346151878954. 10.1177/1363461518789540.

Medicine Net (1996) https://www.medicinenet.com/bipolar_disorder/article.htm.

Merikangas KR, He JP, Burstein M et al (2010) Lifetime prevalence of mental disorders in U.S. adolescents: results from the National Comorbidity Survey Replication-Adolescent Supplement (NCS-A). *J Am Acad Child Adolesc Psychiatry,* 49(10):980–989. https://doi.org/10.1016/j.jaac.2010.05.017

Mishra, S. K., Srivastava, M., Tiwary, N. K., & Kumar, A. (2018). Prevalence of depression and anxiety among children in rural and suburban areas of Eastern Uttar Pradesh: A cross-sectional study. *Journal of family medicine and primary care,* 7(1), 21–26. https://doi.org/10.4103/jfmpc.jfmpc_248_17

Mohta, A., Malhotra, S., Gupta, S. K., Kalaivani, M., Patra, B. N., & Nongkynrih, B. (2020). Depression among adolescents in a rural community of north India: A cross-sectional study. *Journal of family medicine and primary care,* 9(11), 5671–5677. https://doi.org/10.4103/jfmpc.jfmpc_1152_20

Mondimore, F.M. (2005). Kraepelin and manic-depressive insanity: An historical perspective. *Int Rev Psychiatry*, 17(1):49-52. doi:10.1080/09540260500080534

Mutalik, N., Moni, S., Choudhari, S.,Bhogale, G. (2016). Depression,Anxiety, Stress among College Students in Bagalkot: A College Based Study. *International Journal of Indian Psychology,* 3(4); SSN:2348-5396 (e), ISSN:2349-3429(p), DIP:18.01.210/20160304, ISBN:978-1-365-39398-3

Myer, D. Mendelson (1990) Reflections on Loneliness, *Contemporary Psychoanalysis,* 26:2, 330-355, DOI: 10.1080/00107530.1990.10746662

Nair, M., Paul, M., & John, R. (2004). Prevalence of depression among adolescents. *Indian journal of pediatrics.* 71. 523-4. 10.1007/BF02724294.

Nair, M.K.C., Paul, M.K. & John, R. (2004). Prevalence of depression among adolescents*. Indian J Pediatr,* 71, 523–524. https://doi.org/10.1007/BF02724294

National Institute of Mental Health. (2001). *Depression research at the National Institute of Mental Health,* http://www.nimh.nih.gov/health/publications/depression/complete-index.shtml.

Naushad, S., Farooqui, W., Sharma, S., Rani, M., Singh, R., & Verma, S. (2014). Study of proportion and determinants of depression among college students in Mangalore city. *Nigerian medical journal: journal of the Nigeria Medical Association,* 55(2), 156–160. https://doi.org/10.4103/0300-1652.129657

Orme, J., Raven, D., van Oort, F., Hartman, C.A., Reijneveld, S.A., Veenstra, R. et al. (2015). Mental health in Dutch adolescents: a TRAILS report on prevalence, severity, age of onset, continuity and co-morbidity of DSM disorders. *Psychol Med.,* 45:345–60.

Ozmen, D., Ozmen, E., Ergin, D., Cetinkaya, A. C., Sen, N., Dundar, P. E., & Taskin, E. O. (2007). The association of self-esteem, depression and body satisfaction with obesity among Turkish adolescents. *BMC public health,* 7, 80. https://doi.org/10.1186/1471-2458-7-80

Park, H. (2014). Relationship between Depression and School Achievement in Elementary School Students. *The Korea Academia-Industrial cooperation Society*. DOI:10.5762/KAIS.2014.15.10.6168

Pluskota, A. (2014). The application of positive psychology in the practice of education. *Springerplus*, 3:147. doi:10.1186/2193-1801-3-147

Polanczyk, G.V., Salum, G.A., Sugaya, L.S., Caye, A., Rohde, L.A. (2015). Annual research review: a meta-analysis of the worldwide prevalence of mental disorders in children and adolescents. *J Child Psychol Psychiatry,* 56(3):345–65.

R. Maharaj, F. Alli, K. Cumberbatch, P. Laloo, S. Mohammed, A. Ramesar, N. Rampersad, N. Roopnarinesingh, I. (2008). Depression among adolescents, aged 13-19 years, attending secondary schools in Trinidad: prevalence and associated factors. *The West Indian medical journal.*

Raj, S., et al. (2019). Effectiveness of mindfulness based cognitive behavior therapy on life satisfaction, and life orientation of adolescents with depression and suicidal ideation. *Asian Journal of Psychiatry,* 39, 58–62. https://doi.org/10.1016/j.ajp.2018.12.001

Reynolds, E.H. & Wilson, J.V. (2013). Depression and anxiety in Babylon. *J R Soc Med*, 106(12):478-481. doi:10.1177/0141076813486262

Rössler W. (2016). The stigma of mental disorders: A millennia-long history of social exclusion and prejudices. *EMBO Rep*, 17(9):1250-1253. doi:10.15252/embr.201643041

Russell, P. S., Nair, M. K., Shankar, S. R., Tsheringla, S., Jakati, P. K., Chembagam, N., &Nazeema, S. (2013). ADad 7: Relationship between depression and Anxiety disorders among adolescents in a rural community population in India. *Indian journal of pediatrics*, 80 Suppl 2, S165–S170. https://doi.org/10.1007/s12098-013-1232-3

Salomon, J.A., Haagsma, J.A., Davis, A., de Maertens Noordhout, C., Polinder, S., Havelaar, A.H., et al. (2015). Disability weights for the global burden of disease 2013 study. *Lancet Glob Health*, 3:e712-23.

Schene, A.H., van Wijngaarden, B., Koeter, M.W. (1998). Family caregiving in schizophrenia: domains and distres. *Schizophr Bull* 1998;24(4):609-18.

Seligman, M. E. (1973). Fall into helplessness. *Psychology today, 7(1)*, 43-48.

Seligman, M. E. (1974). Depression and learned helplessness. In R. J. Friedman & M. M. Katz (Eds.), The psychology of depression: Contemporary theory and research. *John Wiley & Sons.*

Sharma, G. & Pandey, D. (2017). Anxiety, Depression, and Stress in Relation to Academic Achievement among Higher Secondary School Students. *International Journal of Indian Psychology,* Volume 4, Issue 2, No. 87.

Singh, M., Gupta, M., & Grover, S. (2017). Prevalence & factors associated with depression among school going adolescents in Chandigarh, north India. *Indian Journal of Medical Research*. 146. 205. 10.4103/ijmr.IJMR_1339_15.

Singhal, M., Manjula, M., Kommu, J., Philip, M. (2018). Efficacy of an indicated intervention program for Indian adolescents with subclinical depression. *Asian Journal of Psychiatry.* 33. 10.1016/j.ajp.2018.03.007.

Skues, J., Banagan, R. and Wise, L. (2014) Facebook and Diagnosis of Depression: A Mixed Methods Study. *Social Networking,* 3, 187-195. doi: 10.4236/sn.2014.34023.

Solmi M, Radua J, Olivola M, et al. (2021) Age at onset of mental disorders worldwide: large-scale meta-analysis of 192 epidemiological studies. *Mol Psychiatry*. 2021:1–15. https://doi.org/10.1038/s41380-021-01161-7.

Tesařová, D. (2018). Aulus Cornelius Celsus and a regimen. *Cas Lek Cesk*, 157(5):263-267. PMID: 30441939

Thapar, A., Collishaw, S., Pine, D.S., Thapar, A.K. (2012). Depression in adolescence. *Lancet* 379(9820):1056–1067. https://doi.org/10.1016/S0140-6736(11)60871-4

Tipton, C.M. (2014). The history of "Exercise Is Medicine" in ancient civilizations. *Adv Physiol Educ*, 38(2):109–117. doi:10.1152/advan.00136.2013

U.S. Department of Health and Human Services. (2000). Healthy people 2010 (conference edition). Washington, DC: Author.

Unsal, A. & Ayrancı, U. (2008). Prevalence of students with symptoms of depression among high school students in a district of western Turkey: an epidemiological study. *The Journal of school health.* DOI:10.1111/j.1746-1561.2008.00302.xCorpus ID: 21045107

Van Ballegooijen, W., Eikelenboom, M., Fokkema, M., Riper, H., Van Hemert, A.M., Kerkhof, A., et al (2019). Comparing factor structures of depressed patients with and without suicidal ideation, a measurement invariance analysis. *J Affect Disord*, 245:180–7.

Van de Velde, S., Buffel, V., van der Heijde, C., Çoksan, S., Bracke, P., Abel, T., Busse, H., Zeeb, H., Rabiee-Khan, F., Stathopoulou, T., Van Hal, G., Ladner, J., Tavolacci, M., Tholen, R., Wouters, E., & C19 ISWS consortium (2021). Depressive symptoms in higher education students during the first wave of the COVID-19 pandemic. An examination of the association with various social risk factors across multiple high- and middle-income countries. *SSM - population health,* 16, 100936. https://doi.org/10.1016/j.ssmph.2021.100936

Vázquez, F. & Blanco, V. (2008). Prevalence of DSM-IV Major Depression Among Spanish University Students. Journal of American College Health. OI:10.3200/JACH.57.2.165-172Corpus ID: 26176325

Vázquez, F., & Blanco, V. (2008). Prevalence of DSM-IV Major Depression Among Spanish University Students. *Journal of American College Health.* https://doi.org/10.3200/JACH.57.2.165-172.

Yeh, Y. C., Yen, C. F., Lai, C. S., Huang, C. H., Liu, K. M., & Huang, I. T. (2007). Correlations between academic achievement and anxiety and depression in medical students experiencing integrated curriculum reform. *The Kaohsiung journal of medical sciences,* 23(8), 379–386. https://doi.org/10.1016/S0257-5655(07)70001-9

Yuan, L. X. (2010). The Relationships between Depression, Subjective Well-Being (SWB) and Emotional Intelligence of Undergraduates. *Journal of Guangdong Education Institute*, 30, 49-53.

Zheng, X. (2016). A Study on Relationship between Depression and Subjective Well-Being of College Student. *Psychology,* 7, 885-888. doi: 10.4236/psych.2016.76090.

APPENDICES

Appendix- 1

বেক - এর বিষণ্ণতা পরিমাপনী (Beck Depression Inventory)

প্রস্তুতকর্তা – ডঃ অ্যারন বেক (Dr. Aaron Beck)

পেন্সিলভেনিয়া বিশ্ববিদ্যালয় (Pennsylvania University)

বাংলায় ভাবানুবাদ - ডঃ মুক্তিপদ সিনহা (Prof. (Dr.) Mukti Pada Sinha) এবং রিমা দত্ত

(Rima Dutta, Ph.D. Research Scholar)

শিক্ষাবিজ্ঞান বিভাগ, যাদবপুর বিশ্ববিদ্যালয়

Department of Education, Jadavpur University

অভিক্ষার্থীর তথ্য তালিকা

(অনুগ্রহ করে নিম্নলিখিত ক্ষেত্রগুলি (✓) পূরন করো)

বয়স -..... লিঙ্গ – (পুরুষ/মহিলা/অন্যান্য) বাসস্থান–(গ্রাম/শহর) শাখা– (বিজ্ঞান/কলা/বানিজ্য/অন্যান্য) পাঠরত শ্রেণী-(উচ্চ-প্রাথমিক/স্নাতক/স্নাতকোত্তর/গবেষণা) পরিবারের ধরন–(একক পরিবার/যৌথ পরিবার) ভাইবোনের সংখ্যা – (একা/এক ভাইবোন/একের অধিক ভাইবোন) পারিবারিক মাসিক আয়-...../- পিতার পেশা-(কৃষিকাজ/ব্যবসা/সরকারী চাকুরী/বেসরকারি চাকুরী/দিনমজুর) সংখ্যালঘু – (হ্যাঁ / না) পিতার শিক্ষাগত যোগ্যতা- (নিরক্ষর / প্রাথমিক / মাধ্যমিক / উচ্চ-মাধ্যমিক / উচ্চশিক্ষা)..... মাতার শিক্ষাগত যোগ্যতা- (নিরক্ষর / প্রাথমিক / মাধ্যমিক / উচ্চ-মাধ্যমিক / উচ্চশিক্ষা)..... মাতার পেশা -(গৃহবধূ/চাকুরী/অন্যান্য) জাতি–(General/Scheduled Caste/Scheduled Tribe/Other Backward Class) পড়াশোনার মাধ্যম-(বাংলা/ইংরাজি/অন্যান্য) শিক্ষা প্রতিষ্ঠানের অবস্থান – (গ্রাম/ শহর)

জেলা - ..... প্রতিষ্ঠানের নাম - .....

পূর্ববর্তী পরীক্ষায় প্রাপ্ত শতকরা নম্বর-.....%

অভিক্ষার্থীর সাক্ষর

নির্দেশনা (INSTRUCTION): প্রিয় শিক্ষার্থী, এই প্রশ্নমালা ২১ টি দলের বিবৃতি নিয়ে গঠিত। অনুগ্রহ করে প্রতিটি দলের বিবৃতি গুলি যত্ন সহকারে পড়ো এবং প্রতিটি দল থেকে নেওয়া যে কোনো একটি বক্তব্যের পাশে থাকা খালি ঘরটিতে (✓) চিহ্ন দাও, যা তুমি আজ আর গত দুই সপ্তাহ ধরে অনুভব করছ।

তোমার মতামতের গোপনীয়তা সম্পূর্ণ বজায় রাখা হবে এবং প্রাপ্ত তথ্য শুধুমাত্র গবেষণার কাজে ব্যবহার করা হবে ।

১/ বিষণ্ণতা (Sadness)-

- ০/ আমি বিষন্নতা বোধ করি না। ☐
  (I don't feel sad)
- ১/ আমি বেশিরভাগ সময় বিষন্নতা বোধ করি। ☐
  (I feel sad much of the time.)
- ২/ আমি সব সময় বিষন্নতা বোধ করি। ☐
  (I am sad all the time.)
- ৩/ আমি এতটাই বিষণ্ণ এবং অসূখী যে আমি আর ঠিক থাকতে পারছি না। ☐
  (I am so sad or unhappy that I can't stand it.)

২/ ভবিষ্যৎ নিয়ে আশা (pessimism)-

- ০/ আমি আমার ভবিষ্যৎ সম্পকে উদাসীন নই । ☐
  (I am not discouraged about my future.)
- ১/ আমি আমার ভবিষ্যৎ নিয়ে স্বাভাবিকের থেকেও অধিক পরিমাণে নিরুৎসাহ বোধ করি। ☐
  (I feel more discouraged about my future than I used to be.)
- ২/ আমি আমার জন্য কোনো আশা করি না। ☐
  (I do not except things to work out for me.)
- ৩/ ভবিষ্যৎ নিয়ে আমার কোন আশা নেই এবং আমার খারাপই হবে ☐
  (I feel my future is hopeless and eill only get worse.)

৩/ অতীতের ব্যর্থতা (Past failure)-

- ০/ আমি যে ব্যর্থ তা আমি মনে করি না। ☐
  (I do not feel like a failure)
- ২/ আমার যতটা ব্যর্থ হওয়া উচিত ছিল তার চেয়ে বেশি ব্যর্থ হয়েছি । ☐
  (I have failed more than I should have.)
- ৩/ পিছনের দিকে তাকালে আমি আমার অনেক ব্যর্থতাই দেখতে পাই। ☐
  (As I look back , I see a lot of failures.)
- ৪/ আমি মনে করি যে আমি একজন ব্যর্থ ব্যক্তি । ☐
  (I feel I am total failure as a person.)

৪/ সুখানুভব হারানো (Loss of pleasure)-

- ০/ কোন বিষয় থেকে আমি যতটা আনন্দ উপভোগ করেছি সর্বদা ততটা বেশি আনন্দ পাই।
  (I get as much pleasure as I ever did from the things I enjoy.)
- ১/ কোনো বিষয় থেকে আমি যতটা বেশি আনন্দ উপভোগ করতাম এখন ততটা আনন্দ উপভোগ করি না
  (I don't enjoy things as much as I used to.)
- 2/ কোন বিষয় থেকে যতটা আনন্দ উপভোগ করতাম সেইসব বিষয় থেকে আমি খুবই অল্প আনন্দ পাই।
  (I get very little pleasure from the things I used to enjoy.)
- ৩/ কোন বিষয় থেকে আমি যতটা আনন্দ করেছি আমি এখন তেমন কোন আনন্দ পাই না।
  (I can't get any pleasure from the things I used to enjoy.)

৫/ অপরাধ বোধ (Guilty feelings)-

- ০/ আমি নিজেকে বিশেষ ভাবে দোষি মনে করি না।
  (I don't feel particularly guilty.)
- ১/ আমি নিজেকে দোষী মনে করি অনেক কিছুতেই।
  (I feel guilty over many things I have done or should done.)
- ২/অধিকাংশ সময় আমি নিজেকে দোষী মনে করি।
  (I feel quite guilty most of the time.)
- ৩/ আমি সবসময় নিজেকে দোষী মনে করি।
  (I feel guilty all of the time.)

৬/ শাস্তি পাওয়া নিয়ে অনুভুতি (Punishment feelings)-

- ০/ আমি মনে করি না যে আমি শাস্তি পাব।
  (I don't feel I am being punished)
- ১/ আমি মনে করি যে আমি শাস্তি পেতেও পারি।
  (I feel I may be punished)
- ২/ আমি শাস্তি প্রত্যাশা করি ।
  (I expect to be punished)
- ৩/ আমি মনে করি আমি শাস্তি পাব।
  (I feel I am being punished)

৭/ অপছন্দ (Self- dislike)-

- ০/ আমি সবসময় নিজেকে নিজের মতই মনে করি।
  (I feel the same about myself as ever)
- ১/ আমি নিজের প্রতি বিশ্বাস হারিয়েছি ।
  (I have lost confidence in myself)
- 2/ আমি নিজেকে নিয়ে হতাশ ।
  (I am disappointed in myself)
- ৩/ আমি নিজেকে অপছন্দ করি।
  (I dislike my self)

৮/ আত্ম সমালোচনা (Self- criticalness)-

- ০/ আমি সচরাচর নিজের সম্পর্কে সমালোচনা করি না।
  (I don't criticize or blame myself more than usual)
- ১/ আমি আগের থেকে অধিক সময় নিজের সম্পর্কে সমালোচনা করি।
  (I am more critical of myself than I used to be)
- 2/ আমি আমার সব ভুল গুলির জন্য নিজের সমালোচনা করি।
  (I criticize my self for all of my faults)
- ৩/ যা কিছু খারাপ ঘটছে তার জন্য নিজেকে দায়ি মনে হয় ।
  (I blame myself or everything bad that happens)

৯/ আত্মাহত্যামুলক চিন্তা (Suicidal thoughts)-

- ০/ আত্মাহত্যা করার ব্যাপারে আমার মধ্যে কোন চিন্তা ভাবনা নেই।
  (I don't have any thoughts of killing myself)
- ১/ আমার নিজেকে শেষ করে দিতে ইচ্ছা করে কিন্তু পারি না ।
  (I have thought of killing myself but, I would not carry them out)
- ২/ আমার অবশ্যই নিজেকে শেষ করে দিতে ইচ্ছা করে।
  (I would like to kill myself)
- ৩/ যদি আমি কোন সুযোগ পাই তাহলে আমি নিজেকে শেষ করে দেবো।
  (I would kill myself if I had the chance)

১০/ কান্না করা (Crying)-

- ০/ আমি কখনই কান্না করি না।
  (I don't cry anymore)
- ১/ আমি স্বাভাবিকের চেয়ে বেশি কান্না করি।
  (I cry more than used to)
- ২/ যে কোনো ছোট ছোট ব্যাপারে আমি কান্না করি।
  (I cry over every little thing)
- ৩/ আমার খুব কাঁদতে ইচ্ছা করে কিন্তু কাঁদতে পারি না ।
  (I feel like crying but I can't)

১১/ উৎকণ্ঠা (Agitation) ।–

- ০/ আমি স্বাভাবিক বিশ্রাম নিই।
  (I am not more restless or wound up than usual)
- ১/ আমি স্বাভাবিকের থেকে কম বিশ্রাম নিই।
  (I feel more restless or wound up than usual)
- ২/ আমি কোন কাজে বেশিক্ষণ মন দিতে পারি না তাই স্থির হয়ে বসতে পারি না।
  (I am so restless or agitated that I have to keep moving or doing something)
- ৩/ সবসময় অস্থির হয়ে থাকি বিশ্রাম নিতে পারি না ।
  (I am so restless or agited that I have to keep moving or doing something)

১২/ আগ্রহ হারানো (Loss of interest)-

- ০/ অন্যান্য মানুষ বা কাজ কর্মের প্রতি আমি আগ্রহ হারাই নি।
  (I have not lost interest in other people or activities)
- ১/ অন্য লোকজন বা কাজ কর্মের প্রতি আমি কম আগ্রহী ।
  (I am less interested in other people or things than before)
- ২/ অন্যান্য লোকজন বা কাজ কর্মের প্রতি আধিকাংশ আগ্রহ হারিয়েছি।
  (I have lost most of may interest in other people)
- ৩/ কোন কিছুর প্রতি আগ্রহ দেওয়া খুব কঠিন হয়ে পড়েছে ।
  (It's hard to get interested in anything)

১৩/ সিদ্ধান্তহীনতা (Indecisiveness)-

- ০/ আমি আগের মতই সিদ্ধান্ত নিতে পারি ।
  (I make decisions about as well as ever)
- ১/ আমি দেখেছি সিদ্ধান্ত নিতে স্বাভাবিকের চেয়ে কঠিন লাগছে ।
  (I find it more difficult to make decisions than usual)
- 2/ সিদ্ধান্ত নিতে আমার স্বাভাবিকের চেয়ে খুব কঠিন হয়ে পড়েছে।
  (I have much greater difficulty in making decisions than I used to)
- ৩/ আমার যে কোনো সিদ্ধান্ত নিতে খুব কম সমস্যা হচ্ছে।
  (I have trouble making any decisions)

১৪/ নিজেকে অপদার্থ মনে করা (Worthlessness)-

- ০/ আমি নিজেকে অপদার্থ মনে করিনা।
  (I don't feel I am worthless)
- ১/ আমি স্বাভাবিকের থেকে নিজেকে প্রয়োজনীয় বলে বিবেচনা করতে পারছিনা ।
  (I don't consider myself as worth while and useful as I used to)
- 2/ আমি অন্যের তুলনায় নিজেকে বেশি অপদার্থ বলে মনে করি।
  (I feel more worthless as compared to other people)
- ৩/ আমি নিজেকে সম্পূর্ণ অপদার্থ বলে মনে করি।
  (I feel utterly worthless)

১৫/ কর্ম শক্তি হারানো (Loss of energy)-

- ০/ আমার আগের মতোই কর্ম শক্তি রয়েছে।
  (I have as much energy as ever)
- ১/ স্বাভাবিকের চেয়ে আমার কর্ম শক্তি কম হয়েছে ।
  (I have less energy than I used to have)
- ২/ খুব বেশি কাজ করার মতো আর আমার কর্ম শক্তি নেই।
  (I don't have enough energy to do very much)
- ৩/ কোন কিছু কাজ করতেই আমার আর ভাল লাগেনা।
  (I don't have enough energy to do anything)

১৬/ ঘুমের পরিবর্তন **(change in sleeping pattern)-**

- ০/ ঘুমের ধরন পরিবর্তনের ব্যাপারে কোন ধারনা নেই।
  (I have not experienced any change in my sleeping pattern)

- ১/ ক। আমি স্বাভাবিকের চেয়ে কিছু বেশিই ঘুমাই ।
  (I sleep somewhat more than usual)

  খ। আমি স্বাভাবিকের চেয়ে কিছু কমই ঘুমাই।
  (I sleep somewhat less than usual
)
- ২/ ক। আমি স্বাভাবিকের চেয়ে অনেক বেশি ঘুমাই।
  (I sleep a lot more than usual)

  খ। আমি স্বাভাবিকের চেয়ে অনেক কম ঘুমাই।
  (I sleep a lot less than usual)

- ৩/ ক। আমি দিনের অধিকাংশ সময় ঘুমাই।
  (I sleep most of the day)

- খ । আমার এক-দুই ঘণ্টা আগেই ঘুম ভেঙ্গে যায় এবং আর ঘুম ধরেনা।
  (I wake up 1-2 hours early and can't get back to sleep)

১৭/ বিরক্ত হওয়া **(Irritability)-**

- ০/ আমি স্বাভাবিকের তুলনায় বেশি খিটখিটে নই।
  (I am no more irritable than usual)

- ১/ আমি স্বাভাবিকের তুলনায় বেশি খিটখিটে বোধ করি।
  (I am more irritable than usual)

- 2/ আমি স্বাভাবিকের তুলনায় অনেক বেশি খিটখিটে বোধ করি ।
  (I am much more irritable than usual)

- ৩/ আমি সর্বদাই খিটখিটে বোধ করি ।
  (I am irritable all the time)

১৮/ খাওয়া দাওয়ায় পরিবর্তন **(change in appetite)-**

- ০/ আমার মনে হয়না আমার খাবার ব্যাপারে কোন পরিবর্তন হয়েছে। ☐
  (I have not experienced any change in my appetite)

- ১/ ক। আমার খিদে স্বাভাবিকের চেয়ে কিছুটা কমেছে । ☐
  (My appetite is somewhat less than usual)

  খ/ আমার খিদে স্বাভাবিকের চেয়ে কিছুটা বেশি হয়েছে । ☐
  (My appetite is somewhat greater than usual)

- ২/ ক। আমার খিদে আগের চেয়ে অনেক কমে গিয়েছে । ☐
  (My appetite is much than before)

  খ। আমার খিদে আগের চেয়ে অনেক বেশি হয়েছে । ☐
  (My appetite is much greater than usual)

- ৩/ ক। আমার একদম কোন খিদে নেই। ☐
  (I have no appetite at all)

  খ। আমার সবসময় খিদে পায়। ☐
  (I crave food all the time)

১৯। মনোযোগের অসুবিধা **(Concentration difficulty)-**

- 0/ আমি আগের মত মনোযোগ দিতে পারি। ☐
  (I can concentrate as well as ever)

- ১/ আমি স্বাভাবিকের মত মনোযোগ দিতে পারিনা। ☐
  (I can not concentrate as well as usual)

- ২/ কোনো কিছুতে দীর্ঘক্ষণ মনযোগ ধরে রাখতে অসুবিধে হয়। ☐
  (It's hard to keep my mind on anything for every long)

- ৩/ আমি কোন কিছুতেই আর মনোযোগ দিতে পারি না। ☐
  (I find I can't concentrate on anything)

২০/ অবসাদ হওয়া **(Tiredness or fatigue)-**

- ❖ 0/ আমি স্বাভাবিকের চেয়ে বেশি ক্লান্ত ও অবসন্ন হই না। ☐
  (I am no more tired or fatigued than usual)
- ❖ ১/ আমি সহজেই স্বাভাবিকের চেয়ে অনেক ক্লান্ত ও অবসন্ন হই। ☐
  (I get more tired or fatigued more easily than usual)
- ❖ 2/ যখন আমি অনেক কাজ করি তখন অত্যাধিক ক্লান্ত ও অবসন্ন হয়ে যাই। ☐
  (I am too tired or fatigued to do a lot of things I used to do)
- ❖ ৩/ আমি যখন কিছু করি তখনি খুব বেশি ক্লান্ত ও অবসন্ন হয়ে পড়ি । ☐
  (I am too tired or fatigued to do most of the things I used to do)

২১/ বিপরিত লিঙ্গের প্রতি আগ্রহ হারানো **(Loss of interest in sex)** -

- ❖ ০/ বিপরীত লিঙ্গের প্রতি আমার একই রকম আগ্রহ আছে । ☐
  (I have noticed any recent change in my interest in opposite sex)
- ❖ ১/ আমার বিপরীত লিঙ্গের প্রতি আগ্রহ আগের থেকে কমে গেছে । ☐
  (I am less interested in opposite sex than I used to be)
- ❖ ২/ এখন আমার বিপরীত লিঙ্গের প্রতি আগ্রহ অনেক কম। ☐
  (I am much less interested in opposite sex now)
- ❖ ৩/ আমি সম্পুর্নভাবে বিপরীত লিঙ্গের প্রতি আগ্রহ হারিয়ে ফেলেছি। ☐
  (I have lost interest in opposite sex completely)

Appendix-2

Students' Depression: A Critical Analysis Across Different Levels of Education in West Bengal

By Rima Dutta

Students' Depression: A Critical Analysis Across Different Levels of Education in West Bengal

ORIGINALITY REPORT

8%
SIMILARITY INDEX

PRIMARY SOURCES

1	digitalcommons.murraystate.edu Internet	68 words — < 1%
2	eprints.qums.ac.ir Internet	63 words — < 1%
3	jbd.sagepub.com Internet	58 words — < 1%
4	scindeks.ceon.rs Internet	58 words — < 1%
5	web.innerexplorer.org Internet	57 words — < 1%
6	www.scirp.org Internet	57 words — < 1%
7	ir.amu.ac.in Internet	55 words — < 1%
8	Saja Talib Shareef, Qais Ismaeel Kadhem. "Prevalence of depression among elderly people in the Al-Nasiriya province", Family Medicine & Primary Care Review, 2023 Crossref	54 words — < 1%

9	Wen-Wang Rao, Dan-Dan Xu, Xiao-Lan Cao, Si-Ying Wen, Weng-Ian Che, Chee H. Ng, Gabor S. Ungvari, Fan He, Yu-Tao Xiang. "Prevalence of depressive symptoms in children and adolescents in China: a meta-analysis of observational studies", Psychiatry Research, 2018 Crossref	54 words — < 1%
10	nigeriamedj.com Internet	54 words — < 1%
11	Gandhari Basu, Sujata Biswas. "Mental health and depression among school going adolescents: excerpts from a school based study of Nadia district, West Bengal", Asian Journal of Medical Sciences, 2017 Crossref	52 words — < 1%
12	www.jpmi.org.pk Internet	50 words — < 1%
13	www.medicinenet.com Internet	50 words — < 1%
14	etd.uum.edu.my Internet	49 words — < 1%
15	garuda.kemdikbud.go.id Internet	49 words — < 1%
16	ir.cuea.edu Internet	49 words — < 1%
17	eprints.mazums.ac.ir Internet	47 words — < 1%
18	www.socialresearchfoundation.com Internet	46 words — < 1%

19	courses.lumenlearning.com Internet	45 words	< 1%
20	Ragavan, Sheela. "A Study on Accelerating the Academic Performance of Adolescent Students through Intervention for Reducing Examination Stress and Anxiety.", Mother Teresa Women's University (India), 2020 ProQuest	42 words	< 1%
21	arbor.bfh.ch Internet	41 words	< 1%
22	www.gem-beta.org Internet	39 words	< 1%
23	data.nanet.go.kr Internet	38 words	< 1%
24	essentials.ebsco.com Internet	38 words	< 1%
25	www.mona.uwi.edu Internet	38 words	< 1%
26	medical.adrpublications.in Internet	37 words	< 1%
27	www.acarindex.com Internet	37 words	< 1%
28	vsip.info Internet	36 words	< 1%
29	Chiara Ghislieri, Domenico Sanseverino, Valentina Dolce, Paola Spagnoli, Amelia Manuti, Emanuela Ingusci, Tindara Addabbo. "Emotional Exhaustion and	35 words	< 1%

Engagement in Higher Education Students during a Crisis, Lessons Learned from COVID-19 Experience in Italian Universities", Social Sciences, 2023
Crossref

30	www.indianjournals.com Internet	35 words — < 1%
31	eric.ed.gov Internet	34 words — < 1%
32	jurnal.unimus.ac.id Internet	33 words — < 1%
33	Sajjadi, Homeira, Seyed Hossein Mohaqeqi Kamal, Hasan Rafiey, Meroe Vameghi, Ameneh Setareh Forouzan, and Masoomeh Rezaei. "A Systematic Review of the Prevalence and Risk Factors of Depression among Iranian Adolescents", Global Journal of Health Science, 2013. Crossref	31 words — < 1%
34	jpps.com.pk Internet	31 words — < 1%
35	Kamm-Steigelman, Lucia, Laura P. Kimble, Sandra Dunbar, Richard L. Sowell, and Annette Bairan. "RELIGION, RELATIONSHIPS AND MENTAL HEALTH IN MIDLIFE WOMEN FOLLOWING ACUTE MYOCARDIAL INFARCTION", Issues in Mental Health Nursing, 2006. Crossref	30 words — < 1%
36	acikerisim.bartin.edu.tr Internet	29 words — < 1%
37	jkoch1.wixsite.com Internet	29 words — < 1%

38	Laura Andrade, Jorge J. Caraveo-anduaga, Patricia Berglund, Rob V. Bijl et al. "The epidemiology of major depressive episodes: results from the International Consortium of Psychiatric Epidemiology (ICPE) surveys", International Journal of Methods in Psychiatric Research, 2003 Crossref	28 words — < 1%
39	White, Tonica Harris. "Burnout Among Special Education Teachers: A Transcendental Phenomenological Study.", Grand Canyon University, 2021 ProQuest	28 words — < 1%
40	psasir.upm.edu.my Internet	28 words — < 1%
41	sage.altmetric.com Internet	28 words — < 1%
42	equidem.com Internet	27 words — < 1%
43	ojs.whioce.com Internet	27 words — < 1%
44	research-management.mq.edu.au Internet	27 words — < 1%
45	sgsubjects.inflibnet.ac.in Internet	27 words — < 1%
46	L. J. Kreuze, P. J. de Jong, E. C. Bennik, M. H. Nauta. "Anger Responses in Adolescents: Relationship with Punishment and Reward Sensitivity", Child Psychiatry & Human Development, 2021 Crossref	25 words — < 1%

47	jhv8k.gch2020.eu Internet	25 words — < 1%
48	jcdronline.org Internet	24 words — < 1%
49	publications.aap.org Internet	24 words — < 1%
50	repository.ar-raniry.ac.id Internet	24 words — < 1%
51	www.ucdenver.edu Internet	24 words — < 1%
52	Abbas Abdollahi, Simin Hosseinian, Roya Rasuli. "Emotional Intelligence Moderates Anhedonia and Suicidal Ideation in Depressed Patients", Psychological Reports, 2019 Crossref	23 words — < 1%
53	Xin Hong, JieQuan Li, Fei Xu, Lap Ah Tse, YaQiong Liang, ZhiYong Wang, Ignatius Tak-sun Yu, Sian Griffiths. "Physical activity inversely associated with the presence of depression among urban adolescents in regional China", BMC Public Health, 2009 Crossref	23 words — < 1%
54	core-cms.prod.aop.cambridge.org Internet	23 words — < 1%
55	www.isca.in Internet	23 words — < 1%
56	www.nepjol.info Internet	23 words — < 1%

57	"Abstracts' Service", The Indian Journal of Chest Diseases and Allied Sciences, 2022 Crossref	22 words — < 1%
58	Katarzyna Czyżowicz, Joanna Sitarz, Katarzyna Wojtas. "Occurrence of depressive disorders among students of the Faculty of Health Sciences of the Jagiellonian University Medical College", Problemy Pielęgniarstwa, 2020 Crossref	22 words — < 1%
59	Siamak Khodarahimi, Rayhan Fathi. "Mental Health, Coping Styles, and Risk-Taking Behaviors in Young Adults", Journal of Forensic Psychology Practice, 2016 Crossref	22 words — < 1%
60	d.docksci.com Internet	22 words — < 1%
61	repository.publisso.de Internet	22 words — < 1%
62	www.ijph.in Internet	22 words — < 1%
63	www.zgggws.com Internet	22 words — < 1%
64	Rishi, Jyoti Dev. "A study of adjustment, academic achievements and professional expectations of the hearing-impaired students in Gujarat.", Proquest, 2016. ProQuest	21 words — < 1%
65	avesis.ogu.edu.tr Internet	21 words — < 1%
66	ieasrj.com	

Internet

21 words — < 1%

67 repository-tnmgrmu.ac.in
Internet

21 words — < 1%

68 India Studies in Business and Economics, 2016.
Crossref

20 words — < 1%

69 Linda Lewin, Kathleen Farkas, Maryam Niazi. "Mother–Child Relational Quality of Women in Substance Abuse Treatment", Journal of the American Psychiatric Nurses Association, 2016
Crossref

20 words — < 1%

70 ir.kiu.ac.ug
Internet

20 words — < 1%

71 www.jmhhb.org
Internet

20 words — < 1%

72 Boya, Varadarajulu. "A Comparative Study of Geriatric Depression in Old Age Home Population with General Population", Dr. NTR University of Health Sciences (India), 2021
ProQuest

19 words — < 1%

73 OZMEN, Tarik and AYDOGMUS, Mert. "Effect of plyometric training on jumping performance and agility in adolescent badminton players", Selçuk Üniversitesi, Spor Bilimleri Fakültesi, 2017.
Publications

19 words — < 1%

74 V Karthikeyan, Raghunath Elango. "Mental Health of Foreign Medical Graduates in Tamil Nadu, India: A Mixed-methods Study", JOURNAL OF CLINICAL AND DIAGNOSTIC RESEARCH, 2023
Crossref

19 words — < 1%

75	eresearch.qmu.ac.uk Internet	19 words — < 1%
76	joyboseroy.medium.com Internet	19 words — < 1%
77	Amira Hmidan, Diane Seguin, Emma G. Duerden. "Media screen time use and mental health in school aged children during the pandemic", Research Square Platform LLC, 2022 Crossref Posted Content	18 words — < 1%
78	John, Renji George. "A Study to Evaluvate the Effectiveness of Structured Teaching Programme on Mental Illness Among 3rd Year B.Sc. Nursing Students in Selected Nursing Colleges at Tumkur", Rajiv Gandhi University of Health Sciences (India), 2023 ProQuest	18 words — < 1%
79	Usman Umar Ibrahim, Alhaji Abubakar Aliyu, Olorukooba Abayomi Abdulhakeem, Mohammed Abdulaziz et al. "Prevalence of Boko Haram crisis related depression and post-traumatic stress disorder symptomatology among internally displaced persons in Yobe state, North East, Nigeria", Journal of Affective Disorders Reports, 2023 Crossref	18 words — < 1%
80	Xue Dong, Fang Su, JiaYu Du, Yahua Hu, ZhengHong Wang. "Childhood trauma and internet addiction predict depression on left behind adolescents", The International Journal of Electrical Engineering & Education, 2021 Crossref	18 words — < 1%
81	kipdf.com Internet	

18 words — < 1%

82	oxfordjournals.org Internet	18 words — < 1%
83	www.clinicaltrialsregister.eu Internet	18 words — < 1%
84	www.iiste.org Internet	18 words — < 1%
85	Maryana Albino Clavero, Marília Berlofa Visacri, Tácio de Mendonça Lima, Inajara Rotta, Patricia Melo Aguiar. "Prevalence and incidence of depressive symptoms in pharmacy students: A systematic review", Journal of the American Pharmacists Association, 2023 Crossref	17 words — < 1%
86	clok.uclan.ac.uk Internet	17 words — < 1%
87	driftwood.uno.edu Internet	17 words — < 1%
88	thim.mijn.bsl.nl Internet	17 words — < 1%
89	wwjmrd.com Internet	17 words — < 1%
90	Bradley, N.. "Symptom Distress in Patients Attending an Outpatient Palliative Radiotherapy Clinic", Journal of Pain and Symptom Management, 200508 Crossref	16 words — < 1%

91	Haitham Jahrami, Jawaher AlKaabi, Khaled Trabelsi, Seithikurippu R. Pandi-Perumal et al. "The worldwide prevalence of self-reported psychological and behavioral symptoms in medical students: An umbrella review and meta-analysis of meta-analyses", Journal of Psychosomatic Research, 2023 Crossref	16 words — < 1%
92	Indira Banstola, Ratna Shila Banstola, Sakuntala Pageni. "The Role of Perceived Social Support on Academic Stress", Prithvi Academic Journal, 2020 Crossref	16 words — < 1%
93	Mahruk Rashidi, Funda Karaman, Gülay Yıldırım, Aslı Genç, Gülşah Ünsal Jafarov, Sultan Çakmak. "Healthy Life Skills and Related Factors Among University Students: A Cross-Sectional Study in İstanbul, Turkey", Research Square Platform LLC, 2023 Crossref Posted Content	16 words — < 1%
94	brain.unboundmedicine.com Internet	16 words — < 1%
95	files.osf.io Internet	16 words — < 1%
96	wreg.com Internet	16 words — < 1%
97	www.pineyridge.net Internet	16 words — < 1%
98	1library.org Internet	15 words — < 1%
99	Devleesschauwer, Brecht, Juanita A. Haagsma, Frederick J. Angulo, David C. Bellinger, Dana Cole,	15 words — < 1%

Dörte Döpfer, Aamir Fazil, Eric M. Fèvre, Herman J. Gibb, Tine Hald, Martyn D. Kirk, Robin J. Lake, Charline Maertens de Noordhout, Colin D. Mathers, Scott A. McDonald, Sara M. Pires, Niko Speybroeck, M. Kate Thomas, Paul R. Torgerson, Felicia Wu, Arie H. Havelaar, and Nicolas Praet. "Methodological Framework for World Health Organization Estimates of the Global Burden of Foodborne Disease", PLoS ONE, 2015.
Crossref

100 Nongluck Kienngam, Narong Maneeton, Benchalak Maneeton, Pichaya Pojanapotha et al. "Psychological Factors Influencing Achievement of Senior High School Students", Healthcare, 2022 — 15 words — < 1%
Crossref

101 Roy, Bedanta, Indrajit Banerjee, Brijesh Sathian, Monami Mondal, Sai Sailesh Kumar, and Chhanchu Gopal Saha. "Attitude of Basic Science Medical Students towards Post Graduation in Medicine and Surgery: A Questionnaire based Cross-sectional Study from Western Region of Nepal", Nepal Journal of Epidemiology, 2012. — 15 words — < 1%
Crossref

102 aacrjournals.org — 15 words — < 1%
Internet

103 archpsyc.ama-assn.org — 15 words — < 1%
Internet

104 www.jove.com — 15 words — < 1%
Internet

105 Enander, Jesper. "Etiology, Prevalence, and Development of a Novel Treatment for Body Dysmorphic Disorder", Karolinska Institutet (Sweden), 2021 — 14 words — < 1%
ProQuest

106 Harikrishnan U, Ali Arif, Sobhana H. "Assessment of mental health status among school going adolescents in North East India: A cross sectional school based survey", Asian Journal of Psychiatry, 2017
Crossref
14 words — < 1%

107 Rolf A. H. Snijders, Linda Brom, Maurice Theunissen, Marieke H. J. van den Beuken-van Everdingen. "Update on Prevalence of Pain in Patients with Cancer 2022: A Systematic Literature Review and Meta-Analysis", Cancers, 2023
Crossref
14 words — < 1%

108 www.surrey.ac.uk
Internet
14 words — < 1%

109 Amel Amara, Nihel Omri, Jihene Sahli, Chakib Zedini, Tasnim El Ouni, Ali Mtiraoui, Manel Mallouli, Mariem Ghardalou. "Prevalence and predictors of tobacco, alcohol and illicit drug experimentation among Tunisian middle and high school-adolescents", International Journal of Adolescent Medicine and Health, 2023
Crossref
13 words — < 1%

110 Brandon L. Warren, Michelle Mazei-Robison, Alfred J. Robison, Sergio D. Iñiguez. "Can I get a witness? Using vicarious defeat stress to study mood-related illnesses in traditionally understudied populations", Biological Psychiatry, 2020
Crossref
13 words — < 1%

111 ijmhs.biomedcentral.com
Internet
13 words — < 1%

112 ueaeprints.uea.ac.uk
Internet
13 words — < 1%

113	www.journalstudiesanthropology.ro Internet	13 words — < 1%
114	www.lethbridge.ca Internet	13 words — < 1%
115	AMYRE Morris, Alanna, Liping Zhao, Yusuf Ahmed, Neli Stoyanova, Christine De Staercke, William Craig Hooper, Gary Gibbons, Rebecca Din-Dzietham, Arshed Quyyumi, and Viola Vaccarino. "Association Between Depression and Inflammation-Differences by Race and Sex : The META-Health Study", Psychosomatic Medicine, 2011. Crossref	12 words — < 1%
116	Piedad Rocio Lerma Castaño, Diana Paola Montealegre Suarez, Sonia Carolina Mantilla Toloza, Carlos Alberto Jaimes Guerrero et al. "Prenatal, perinatal and postnatal risk factors associated with fine motor function delay in pre-school children in Neiva, Colombia", Early Child Development and Care, 2020 Crossref	12 words — < 1%
117	en.wikipedia.org Internet	12 words — < 1%
118	gh.bmj.com Internet	12 words — < 1%
119	multimedia.elsevier.es Internet	12 words — < 1%
120	orcid.org Internet	12 words — < 1%
121	orgprints.org Internet	12 words — < 1%

122	paperity.org Internet	12 words — < 1%
123	researcher.manipal.edu Internet	12 words — < 1%
124	www.biorxiv.org Internet	12 words — < 1%
125	www.diva-portal.org Internet	12 words — < 1%
126	www.natap.org Internet	12 words — < 1%
127	Anna Christensson, Marjan Vaez, Paul W. Dickman, Bo Runeson. "Self-reported depression in first-year nursing students in relation to socio-demographic and educational factors: a nationwide cross-sectional study in Sweden", Social Psychiatry and Psychiatric Epidemiology, 2010 Crossref	11 words — < 1%
128	Dwyer, Kelly Elizabeth. "Teachers' Perceptions of How Anxiety Influences Students' Academic Performance: A Qualitative Study.", American College of Education, 2023 ProQuest	11 words — < 1%
129	Hennessy, Eilis, Heary, Caroline, Michail, Maria. "Understanding Youth Mental Health: Perspectives from Theory and Practice", Understanding Youth Mental Health: Perspectives from Theory and Practice, 2022 Publications	11 words — < 1%
130	Orlins, Erin R. "Exploring Adolescent Suicide in Ohio: Trends, Perceptions, and the Effectiveness	11 words — < 1%

of a School-Based Suicide Prevention Program", Kent State University, 2023
ProQuest

131	Sandy Tubeuf, Florence Jusot, Damien Bricard. "MEDIATING ROLE OF EDUCATION AND LIFESTYLES IN THE RELATIONSHIP BETWEEN EARLY-LIFE CONDITIONS AND HEALTH: EVIDENCE FROM THE 1958 BRITISH COHORT", Health Economics, 2012 Crossref	11 words — < 1%
132	ijisrt.com Internet	11 words — < 1%
133	ir.unimas.my Internet	11 words — < 1%
134	medworm.com Internet	11 words — < 1%
135	profiles.stanford.edu Internet	11 words — < 1%
136	repository.umy.ac.id Internet	11 words — < 1%
137	repozitorij.ffzg.unizg.hr Internet	11 words — < 1%
138	udspace.udel.edu Internet	11 words — < 1%
139	uthscsa.influuent.utsystem.edu Internet	11 words — < 1%
140	www.zjms-hmu.org Internet	11 words — < 1%

141 Abbas Abdollahi, Simin Hosseinian, Hannaneh Panahipour, Mahmoud Najafi, Fariba Soheili. "Emotional intelligence as a moderator between perfectionism and happiness", School Psychology International, 2018
Crossref
10 words — < 1%

142 Aggarwal, Pankhuri. "A Concurrent and Longitudinal Examination of Interpersonal Relations and Depressive Symptoms Among Young Adults in India", Miami University, 2023
ProQuest
10 words — < 1%

143 Colon, Lorianna M.. "Sex Differences in Context Fear Neural Circuitry and Behavior across Development", State University of New York at Albany, 2021
ProQuest
10 words — < 1%

144 Cook, Virginia Holmes. "Does depression and low literacy in mothers affect their interactions with their 4-month old infants?", Proquest, 20111108
ProQuest
10 words — < 1%

145 Ellerkamp, Hannah Parker. "A Group Intervention to Address Psychological Stress in Parents of Youth and Adolescents with Pediatric Acute-Onset Neuropsychiatric Syndrome", Palo Alto University, 2021
ProQuest
10 words — < 1%

146 Hayden, Dorian James. "Examining the Relationship Among Physical Activity, Stress, Depression, and Anxiety in College Students", Michigan State University, 2022
ProQuest
10 words — < 1%

147 Iyengar, Monica. "Understanding the Antecedents to Luxury Buying among Consumers of Gujarat", Maharaja Sayajirao University of Baroda (India), 2022
ProQuest
10 words — < 1%

148 Jasmin M. Alves, Alexandro Smith, Ting Chow, Sonya Negriff, Sarah Carter, Anny H. Xiang, Kathleen A. Page. "Prenatal Exposure to Gestational Diabetes Mellitus is Associated with Mental Health Outcomes and Physical Activity has a Modifying Role", Research Square Platform LLC, 2023
Crossref Posted Content
10 words — < 1%

149 Prem Misir. "HIV/AIDS and Adolescents", Springer Science and Business Media LLC, 2019
Crossref
10 words — < 1%

150 Saliyan, Tripthi. "A Study on Anti-Depressant Activity of Fresh Fruit Juice of Actinidia Deliciosa in Experimental Mice", Rajiv Gandhi University of Health Sciences (India), 2023
ProQuest
10 words — < 1%

151 Stirling Moorey, Herbert Steiner. "Do Depressive Symptoms Differ Between Medically Ill and Non-Medically Ill Patients Referred for Psychological Therapy? Comparing Negative Thoughts about the Self in Cancer and Non-Cancer Patients", Behavioural and Cognitive Psychotherapy, 2007
Crossref
10 words — < 1%

152 Triin Eller, Anu Aluoja, Veiko Vasar, Marlit Veldi. "Symptoms of anxiety and depression in Estonian medical students with sleep problems", Depression and Anxiety, 2006
Crossref
10 words — < 1%

153 arro.anglia.ac.uk
Internet
10 words — < 1%

154 ejurnal.bunghatta.ac.id
Internet
10 words — < 1%

155	portal.findresearcher.sdu.dk Internet	10 words — < 1%
156	topsecretapiaccess.dovepress.com Internet	10 words — < 1%
157	www.clinicaltrialscfl.com Internet	10 words — < 1%
158	www.omicsonline.org Internet	10 words — < 1%
159	Bolshin, Lisa A.. "Tunnel Vision: A Novel Investigation of the Effect of Depression on Field of View.", Fielding Graduate University, 2020 ProQuest	9 words — < 1%
160	Claudia Tejada-Gallardo, Ana Blasco-Belled, Cristina Torrelles-Nadal, Carles Alsinet. "How does emotional intelligence predict happiness, optimism, and pessimism in adolescence? Investigating the relationship from the bifactor model", Current Psychology, 2020 Crossref	9 words — < 1%
161	Delwyn Catley, Kari Jo Harris, Kolawole Okuyemi, Matthew Mayo, Evan Pankey, Jasjit Ahluwalia. "The influence of depressive symptoms on smoking cessation among African Americans in a randomized trial of bupropion", Nicotine & Tobacco Research, 2005 Crossref	9 words — < 1%
162	Jakov Milić, Ivana Škrlec, Iva Milić Vranješ, Matea Podgornjak, Marija Heffer. "High levels of depression and anxiety among Croatian medical and nursing students and the correlation between subjective happiness and personality traits", International Review of Psychiatry, 2019 Crossref	9 words — < 1%

163 Janine M. Joseph, Jens Hillengass, Li Tang, Alexander M. Lesokhin et al. "Dietary risk factors for monoclonal gammopathy of undetermined significance in a racially diverse population", Cold Spring Harbor Laboratory, 2023 — 9 words — < 1%
Crossref Posted Content

164 Mahdad Jafarzadeh Esfahani, Frederik D. Weber, Merel Boon, Simone Anthes et al. "Validation of the sleep EEG headband ZMax", Cold Spring Harbor Laboratory, 2023 — 9 words — < 1%
Crossref Posted Content

165 Maysoun H Atoum, Sami Al-Rawashdeh, Sajidah Al-Hawamdih, Hadeel Atoum, Dina Atoum, Souhair Al Atoum, Arwa Almwajeh. "The psychological distress mediates the relationship between electronic devices use and insomnia in adolescents", Electronic Journal of General Medicine, 2022 — 9 words — < 1%
Crossref

166 Meghna Singhal, Manjula Munivenkatappa, John Vijay Sagar Kommu, Mariamma Philip. "Efficacy of an indicated intervention program for Indian adolescents with subclinical depression", Asian Journal of Psychiatry, 2018 — 9 words — < 1%
Crossref

167 Olli Kiviruusu, Thea Strandholm, Linnea Karlsson, Mauri Marttunen. "Outcome of depressive mood disorder among adolescent outpatients in an eight-year follow-up", Journal of Affective Disorders, 2020 — 9 words — < 1%
Crossref

168 Outlaw, Kimberly R.. "Exploring the Challenges of Elite African American Male Athletes at — 9 words — < 1%

Predominately White Universities: Three Descriptive Case Studies.", East Carolina University, 2020
ProQuest

169 Portela, Lindsay K.. "The Relationship Between Social Networking and Student-Athlete Well-being", Auburn University, 2023 — 9 words — < 1%
ProQuest

170 Ranjitham, S. Margaret. "Prevalence and Knowledge Level of Diabetes among Working Women.", Mother Teresa Women's University (India), 2020 — 9 words — < 1%
ProQuest

171 Riaz Uddin, Nicola W. Burton, Asaduzzaman Khan. "Combined Effects of Physical Inactivity and Sedentary Behaviour on Psychological Distress Among University-Based Young Adults: a One-Year Prospective Study", Psychiatric Quarterly, 2019 — 9 words — < 1%
Crossref

172 Thompson, Murray Scott. "Towards a Psychological Model of Burnout", The University of Manchester (United Kingdom), 2023 — 9 words — < 1%
ProQuest

173 Wirback, Therese. "Depression Among Adolescents and Young Adults: Social and Gender Differences.", Karolinska Institutet (Sweden), 2021 — 9 words — < 1%
ProQuest

174 acikbilim.yok.gov.tr — 9 words — < 1%
Internet

175 aifs.gov.au — 9 words — < 1%
Internet

176 diabetesliteracy.com

Internet

9 words — < 1%

177 doczz.com.br
Internet

9 words — < 1%

178 downloads.hindawi.com
Internet

9 words — < 1%

179 eprints.soton.ac.uk
Internet

9 words — < 1%

180 files.eric.ed.gov
Internet

9 words — < 1%

181 iarjset.com
Internet

9 words — < 1%

182 ijhas.in
Internet

9 words — < 1%

183 ir.canterbury.ac.nz
Internet

9 words — < 1%

184 library.iated.org
Internet

9 words — < 1%

185 mafiadoc.com
Internet

9 words — < 1%

186 mdpi-res.com
Internet

9 words — < 1%

187 mental.jmir.org
Internet

9 words — < 1%

188 protocolexchange.researchsquare.com

	Internet	9 words — < 1%
189	pure.uva.nl Internet	9 words — < 1%
190	repository.ubn.ru.nl Internet	9 words — < 1%
191	silo.pub Internet	9 words — < 1%
192	www.bxblbl.com.cn:81 Internet	9 words — < 1%
193	www.capmh.com Internet	9 words — < 1%
194	www.journalijar.com Internet	9 words — < 1%
195	www.rand.org Internet	9 words — < 1%
196	www.researchprotocols.org Internet	9 words — < 1%
197	www.smhp.psych.ucla.edu Internet	9 words — < 1%

EXCLUDE QUOTES	ON	EXCLUDE SOURCES	< 9 WORDS
EXCLUDE BIBLIOGRAPHY	ON	EXCLUDE MATCHES	< 9 WORDS