DEPRESSION PRONENESS AMONG COLLEGE STUDENTS OF MAMIT DISTRICT: A CRITICAL STUDY.

Submitted by

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CONCEPTUAL FRAMEWORK

1.01 DEPRESSION

Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest in things and activities you once enjoyed. It can also cause difficulty with thinking, memory, eating and sleeping. It is normal to feel sad about or grieve over difficult life situations, such as losing your job or a divorce. But depression is different in that it persists practically every day for at least two weeks and involves other symptoms than sadness alone.

Depression affects an estimated one in 15 adults (6.7%) in any given year. And one in six people (16.6%) will experience depression at some time in their life. Depression can occur at any time, but on average, first appears during the late teens to mid-20s. Women are more likely than men to experience depression. Some studies show that one-third of women will experience a major depressive episode in their lifetime.

Depression isn't the same as being sad. It's normal to feel blue or unmotivated from time to time, but depression is more constant. And, it has a real, biological basis. It's a serious mood disorder that can negatively impact your health and quality of life, as well as those closest to you.

The clinical definition, based on the fifth edition of the Diagnostic and Statistical Manual of Mental Health Disorders (DSM-5), is "a period of at least two weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities, and had a majority of specified symptoms, such as problems with sleep, eating, energy, concentration, or self-worth." This definition excludes grief after mourning.

Depression is a common mental disorder. Globally, it is estimated that 5% of adults suffer from the disorder. It is characterized by persistent sadness and a lack of interest or pleasure in previously rewarding or enjoyable activities. It can also disturb sleep and appetite. Tiredness and poor concentration are common. Depression is a leading cause of disability around the world and contributes greatly to the global burden of disease. The effects of depression can be long-lasting or recurrent and can dramatically affect a person's ability to function and live a rewarding life.

1.02 SYMPTOMS OF DEPRESSION

I. Signs of Depression

The signs of Depression are many and varied. Depression is much more that a feeling of sadness: it is a medical condition that may causes severe, prolonged symptoms and significantly disrupt a person's daily functioning. Depression is thought to be the most common mental health condition in the world, with almost one five Americans alone experiencing a depressive episode in their lifetime.

Symptoms of depression may vary by age and sex, but a list of a the more common sign of a depressive episode may include:

- Persistent low mood; feelings of sadness, hopelessness, emptiness or even irritability, frustration and anger
- Loss of interest or pleasure in activities that used to be enjoyable; this can include; this can include sex
- Tiredness and lack of energy
- Trouble concentrating and making decisions
- Memory Problem
- Talking or moving more slowly than usual
- Restlessness or trouble sitting still
- Disrupted sleep patterns, including difficulty falling asleep, not being able to sleep through the night, walking up early or sleeping too much (excessive sleeping)
- Changes in appetite and/ or weight, there may be an increase or loss of appetite and weight
- Persistent headaches, other body pains, or digestive trouble without a clear physical trigger
- Recurrent thoughts of death or suicide, or suicide attempts

Other, less obvious signs of depression may include:

- Anxiety
- Ruminative thinking: this refers to repetitive negative thoughts or brooding about distressing experience or thoughts
- Self- harming, e.g., cutting oneself
- Substance abuse and addiction, including heavy drinking and smoking

II. **Symptoms of Depression:**

1. **Feelings of helplessness and hopelessness.** A bleak outlook-nothing will ever get better and nothing you can do to improve your situation.

2. **Loss of interest in daily activities.** You don't care anymore about former hobbies, pastimes, social activities, or sex. You've lost your ability to feel joy and pleasure.

3. **Sleep changes.** Either insomnia, especially waking in the early hours of the morning, or oversleeping.

4. **Anger or irritability.** Feeling agitated, restless, or even violent .Your temper short, and everything and everyone gets on your nerves.

5. **Loss of energy.** Feeling fatigued, sluggish, and physically drained. Your whole body may feel heavy, and even small tasks are exhausting or take longer to complete.

6. **Self- loathing.** Strong feelings of worthlessness or guilt. You harshly criticize yourself for perceived faults and mistake

7. **Reckless behaviour.** You engage in escapist behaviour such as substance abuse, compulsive gambling, reckless driving, or dangerous sports.

8. **Concentration problems.** Trouble focusing, making decisions, or remembering things.

9. **Unexplained aches and pains.** An increase in physical complaints such as headaches, back pain, aching muscles, and stomach pain.

10. **Loss of interest in daily activities.** You don't care anymore about former hobbies, pastime, social activities, or sex. You've lost your ability to feel joy and pleasure.

1.03 CAUSES OF DEPRESSION

There are several possible causes of depression. They can range from biological to circumstantial.

Common causes include:

- **Family history.** You're at a higher risk for developing depression if you have a family history of depression or another mood disorder.
- **Brain structure.** There's a greater risk for depression if the frontal lobe of your brain is less active. However, scientist don't know if this happens before or after the onset of depressive symptoms.
- **Medical conditions.** Certain conditions may put you at higher risk such as chronic pain, or attention-deficit hyperactivity disorder(ADHD)
- **Drug use.** A history of drug or alcohol misuse can affect you risk.

1.04 TYPES OF DEPRESSION

There are several forms of depression. Below are some of the most common types.

- **Major depression:** A person with major depression experience a constant state of sadness. They may loss internet and activity that use they enjoy. Treatment usually involves medication and psychotherapy. Major depression includes symptoms of depressed mood or loss of interest, most of the time for at least 2 weeks, that interfere with daily activities.

- **Persistent depression disorder:** It is also known as dysthymia; persistent depressive disorder causes symptoms that last for at least 2 years. A person with disorder may have episodes of major depression as well as milder symptoms.

- **Perinatal depression**: It is depression that occurs during or after pregnancy. Depression that begins during pregnancy is prenatal depression and depression that begins after the baby is born is postpartum depression.

- **Seasonal affective** disorder is depression that comes and goes with the seasons, with symptoms typically starting in the late fall and early winter and going away during the spring and summer.

- **Postpartum depression:** After giving birth many women experience what some people call it the "baby blues". When hormones levels readjust after childbirth, changes in mood can result. Postpartum depression, or postnatal depression is more serve. There is no single cause for this type of depression and it can persist for months or years anyone who experience on going depression after delivery should seek medical attention.

- **Depression with symptoms of psychosis** is a severe form of depression in which a person experiences psychosis symptoms, such as delusions (disturbing, false fixed beliefs) or hallucinations (hearing or seeing things others do not hear or see).

1.05 CHARACTERISTICS OF DEPRESSION

1. Sombre, overwhelming feeling.
2. Difficulties with experiencing joy, even when you find something funny.
3. Sleeping problem; issues falling asleep and getting a full night's sleep.
4. Worrying.
5. Isolation for friends, family and others.
6. Inactivity you prefer not to do anything at all during the day.
7. Crying fits: more frequent than normal.
8. Disturbed eating patterns: you either hardly eat at all anymore, or you eat way too much.
9. Low self – esteem.
10. Feelings out guilt: you feel guilty easily and think that many things are your fault.

Depression can be severe and life altering, affecting the quality of life and the happiness of those who live with it. It's also a common condition.

1.06 RISK FACTOR FOR DEPRESSION

1. **Genetic:** A history of depression in your family may make it more likely for you get it. It has been thought that the condition can be passed down. The exact way this happens, though, isn't clear.

2. **Conflict:** Personal turmoil or disputes with family or friends may lead to depression.

3. **Abuse**: Past physical, sexual, or emotional can bring it on, as well.

4. **Life events:** Even good things, like moving or graduating, could make you depressed other changes that can do that include:
   - A new job
   - Loss of employment or income
   - Marriage
   - Divorce
   - Retirement
   - Having a baby

5. **Other illness:** Sometimes depression pairs with, or can be reaction to, another illness. Examples include:
   - Sleep problems
   - Chronis Pin
   - Anxiety
   - ADHD

6. **Medication:** Depression can be a side effect of something you take for another condition. If this happens to you, talk with your doctor about changing what you take.

7. **Substance abuse:** Nearly 30% of people who abuse drugs or alcohol have depression, too. Some people misuse substance when they feel down. For others, heavy use of alcohol or drugs can bring on depression symptoms.

8. **Other problems:** Things like social isolation due to another illness or separation from a family or social group can lead to depression.

1.07 DIAGNOSIS OF DEPRESSION

The first step towards getting effective treatment of depression is to see a doctor or mental health professional. The doctor will do a mental health assessment and develop a management plan.

A mental health assessment is a detailed and comprehensive interview, including questions about symptoms and their impact on work and relationships, any previous episode, drug and alcohol use, medical conditions family history. It is important to assess the risk of suicide or self-harm.

Family members or close friends, with permission, may be asked to provide feedback on the person's symptoms. The individual. May be asked to complete a psychological self- assessment or questionnaire. They may also be asked by their doctor to keep a daily record of moods, sleep patterns, o other activities that may help with a diagnosis

The doctor will also screen for other factors that may be causing the symptoms. The doctor will also do a physical examination liked blood tests to exclude physical causes.

Once all the information has been compiled, a diagnosis can be made. The diagnosis is made according to recognised criteria such as those listed in the DSM-5(Diagnostic and Statistical Manual of Mental Disorders- a handbook used by health professionals to help identify and diagnose mental illness.) Diagnosing the type of depression is important as it may influence which treatment is the most effective.

1.08 PREVENTION OF DEPRESSION

In some cases, it's possible to prevent depression, even if you've already had a previous episode. There are many lifestyle changes and stress management technique you can use to prevent or avoid depression. There are certain triggers that can cause us to experience depressive episode.

1. **Exercise regularly:** Exercising regularly is one of the best things you can do for your mental health. According to the Mayo Clinic, exercise can help in the treatment and several key ways:
    - It increases your body temperature, which can have a calming effect on the central nervous system.
    - It releases chemicals like endorphins, which can boost mood.
    - It reduces immune system chemicals that may worsen depression.

    All types of physical exercise can help can help treat depression, but it's best to exercise regularly.

2. **Cut back on social media time:** social media can cause or contribute to depression and low self- esteem. Social media can be addicting, and it's a necessity to stay connected with family, friends and even co-workers. It's how we plan and invite each other to events and share big news

3. **Build strong relationships:** A strong support system and an active social life is important for our mental health. Make sure that you're regularly connecting with friends and family, even when your lives are busy. Attending social events when you can find new hobbies that could help you meet new people can all help you build new relationships too.

4. **Minimize your daily choices**: Have you ever walked into a theme park and been overwhelmed at what you want to do first? Researchers think that having too many choices can actually significant stress that can lead to depression.

5. **Reduce stress**: Chronic stress is one of the most avoidable common causes of depression. Learning how to manage and cope with stress is essential for optimal mental health.

6. **Maintain your treatment plan:** The treatment plan is so important, its include:

   - Continuing prescription medication, and never stopping them abruptly
   - Maintenance visits with your therapist every so often when in remission.
   - Consistently practicing the strategies and coping mechanism your therapist taught you

7. **Get plenty of sleep:** Getting plenty of high – quality sleep is necessary for both mental and physical health.

8. **Stay away from toxic people:** We've all met that person who just makes us feel bad about ourselves. Sometimes they're an outright bully and other times they subtly put us down to make themselves feel better. They may even be someone who takes advantage of us. Regardless of the specific situation, toxic people should be avoided at all costs. They can lower self – esteem.

9. **Eat well:** Recent research has shown that regularly con summing a high- fat diet can have similar effect as chronic stress in terms of causing depression. In addition, an unhealthy diet can also deprive your body of vital nutrients it needs to maintain physical and mental health

10. **Maintain a healthy weight:** Obesity can result in low self-esteem especially one your start adding in the judgement and criticisms of other people. Additionally, adults with depression were more likely to be obese than those without it. If you're exercising regularly, getting enough sleep, and eating well Maintaining a healthy weight should.

1.09 TREATMENT OF DEPRESSION

Depression, even the most severe cases, can be treated. The earlier treatment begins, the more effective it is. Depression is usually treated with medication, psychotherapy, or a combination of the two. Some people may experience treatment-resistant depression, which occurs when a person does not get better after trying at least two antidepressant medications. If treatments like medication and psychotherapy do not reduce depressive symptoms or the need for rapid relief from symptoms is urgent, brain stimulation therapy may be an option to explore.

1. **Medications:** Antidepressants are medications commonly used to treat depression. They work by changing how the brain produces or uses certain chemicals involved in mood or stress. You may need to try several different antidepressants before finding the one that improves your symptoms and has manageable side effects. A medication that has helped you or a close family member in the past will often be considered first. Antidepressants take time—usually 4–8 weeks—to work, and problems with sleep, appetite, and concentration often improve before mood lifts. Another option for treatment-resistant depression is to take an antidepressant alongside a different type of medication that may make the antidepressant more effective, such as an antipsychotic or anticonvulsant medication. Further research is needed to identify the best role of these newer medications in routine practice.

2. **Psychotherapies:** Several types of psychotherapy (also called talk therapy or counseling) can help people with depression by teaching them new ways of thinking and behaving and how to change habits that contribute to depression. Evidence-based approaches to treating depression include cognitive-behavioral therapy (CBT) and interpersonal therapy (IPT). The growth of telehealth for mental health services, which offers an alternative to in-person therapy, has made it easier and more convenient for people to access care in some cases. For people who may have been hesitant to look for mental health care in the past, telemental health services might be an easier first step than traditional mental health services.

3. **Brain stimulation therapies:** If medication or psychotherapy does not reduce symptoms of depression, brain stimulation therapy may be an option to explore. There are now several types of brain stimulation therapy, some of which have been authorized by the FDA to treat depression. Other brain stimulation therapies are experimental and still being investigated for treating mental disorders like depression. Although brain stimulation therapies are less frequently used than medication and psychotherapy, they can play an important role in treating mental disorders in people who do not respond to other treatments. These therapies are used for most mental disorders only after medication and psychotherapy have been tried and usually continue to be used alongside these treatments. Brain stimulation therapies act by activating or inhibiting the brain with electricity. The electricity is given directly through electrodes implanted in the brain or indirectly through electrodes placed on the scalp. The electricity can also be induced by applying magnetic fields to the head.

4. **Alternative treatments:** The FDA has not approved any natural products for depression. Although research is ongoing, some people use natural products, including vitamin D and the herbal dietary supplement St. John's wort, for depression. However, these products can come with risks. For instance, dietary supplements and natural products can limit the effectiveness of some medications or interact in dangerous or even life-threatening ways with them. Daily morning light therapy is a common treatment choice for people with seasonal affective disorder. Light therapy devices are much brighter than ordinary indoor lighting and considered safe, except for people with certain eye diseases or taking medications that increase sensitivity to sunlight. As with all interventions for depression, evaluation, treatment, and follow-up by a health care provider are strongly recommended. Research into the potential role of light therapy in treating non-seasonal depression is ongoing.

1.10 DEPRESSION PRONENESS

Although researchers don't have an exact answer as to why some people are more prone to depression than others, there's likely more than one causative factor. Research has implicated everything from physical and chemical differences in the brain to social and environment risk factors.

The complexity of depression is what it a challenging condition to diagnose and treat. Understanding what could make a person more likely to experience depression is the first step in developing prevention and treatment strategies tailored to reduce individual vulnerability to the condition.

Developing a more complete understanding of the various mechanisms that drive depression could also help researchers get better at predicting who will get depressed as well as predicting how the condition will present over time. With this information, mental health professional would be better prepared to predict how a person might respond to antidepressants or other forms of therapeutic treatment.

1.11 DEPRESSION IN MEN

Depression isn't a sign of weakness and you don't have tough it out. Instead, try these tips to help you start feeling better today. As a man, we like to think of ourselves as strong and in control of our emotions. When we feel hopeless or overwhelmed by despair we often deny it or try to cover it up. But depression is a common problem that affects many of us at some point in our lives, not a sign of emotional weakness is falling of masculinity. It affects millions of men of all ages and background, as well as those who care about them- spouse, partners, friends and family. Of course, it's normal for anyone to feel down from time to time dip in mood are an ordinary reaction to losses, setbacks, and disappointments in life. However, male depressed changes how you think, feel, and function in your daily life. It can interfere with your productivity at work or school and impact your relationships, sleep, diet, and overall enjoyment of life. Severe depression can be intense and unrelenting.

Unfortunately, depression in men often gets overlooked as many of us find it difficult to talk about our feelings. Instead, we tend to focus on the physical symptoms that often accompany male depression, such as back pain, headaches, difficulty sleeping, or sexual problems. This can result in the underlying depression going untreated, which can have serious consequence. Men suffering from depression are four times more likely to commit suicide than women, so it's vital for any man to seek help with depression before feelings of despair become feelings of suicide. Talk honesty with a friend, loved one, or doctor about what's going on in your mind as well as your body. Once correctly diagnosis, there is plenty you can do to successfully treat and manage male depression and prevent it from coming back.

Signs and symptoms of depression in men

Men tend to be less adept at recognizing symptoms of depression than women. A man is more likely to deny his feelings, hide them from himself and others, or try to mask them with other behaviours. And while men may experience classic symptoms of depression such as despondent mood, loos of internet in work or hobbies, weight and sleep disturbances, fatigue, and concentration problems, they are more likely than women to experience 'stealth' depression symptom such as anger, substance abuse, and agitation.

The three most commonly overlooked signs of depression in men are

1) **Physical pain**. Sometimes depression in men shows up as physical symptoms – such as backache, frequent headaches, sleep problems, sexual dysfunction, or digestive disorders – that don't respond to normal treatment.

2) **Anger**. This could range from irritability, sensitivity to criticism, or a loss of your sense of humour to road rage, a short temper, or even violence. Some men become abusive or controlling

3) **Reckless behaviour**. A man suffering from depression may exhibit escapist or risky behaviour such as pursuing dangerous sports, driving recklessly, or engaging in unsafe sex. You might drink too much, abuse drugs, or gamble compulsively.

1.12 DEPRESSION IN WOMEN

. Depression can impact every area of a women's life – including your physical health, social life, relationships, career, and sense of self- worth and is complicated by factors such as reproductive hormones, social pressures, and the unique female response to stress. However, it's important to know that you are not alone. Women are about twice as likely as men to suffer from depression but depression is treatable and there are plenty of things you can do to make yourself feel better.

Sign and symptoms of depression in women

The symptoms of depression in women vary from mild to severe (major depression) and are distinguished by the impact they have on your ability to function. Common signs of depression include:

- Feelings of helplessness and hopelessness. You feel as if nothing will ever get better ad there's nothing you can do to improve your situation.
- You can care anyone about former hobbies, pastimes and social activities you used to enjoy.
- Appetite changes often leading to significant weight loss or weight gain
- Change your sleep in pattern
- Feeling anger, agitated, restless.
- Feeling fatigued, sluggish, and drained of energy
- Trouble concentrating, making decision, or remembering things
- Increase in aches and pains, including headache, cramps, breast, tenderness, or bloating
- Suicidal thoughts

Causes of depression in women

Women report experiencing depression at much higher rates than men. This gender disparity may be explained by a number of social, biological, and hormonal factors that are specific to women.

a) **Premenstrual problems.** Hormonal fluctuations during the menstrual cycle can cause the familiar symptoms of premenstrual syndrome (PMS), such as bloating, irritability, fatigue, and emotional reactivity. For some women, symptoms are severe and may warrant a diagnosis of premenstrual dysphonic disorder (PMDD). PMDD is characterized by serve depression, irritability, and other mood disturbances beginning about 10 to 14 days before your period and improving within a few days of its start.

b) **Pregnancy and infertility.** The many hormonal changes that occur during pregnancy can contribute to depression, particularly in women already at high risk. Other issues relating to pregnancy such as miscarriage, unwanted pregnancy, and infertility can also play a role in depression.

c) **Postpartum depression.** It's not uncommon for new mothers to experience the baby "This is a normal reaction that tend to subside within a few weeks." However, some women experience serves, lasting depression.

d) **Body images issue.** Which increase in girls during the sexual development of puberty may contribute to depression in adolescence.

e) **Thyroid problems.** Since hypothyroidism can cause depression, this medical problem should always be ruled out by a physician.

f) **Medication side effects.** From birth control medication or hormone replacement therapy.

1.13 BRIEF PROFILE OF MAMIT DISTRICT

Mamit is one of the districts of Mizoram in India, the population of Mamit in 2023 is 120,046 (estimates as per aadhar uidai.gov.in Dec 2023 data). Literate people are 60,191 out of 32,977 are male and 27,214 are female. People living in Mamit depend on multiple skills, total workers are 39,339 out of which men are 24,016 and women are 15,323. Total 26,937 Cultivators are dependent on agriculture farming out of 16,765 are cultivated by men and 10,172 are women. 1,963 people works in agricultural land as labor, men are 1,111 and 852 are women. Mamit sex ratio is 927 females per 1000 of males. The district has a total area of 3,025 sq km., 41 sq km is urban and 2984 sq km is rural.

Mamit is the least urbanised Districts of Mizoram with 17.25 % of Total Population i.e. out of 86364 only 14,899 people are living in urban areas. Against the State level Sex Ratio of 976, Mamit district comprises of 927 sex ratio which is the lowest among all eight District in the State.In terms of Literacy rate Mamit District is the second least Literacy Rate with 84.9 out of all Eight District of the State. West Phaileng village is the most populated Village with population of2,1,309 while Saitlaw with a population of Only 59 persons is the smallest village in the Disrict. Against a total Population of 94.4 % Scheduled Tribes in the State , The Scheduled Tribes Population of Mamit is 95.0 % .

Rural areas are lacking proper health facilities. One-tenth of the villages of district Mamit have a PHC and only 1.2 per cent have MCW centre. Health facilities are very inadequate and none of the sample village has a PHC, hospital/dispensary, maternal and child care centre, and family planning clinic. Accessibility to health facilities is not satisfactory. Development and welfare orientation organizations are lacking in most of the villages.

There are two colleges in Mamit District

1.14 GOVT. MAMIT COLLEGE

The Govt. Mamit College was established under the patronage of local enthusiasts including local leaders, Village Council members and local educated persons longing for higher education. It was opened with a few students on 1st April 1983 by the then SDO (Civil) Pu R.Selthuama.

In the beginning, the College was known as Kaichhunga College, christened after Kaichhunga, an enthusiast in higher education from Aizawl who generously donated a sum of Rs. 40000/-(Rupees forty thousand), then a big amount, to run the college. Later it was renamed as Mamit College in March 1987.The College was run solely on the financial contributions made by the local people, imminent persons and Village Council leaders till the College was upgraded to Deficit Status in April 1993.

At present, the college has 158 students and was recently accredited B+ Grade by NAAC.

1.15 GOVT. ZAWLNUAM COLLEGE

Govt. Zawlnuam College is a college in Zawlnuam, Mamit district of Mizoram. The college is affiliated to Mizoram University. The College has 84 students at present Zawlnuam College was established in the year 1986, provincialized in 2007. It got NAAC accreditation "B" Grade in 2022.

Govt. Zawlnuam College is the only institution of higher education in the North West corner of Mizoram bordering Tripura and Assam. Located in the tranquil area surrounded by lush green landscape, the College was established in January 14, 1986. A place far distant from the state capital Aizawl, the founder of this college felt the necessity of an institution of higher education in this part of the state. Since then, this institution has remained a center of quality learning and academic exchange and already gained a reputation of academic excellence by gaining higher positions in academic matters among the colleges of Mizoram. The motto of the college is "Ever Progressing".

1.16 LITERATURE REVIEW

Allemand, M. et.al. (2022) examined the predictive associations between the development of future perceptions in adolescence and depressive symptoms in adolescence and early and middle adulthood. Participants were measured yearly in adolescence at the age of 12 to 16 years and then in adulthood at the age of 35 and 45. Future perceptions were assessed during adolescence, whereas depressive symptoms were assessed at the age of 16, 35, and 45. Three important results stand out. First, the measure of future perceptions functioned equivalently across adolescence. Second, the development of future perceptions during adolescence varied across individuals, though mean-level stability was evidenced in the sample. Third, individual differences in the level and change of future perceptions during adolescence predicted depressive symptoms in adolescence and adulthood. These findings demonstrate that one's perception of the future not only has short-term affective consequences but may have long-term effects on depressive symptoms beyond adolescence.

Bechtiger, L. et.al. (2022) conducted a study to test pathways from maternal depressive symptoms (age 2-5) to adolescent academic performance (age 15) through cumulative parenting risk (age 7) and subsequent child functioning (age 10), using multi-informant data from a prospective longitudinal community study spanning 13 years (N = 389, 47% male, 68% White). Structural equation models testing indirect effects revealed small associations between maternal depressive symptoms and increased cumulative parenting risk and poorer child functioning, and, via these pathways, with poorer academic performance. Thus, childhood exposure to maternal depressive symptoms may be associated with pathways of risk that could limit children's educational opportunities.

Espinoza, G. & Hernandez, H. L. (2022) conducted a study to examine if perceived negative changes due to COVID-19 are related to adolescent loneliness, stress and depressive symptoms and whether friendship factors (online friend communication, friend support) serve a protective role in these associations. In total, 993 adolescents from ethnically diverse backgrounds (49% White, 18% Asian/Asian-American, 14% Latinx, 9% Black/African-American, 10% Other) in the United

States completed an online survey. Adolescents who perceived more negative changes due to COVID-19 reported more loneliness, stress and depressive symptoms. For loneliness and stress, these associations were qualified by interactions with the friendship factors. Among adolescents with low online friend communication, as perceived negative changes increased, loneliness also increased. At high levels of friend communication, there was no link between negative COVID-19 changes and loneliness. Friend communication and support may protect adolescents from well-being problems stemming from the negative changes in their life due to COVID-19.

Fogarty, A. et.al. (**2022**) conducted a study aimed to investigate the prevalence of depressive and anxiety symptoms and suicidal ideation in adolescents living in Melbourne, Australia, during the state of Victoria's second lockdown. The study also sought to identify pre-existing and current psychosocial stressors associated with adolescent's depressive and anxiety symptoms, and to identify the extent to which adolescents experiencing mental health difficulties sought professional help during the pandemic. A COVID-19 sub-study of the Mothers' and Young People's Study--an 18-year longitudinal cohort study--was conducted between July and September 2020, an online survey completed by 257 adolescents aged 14-17 years and their mothers, which asked about pandemic-related stressors, remote learning, family life, and mental health. Descriptive statistics and hierarchical multiple regression analysis were conducted. Mental health difficulties were common with 38% and 20% of adolescents reporting clinically significant depressive and anxiety symptoms, respectively, and 21% reporting frequent suicidal or self-harm ideation. Factors associated with depressive and anxiety symptoms included being female, exposure to current maternal depressive symptoms, lower levels of resilience, experiences of loneliness, stressful life events, and school- and family-related stressors. Two-thirds of adolescents who were experiencing clinically significant depressive or anxiety symptoms had not sought professional help. Our findings highlight the urgent mental health need among adolescents and the importance of reducing barriers to accessing support.

Iimura, S. et.al. (2022) examined whether the relationship between pubertal maturation and depressive symptoms can be moderated by individual differences in environmental sensitivity. The investigator used the three-wave data collected from Japanese adolescents aged from 12 to 15 years (girls = 111, boys = 98). Consequently, a significant Sensitivity × Pubertal Development interaction was observed in 12- to 13-year-old boys, but not girls. Sensitive boys who experienced accelerated physical maturation reported decreased depressive symptoms, while those who experienced less maturation had increased depressive symptoms. The shape of the interaction supported both the "Differential Susceptibility Theory" and the "Diathesis-Stress Model." Our findings suggest that sensitivity during early puberty among boys could be reconsidered as "susceptibility" rather than "vulnerability.

Lapierre, S.& Poulin, F. (2022) conducted a study aimed to examine the link between friendship instability during emerging adulthood and depressive symptoms. The moderating role of gender and the pursuit (or not) of postsecondary education was also tested. A total of 268 participants (60.7% women) was interviewed annually between the ages of 22 and 26. Methods: Friendship instability was measured by asking the participants to name their three best friends each year and depressive symptoms were assessed at ages 22 and 26. A multiple hierarchical regression analysis predicting depressive symptoms at age 26 (while controlling for symptoms at age 22) revealed a triple interaction between friendship instability, gender and the pursuit of postsecondary education. Specifically, friendship instability predicted depressive symptoms at age 26, but only among women pursuing postsecondary education. Conclusions: These results highlight the importance of maintaining friendships for these individuals.

Phillips, S. & Mychailyszyn, M. (2022) conducted a meta-analysis aimed to synthesize the literature of school-based mindfulness interventions that target anxious and depressive symptoms in youth and to compare the effectiveness of these interventions with active and waitlist control groups. Overall small significant effect sizes were found for these interventions for both anxious symptoms and depressive symptoms, though they were not significantly different from the aggregated effect sizes of the active control groups or the waitlist control groups, suggesting that mindfulness interventions may not provide additional benefits for these internalizing

symptoms. Moderator analyses found that interventions delivered to elementary students yielded significantly higher rates of change than interventions delivered to high school students, but there were no differences when comparing the level or implementer of intervention. Overall, the findings of this meta-analysis highlight a critical need to better define what constitutes a "mindfulness intervention" and call into question the effectiveness of those currently being implemented to address youth anxiety and depression in school settings.

Yi;W. et.al. (2022) conducted a study to investigate the developmental trajectory of first-year students' depressive mood and the role of personality dimensions after the transition to high school. Chinese first-year high school students (251 males, 295 females) completed surveys to determine depressive mood and personality dimensions. The latent growth modelling results were as follows: participants' depressive mood increased linearly after the transition to high school, and the intercept and slope of depressive mood were insignificantly correlated; neuroticism significantly and positively predicted the intercept and slope of depressive mood; extraversion, openness, and conscientiousness negatively and significantly predicted the intercept of depressive mood, but insignificantly predicted the slope; and agreeableness did not predict the intercept or slope of depressive mood. Overall, first-year students' depressive mood increased linearly and personality dimensions differently predict depressive mood during this period.

Chan, H. W. Q.& Sun, C. F. R. (2021) conducted a study to examine the relationship of irrational beliefs with emotional disturbances in university students, and the differences in irrational beliefs and depression, anxiety, and stress between students with different socio-demographic and academic backgrounds. Data was collected from 655 local Hong Kong university students. Results and conclusions: University students having higher levels of irrational beliefs were more likely to have depression, anxiety, and stress. Two-way MANOVA results showed that second-year students had more awfulizing beliefs than third-year students in the faculties of Engineering and Education. Results of ANOVA and the Independent Sample t-test revealed that male students, students from low income families, Law students, those pursuing 5-year programs, or those in the second year of study were likely to have

more irrational beliefs. In addition, male students, medical students, those studying 5-year programs were found having significantly higher levels of depression, anxiety, and stress. Limitations and implications were discussed.

Jenkins, P. E. (2021) conducted a study to estimate the prevalence of depression and anxiety in UK college students and examine associations between mental health symptoms and quality of life (QoL). Associations between psychiatric comorbidity and degree of QoL impairment were also investigated. Participants (N = 286) were recruited from a UK university. Self-report measures of depression, anxiety, and QoL were completed online. Group differences and within-group associations were examined with Chi-square analyses, linear regressions, and ANOVAs. Results: Prevalence rates were in line with global estimates and suggest female students are at elevated risk of mental health problems. Symptom severity and comorbidity were associated with greater QoL impairment. Conclusions: Presence of depression, anxiety, or both was associated with QoL impairment. Findings develop understanding of the impact of mental health problems on QoL and could inform appropriate screening and effective interventions for student mental health.

Johnston, S. A. (2021) conducted a study aimed to assess the effectiveness of team sports on alleviating depression, anxiety, perceived stress, and poor sleep quality in college students. Participants included undergraduates (n = 291) from a major public university in China. A 12-week quasi-experimental study was conducted. Students were enrolled in team sports classes (n = 138, experimental group) and aerobic dance classes (n = 153, comparison group). Data was collected via questionnaires at pre and post-test. Results indicated significant improvement in depression and sleep quality for college students over time (p < 0.05). Depression levels decreased significantly more for team sports group (p < 0.05) compared to aerobic dance group. Results showed no significant differences in anxiety or perceived stress between the two groups over time (p > 0.05). Team sports may help reduce depression and poor sleep quality in college students. However, physical activity alone may not help improve anxiety and perceived stress.

Sahin Baltaci, H. (2021) conducted a study to find the role of social anxiety, state, and trait anxiety in depression among college students. Research group consisted of 439 college students (341 females and 98 males) having consulted to a state university's counselling centre between 2018-2019. Counselling Centre Application Form, The Beck Depression Inventory, Liebowitz Social Phobia Scale, and State and Trait Anxiety Scale were used to collect data. Findings Regarding the findings of the present study, social anxiety, state, and trait anxiety positively and significantly predicted depression in college students consulting to counselling centre. The total variance rate of predictor variables related to depression was 58% ($R2 = 0.585$, $F(3.473) = 203.862$, $p < 0.001$). It is discussed whether the findings demonstrate consistency with the related literature and suggestions were made for researchers and counsellors working in higher education institutions, for academic and administrative staff working in higher education institutions, and for policymakers who may facilitate taking necessary steps to create a protective atmosphere at university campuses.

Cahuas, A. (2020) conducted a study to examine the relationship between physical activity, sleep and depression among college students and gender differences in physical activity, sleep and depression. Participants were 1143 students from a large public university in Beijing and completed three questionnaires to measure their physical activity habits, sleep patterns, and depression levels. Data from were analyzed using descriptive statistics, stepwise regression, and an independent t test. Results indicated that vigorous physical activity and sleep variables significantly predicted depression levels for the overall sample ($F = 77.286$, $p = 0.000$). When examined by gender, vigorous and moderate physical activity variables significantly predicted depression for males ($t = -2.772$, $p = 0.006$; $t = -2.622$, $p = 0.009$), whereas no level of physical activity had a significant relationship with depression for females. Conclusions: Rigorous physical activity and quality sleep may be beneficial to helping college students reduce and regulate depressive symptoms, however may vary by gender.

Lauckner, C. (2020) conducted a study to explore the association between the use of social technologies and depression among college students. An online survey assessed the technology use and health status of students (N = 255) at two south-eastern universities. Findings from statistical analyses reveal significant associations between depression and specific social technology use and online behaviours. Implications extend to the assessment of technology use by college clinicians and the development of technology-based interventions to promote mental health.

Siegel, J. T. & Keeler, A. (2020) conducted a to study explore depression, help-seeking, and academic struggles among graduate students. Focus groups were conducted with graduate students who self-reported currently or previously experiencing depression. Mental health, help-seeking, and campus mental health culture were discussed. Participants described the emergence or re-emergence of mental health challenges. Although some reported feeling comfortable discussing depression with friends, participants noted minimal institutional openness about mental health, being expected to be mentally and physically exhausted, and fear of stigmatization.

Dardas, L. A.; (2019) conducted a study which main purpose was to (1) explore Jordanian adolescents' help seeking intentions for depression and (2) examine whether depression stigma, depression severity, or their interaction are associated with Jordanian adolescents' willingness to seek help for depression and the type of treatment they would seek. One fourth of the adolescents reported they would not seek professional help for depression, and those respondents had higher average depression scores. Among those adolescents willing to seek help, the most likely sources included family member (57%), school counsellor (46%), psychiatrist (43%), religious leader (39%), and general health practitioner (28%). Lower stigma scores were associated with greater likelihood to seek psychotherapy or visit a psychiatrist, while higher stigma scores were associated with increased likelihood to seek help from a school counsellor or a family member. Jordanian adolescents experience significant barriers to seeking professional help for depression.

1.17 RATIONALE OF THE STUDY

Depression is a topic that has taken up the world of mental health. In recent years, In Mizoram, till June 2015, around nine persons on an average committed suicide every month, with depression being the main reason for the deaths. Adolescents are the vulnerable age group. Those who committed suicide due to depression were mostly from adolescence. Three to nine percent of teenagers meet the criteria for depression at any one time. Teachers and parents should be made aware of these problems. On the other hand, there are some who are more prone to depressions then other. If the source of the problem can be stopped then the problem can be avoided altogether. The researcher is of the opinion that finding out those students who are more prone to depression is of necessity. If such students are recognised the stakeholder can take necessary steps in order to avoid incidents and accidents. The present study has chosen to study the depression proneness level of college students of Mamit District due to the reason that Mamit District is one of the most backward districts in Mizoram. Students face a lot of problems regarding their studies mainly due to financial problems. Some students are working while going to schools or colleges in order to earn money for their fees and other expenses. In such a scenario, depression may take a toll on the lives of the students. Therefore, the need for the present study arises.

1.18 STATEMENT OF THE PROJECT

The present study was taken up to find out the level of depression proneness of college students of two colleges within Mamit District i.e., Govt. Zawlnuam College and Govt. Mamit College. A comparison of level of depression proneness will also be analysed. The problem under investigation is stated as:

"Depression proneness among College students of Mamit District: A critical study."

1.19 OBJECTIVES OF THE PROJECT

1. To find out the level of depression proneness of college students of Mamit District.
2. To find out the level of depression proneness of college students of Govt. Zawlnuam College.
3. To find out the level of depression proneness of college students of Govt. Mamit College.
4. To find out the level of depression proneness of Female college students of Mamit District.
5. To find out the level of depression proneness of Male college students of Mamit District.
6. To compare the level of depression proneness of college students of Mamit District.
7. To compare the level of depression proneness of college students of Mamit District.w.r.t. gender.

1.20 HYPOTHESES OF THE PROJECT

1. There is no significant difference in the level of depression proneness of college students of Mamit District.
2. There is no significant difference in the level of depression proneness of college students of Mamit District w.r.t. gender.

1.21 DELIMITATION OF THE PROJECT

1. The present study is delimited to only College students of Mamit District.
2. The present study is subjected to only descriptive studies.

CHAPTER-II

2.01 POPULATION AND SAMPLE

The present study is concerned with all the students of Govt. Zawlnuam College and Govt. Mamit College.

Total No. of students at Govt. Zawlnuam College – 85

Total No. of students at Govt. Mamit College – 158

The sample will be selected by using random sampling techniques. The below table describes the details of sampling procedure

Table 2.01 Sample distribution

GOVT. ZAWLNUAM COLLEGE		GOVT. MAMIT COLLEGE	
MALE	**FEMALE**	**MALE**	**FEMALE**
15	15	15	15
TOTAL- 30		**TOTAL- 30**	
GRAND TOTAL- 60			

2.02 SOURCES OF DATA

Primary data was collected by the researcher by visiting the colleges in the population and asking the respondents to answer the questionnaire from the tool used

Secondary data was collected from reference book and the internet.

2.03 TOOLS USED

The details of the tool are:

Name of the tool: Depression Proneness scale

Name of the author: Dr. Niranjan Prasad Yadav

Name of the publisher: National Psychological Corporation

2.04 SHORT DESCRIPTION OF THE TOOL

Tools description

The scale consists of 30 statements. The questionnaire is provided to the students and their responses on the point – scale viz. **never, shalom, often, very often and always** were analysed. They were also asked to point out by giving a question mark (?) against the items which appeared vague. Five items which were responded frequently in one direction or marked as vague were dropped.

Reliability

For the calculation of the reliabilities of the test the scores of 30 selected items at the first tryout and the scores of the same 30 items at the second tryout were used. The internal consistency computed by split – half technique (odd – even) by applying S-B formula was 0.86 while its test – retest correlation showing temporal stability was 0.81. Both the r – value of significant at 0.81. Both the r – values are significant as .01 level of significant and as such the Depression Proneness Scale could be taken – up as Reliable.

Validity

Two kinds of validity were obtained – content and construct.

a) **Content validity-** The items were initially selected on the basis of unanimous agreement of 5 judges. This provides an index of content validity. Further all items were significant correlated (p<0.01) with total score, this being another index of content validity of the test.

b) **Construct validity-** All the time of second try out 100 subjects had also been given additional short scale viz. life satisfaction scale by Ojha (2015) and a short version of Tayler anxiety scale by Ojha (2010) under the assumption that the former will be highly positively correlated and the latter will be highly negative correlated with the scale. It was found that the scores on the present scale correlated highly negative with life satisfaction and highly positively with anxiety. Hence the assumptions were fully confirmed and present evidence validity of the test.

Scoring procedure – All item are in the direction of depression proneness and are scored as per **Table 2.02**

TABLE NO: 2.02 SCORING SYSTEM

Never	Seldom	Often	Very often	Always
1	2	3	4	5

Norms: Norms for interpretation of the level of depression proneness have been given in **Table 2.03**

TABLE NO: 2.03: Norms for interpretation of the level of depression proneness

Sl.No.	Range of z-Scores	Grade	Level of Depression Proneness
1.	+2.01 and above	A	Extremely High Depression Proneness
2.	+1.26 to +2.00	B	High Depression Proneness
3.	+0.51 to 1.25	C	Above Average Depression Proneness
4	-0.50 to + 0.50	D	Average Depression Proneness
5.	-1.25 to – 0.51	E	Below Average Depression Proneness
6	-2.00 to – 1.26	F	Low Depression Proneness
7.	-2.01 and below	G	Extremely Low Depression Proneness

2.05 COLLECTION OF DATA

Data collection is essentially an important part of research process. For the present study, data were collected through personal visits to the selected colleges and through personal approach to the different students. They were handed over with the questionnaire and were requested to give honest answers after they were made aware that the results of the questionnaire would be kept confidential.

2.06 ORGANIZATION OF DATA

Keeping the objectives of the project in view data was collected and organized accordingly. Data organization was done with the help of tables and pie charts.

2.07 ANALYSIS OF DATA

The data collected by the researcher was analysed quantitatively using descriptive statistics like t- test, frequency, mean and percentage.

CHAPTER -III

3.01 ANALYSIS OF DATA

Data collected was analysed with the help of tables and pie charts. Data was organised based on the objectives of the project and different tables were constructed for each objective. Data analysis was done with the help of percentages and comparison of data was done with the help of t-test.

3.02 INTERPRETATION OF DATA

There are several levels for rating the different level of depression proneness. The highest level is **"Extremely High Depression Proneness"** which indicate the students have very high level of Depression Proneness. **"High Depression Proneness"** indicates that the student has a relatively high level of Depression Proneness, "**Above Average Depression Proneness**" indicates that the students has slightly high level of Depression Proneness, "**Average Depression Proneness**" indicates that the students has a typical level of Depression Proneness, **"Below Average Depression Proneness"** means having a low level of Depression Proneness, **"Low Depression Proneness"** means having a high rejection or very low level of Depression Proneness and lastly, **"Extremely Low Depression Proneness"** means that the students has no level of Depression Proneness and has normal mental health.

OBJECTIVE NO. 1: To find out the level of depression proneness of college students of Mamit District.

Table 3.01: Level of Depression Proneness of college students in Mamit District.

Sl. No.	Grade	Level of Depression Proneness	No. of students	%
1	A	Extremely High Depression Proneness	4	6.67%
2	B	High Depression Proneness	1	1.67%
3	C	Above Average Depression Proneness	1	1.67%
4	D	Average Depression Proneness	17	28.33%
5	E	Below Average Depression Proneness	23	38.33%
6	F	Low Depression Proneness	12	20%
7	G	Extremely low Depression Proneness	2	3.33%

Total no. of students =60

Table 3.01 Shows that out of 60 College students of Mamit District **4 (6.67%)** of the students have extremely high depression proneness,**1 (1.67%)** of the students having high depression proneness,**1 (1.67%)** has above average depression proneness, **17 (28.33%)** have an average depression proneness, **23 (38.33%)** have below average depression proneness, **12 (20%)** have low depression proneness, **2 (3.33%)** have extremely low depression proneness.

Fig 3.01: <u>Level of Depression Proneness of college students in Mamit District.</u>

OBJECTIVE NO. 2: To find out the level of depression proneness of college students of Govt. Zawlnuam College.

Table 3.02: Level of Depression Proneness of college students in Govt. Zawlnuam College.

Sl. No.	Grade	Level of Depression Proneness	No. of students	%
1	A	Extremely High Depression Proneness	4	13.33%
2	B	High Depression Proneness	0	0%
3	C	Above Average Depression Proneness	1	3.33%
4	D	Average Depression Proneness	6	20%
5	E	Below Average Depression Proneness	9	30%
6	F	Low Depression Proneness	9	30%
7	G	Extremely low Depression Proneness	1	3.33%

Total no. of students =30

Table 3.02 shows that out of 30 college students of Gov't Zawlnuam College **4 (13.33%)** of the students have extremely high depression proneness,**0(0.0%)** of the students having high depression proneness,**1 (3.33%)** has above average depression proneness, **6(20 %)** have an average depression proneness, **9(30%)** have below average depression proneness, **9(30%)** have low depression proneness, **1(3.33%)** have extremely low depression proneness.
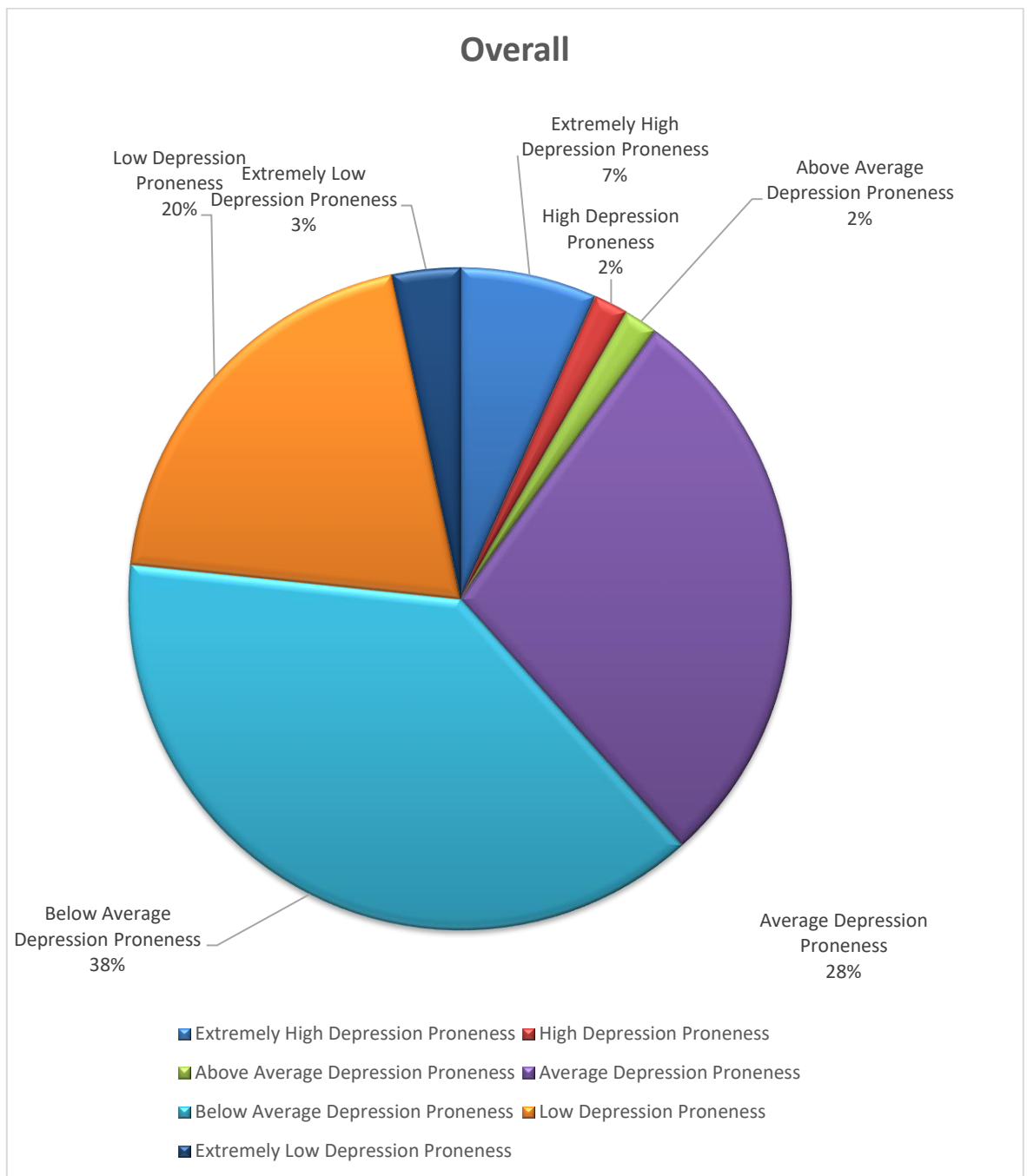
Govt. Zawlnuam College

- Extremely High Depression Proneness — 7%
- High Depression Proneness — 2%
- Above Average Depression Proneness — 2%
- Average Depression Proneness — 28%
- Below Average Depression Proneness — 38%
- Low Depression Proneness — 20%
- Extremely Low Depression Proneness — 3%

Legend:
- Extremely High Depression Proneness
- High Depression Proneness
- Above Average Depression Proneness
- Average Depression Proneness
- Below Average Depression Proneness
- Low Depression Proneness

Fig 3.02: <u>Level of Depression Proneness of college students in Govt. Zawlnuam College.</u>

OBJECTIVE NO. 3: To find out the level of depression proneness of college students of Govt. Mamit College.

Table 3.03: Level of Depression Proneness of college students of Govt Mamit College.

Sl. No.	Grade	Level of Depression Proneness	No. of students	%
1	A	Extremely High Depression Proneness	0	0%
2	B	High Depression Proneness	1	3.33%
3	C	Above Average Depression Proneness	0	0%
4	D	Average Depression Proneness	11	36.67%
5	E	Below Average Depression Proneness	14	46.67%
6	F	Low Depression Proneness	3	10%
7	G	Extremely low Depression Proneness	1	3.33%

Total no. of students = 30

Table 4.03 shows that out of 30 college students Gov't Mamit College **0(0%)** of the students having extremely high depression proneness, **1(3.33%)** of the students have high depression proneness, **0(0%)** of the students have above average depression proneness, **11(36.67%)** have an average depression proneness, **14(46.67%)** have below average depression proneness, **3(10%)** have low depression proneness, **1(3.33%)** have extremely low depression proneness.

36

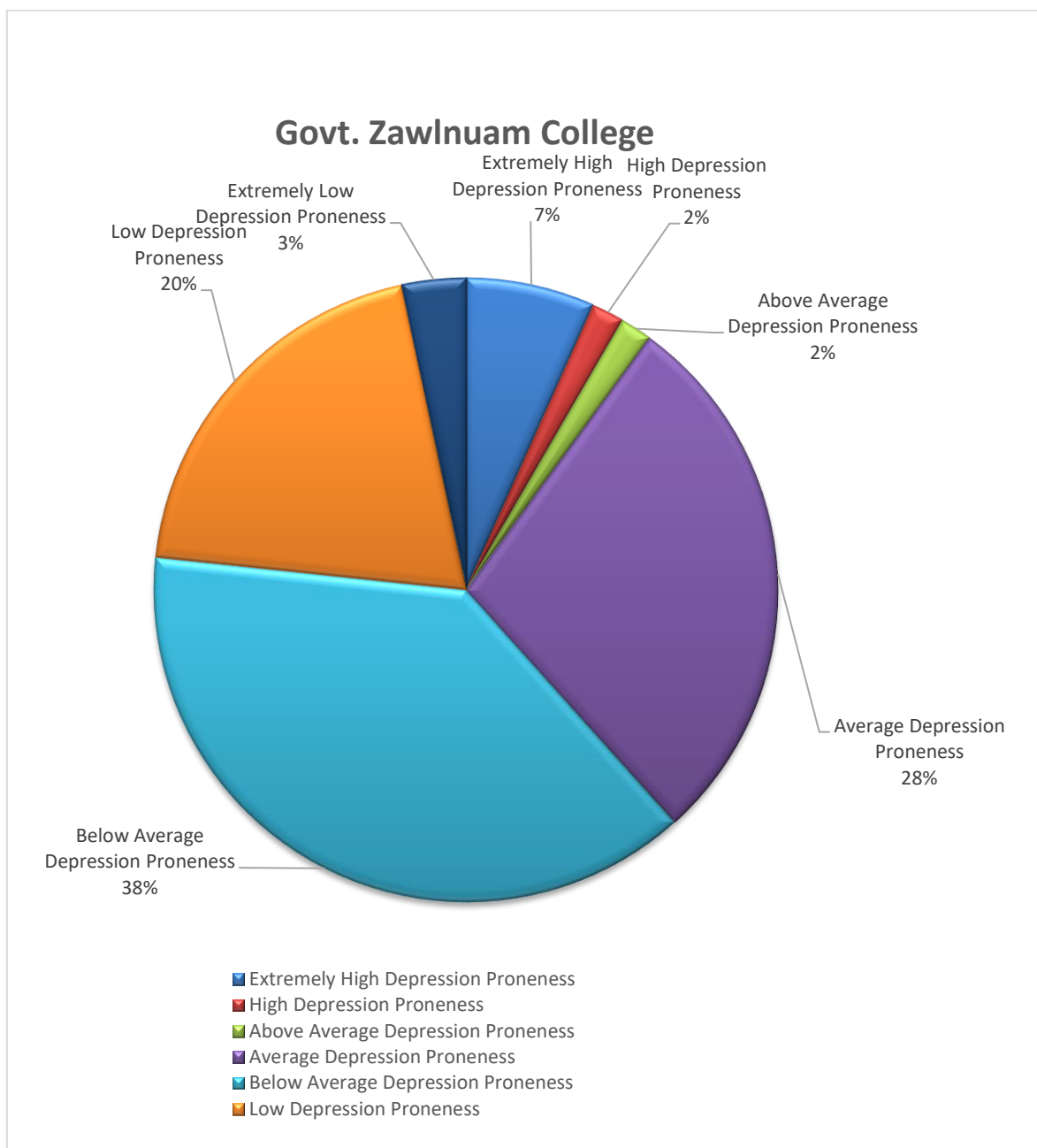Extremely Low
Low Depression Depression
Proneness 3%
10%

Extremely High
Depression Proneness
0%

Highly Depression
Proneness
3%

Above Average
Depression proneness
0%

Average Depression
proneness
37%

Below Average
Depression Proneness
47%

■ Extremely High Depression Proneness
■ Highly Depression Proneness
■ Above Average Depression proneness
■ Average Depression proneness
■ Below Average Depression Proneness
■ Low Depression Proneness
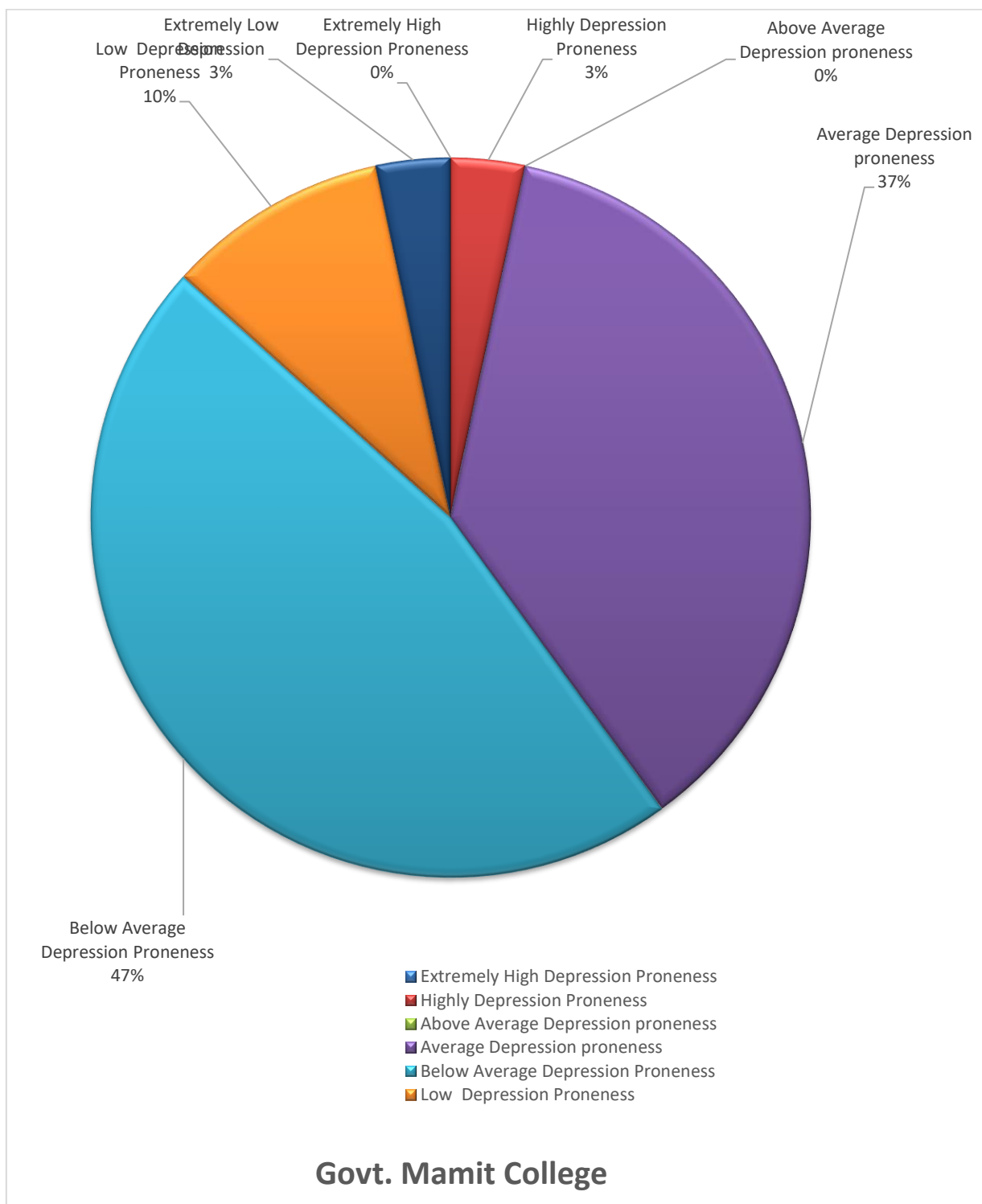
Govt. Mamit College

**Fig 3.03: <u>Level of Depression Proneness of college students in Govt. Mamit
College.</u>**

OBJECTIVE NO. 4: To find out the level of depression proneness of Female college students of Mamit District.

Table 3.04: Level of depression proneness of Female College Students of Mamit District.

Sl. No.	Grade	Level of Depression Proneness	No. of students	%
1	A	Extremely High Depression Proneness	3	10%
2	B	Highly Depression Proneness	0	0%
3	C	Above Average Depression Proneness	0	0%
4	D	Average Depression Proneness	11	36.67%
5	E	Below Average Depression Proneness	10	33.33%
6	F	Low Depression Proneness	5	16.67%
7	G	Extremely low Depression Proneness	1	3.33%

Table no. of students = 30

Table 3.04 shows that out of 30 female students **3(10%)** of the students have extremely high depression proneness, **0(0%)** of the students having highly depression proneness, **0(0%)** have above average depression proneness, **11(36.67%)** have an average depression proneness, **10(33.33%)** have below average depression proneness, **5(16.7%)** have low depression proneness,**1(3.33%)** has extremely low depression proneness.
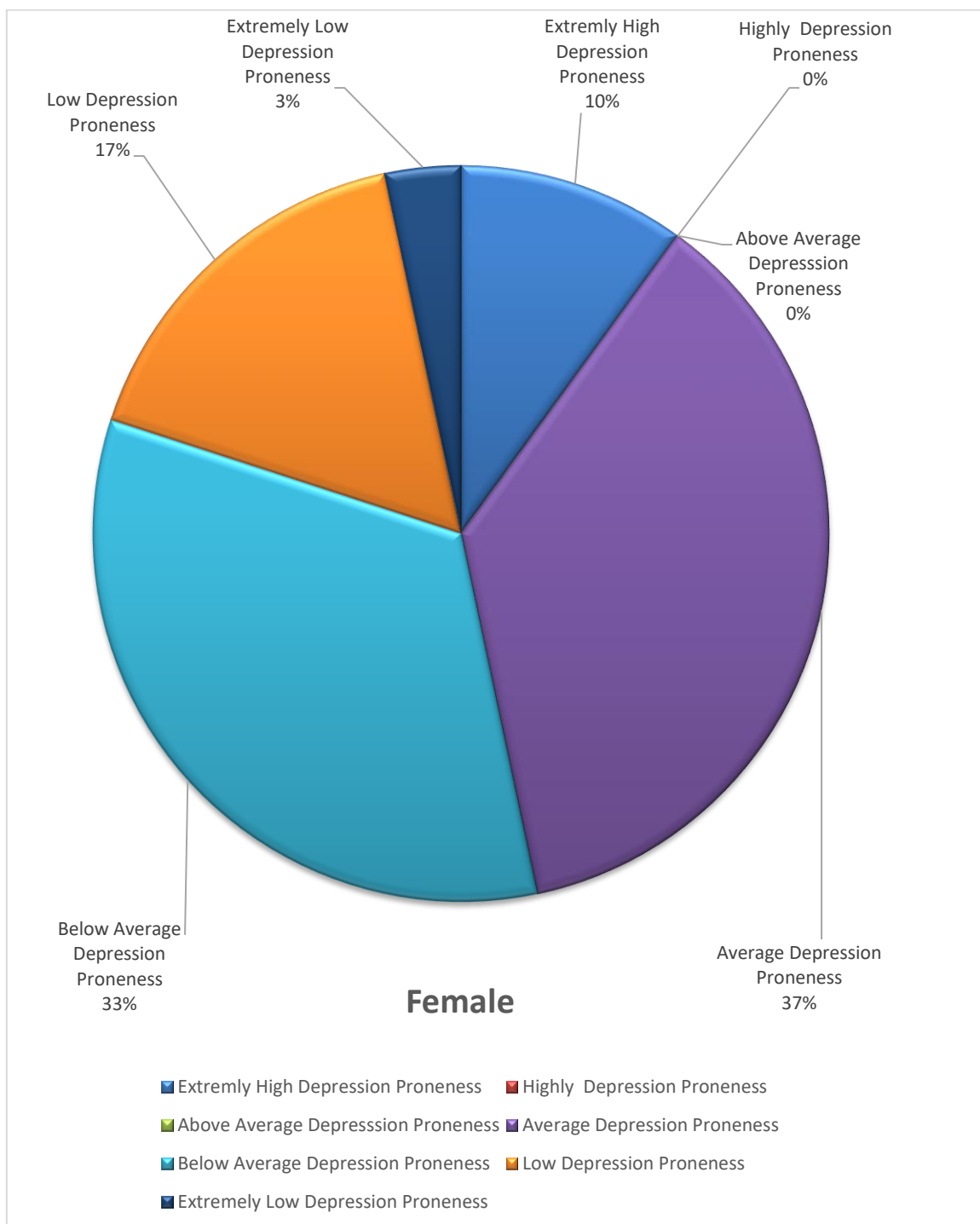
38

Fig 3.04: **Level of Depression Proneness of Female college students in Mamit District**

OBJECTIVE NO. 5: To find out the level of depression proneness of Male college students of Mamit District.

Table 3.05: Level of depression proneness of Male college students of Mamit district.

SI.no.	Grade	Level of Depression Proneness	No. of students	%
1	A	Extremely High Depression Proneness	1	3.33%
2	B	Highly Depression Proneness	1	3.33%
3	C	Above Average Depression Proneness	1	3.33%
4	D	Average Depression Proneness	6	20%
5	E	Below Average Depression Proneness	14	46.67%
6	F	Low Depression Proneness	6	20%
7	G	Extremely Low Depression Proneness	1	3.33%

Table no. of students = 30

Table 3.05 shows that out of 30 male students **1(3.33%)** of the students has extremely high depression proneness,**1(3.33%)** has highly depression proneness, **1(3.33%)** of the students has above average depression proneness, **6(20%)** have average depression proneness, **14(46.67%)** have below average depression proneness, **6(20%)** have low depression proneness, **1(3.33%)** has extremely low depression proneness.

MALE

- Extremely High Depression Proneness 4%
- Highly Depression Proneness 3%
- Above Average Depression Proneness 3%
- Average Depression Proneness 20%
- Below Average Depression Proneness 47%
- Low Depression Proneness 20%
- Extremely Low Depression Proneness 3%

Legend:
- ■ Extremely High Depression Proneness
- ■ Highly Depression Proneness
- ■ Above Average Depression Proneness
- ■ Average Depression Proneness
- ■ Below Average Depression Proneness
- ■ Low Depression Proneness
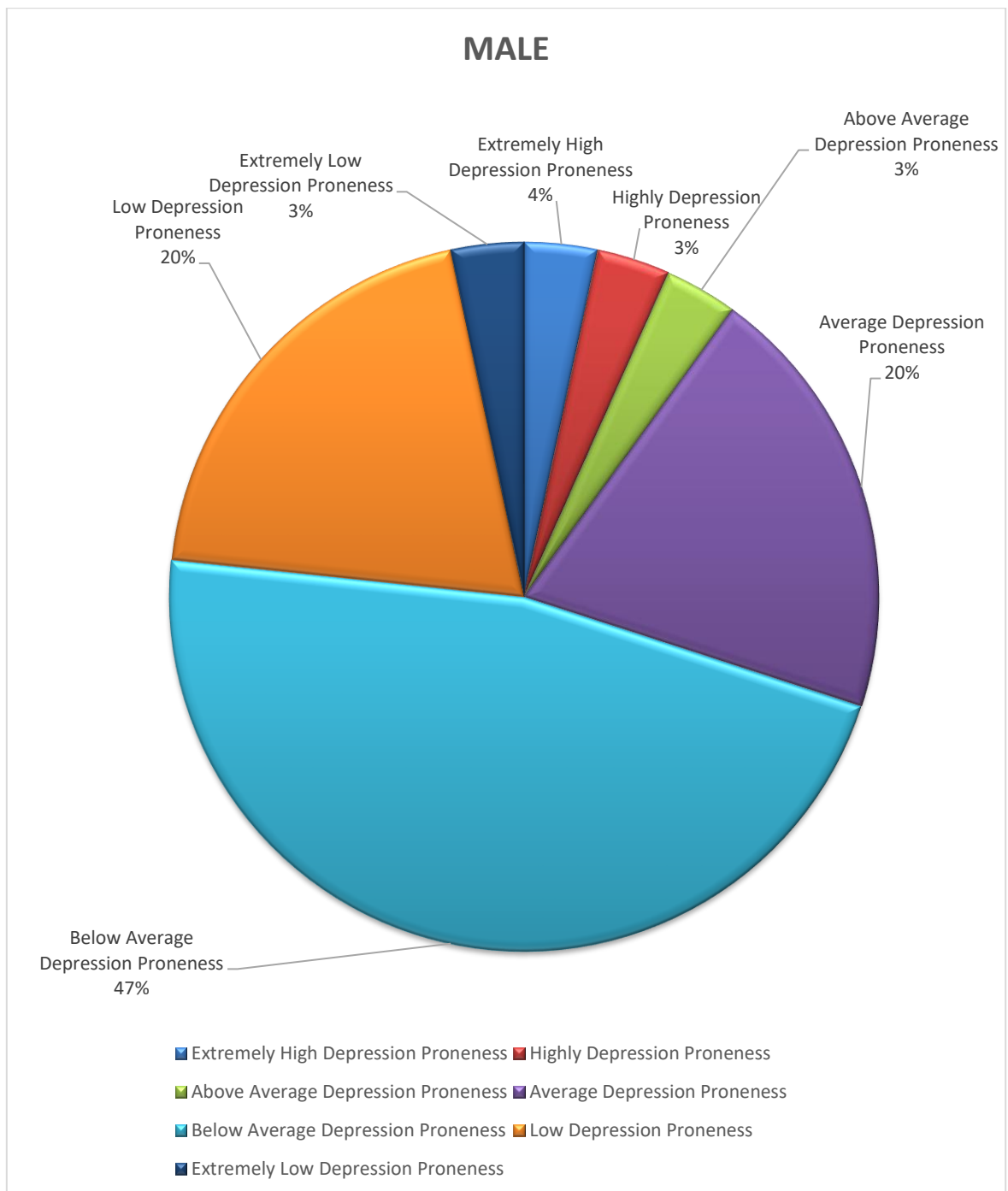- ■ Extremely Low Depression Proneness

Fig 3.05: <u>Level of Depression Proneness of Male college students in Mamit District</u>

OBJECTIVE NO. 6: To compare the level of depression proneness of college students of Mamit District.

Table 3.06: Comparison of level of depression proneness of Govt. Zawlnuam college and Govt. Mamit College students.

Here we have the null hypothesis: *There is no significant difference in the level of depression proneness of college students of Mamit District.*

	N	M	SD	SED	t-Value	DF	Level of significance	
Zawlnuam	30	75.5	27.7	5.91	0.29	58	0.05	0.01
Mamit	30	73.8	16.7				2.00	2.66

DF	Required t - value		Calculated t - value	Interpretation	Conclusion
58	0.05	0.01	0.29	Calculated t - value is less than required t - value at 0.01 and 0.05 level	Null hypothesis is retained.
	2.00	2.66			

Table 3.06 shows that the mean score of Gov't Zawlnuam college and Gov't Mamit college students were 75.5 and 73.8 with SD 27.7 and 16.7 respectively. The calculated t - value 0.29 is less than the table value at 0.05 and 0.01 level. Thus, the null hypothesis "*There is no significant difference in the level of depression proneness of College students of Mamit District*" was retained. This implies that there is no difference in the level of depression proneness between Govt. Zawlnuam College and Govt. Mamit College students.

OBJECTIVE NO. 7: To compare the level of depression proneness of college students of Mamit District w.r.t. gender.

Table 3.07: Comparison of level of depression proneness of Male and Female College students of Mamit District.

Here we have the null hypothesis: *There is no significant difference in the level of depression proneness students of college students of Mamit District w.r.t. gender.*

	N	M	SD	SED	t- Value	DF	Level of significance	
Male	30	77.5	23.4	5.91	0.73	58	0.05	0.01
Female	30	73.2	22.4				2.00	2.66

DF	Required t - value		Calculated t - value	Interpretation	Conclusion
58	0.05	0.01	0.73	Calculated t - value is less than required value at 0.01 and 0.05 level.	Null hypothesis is rejected at 0.05 level and retained at 0.01 level.
	2.00	2.66			

Table 3.07 shows that the mean score of male and female college students were 77.5 and 73.2 with SD 23.4 and 22.4 respectively. The calculated t - value 0.73 is less than the table value at 0.05 and 0.01 level. Thus, the null hypothesis "*There is no significant difference in the level of depression proneness students of college students of Mamit District w.r.t. gender.*" is retained at 0.01 level. This implies that there is no difference in the level of depression proneness between Govt. Zawlnuam College and Govt. Mamit College students w.r.t gender.

CHAPTER-IV

4.01 RESULTS

After analysing the data, the following findings were obtained

- Out of 60 college students of Mamit District the highest percentage of students i.e., 38.33 % (23) are in the Below Average Depression Proneness level. On the other hand, 6.67% (4) students show signs of Extremely High Depression Proneness.

- Out of 30 college students of Govt. Zawlnuam College, the highest percentage of students i.e., 30% (9) and 30% (9) have Below Average and Low level of depression proneness. On the other hand, 13.33 % (4) students show signs of Extremely High Depression Proneness.

- Out of 30 college students of Govt. Mamit college, the highest percentage of students i.e., 46.46% (14) have Below Average level of depression proneness. There were no students with Extremely High level of Depression Proneness.

- Out of 30 female college students of Mamit District, the highest percentage of students i.e., 36.67% (11) have Average level of depression proneness. 10% (3) students show signs of Extremely High level of Depression Proneness.

- Out of 30 male college students of Mamit District, the highest percentage of students i.e., 46.67% (14) have below average level of depression proneness. 3.33% (1) have Extremely High level of Depression Proneness.

- On comparing the level of Depression Proneness of College students of Mamit District it was found that there were no significant differences in the level of Depression Proneness of college students of Mamit District.

- On comparing the level of Depression Proneness of College students of Mamit District w.r.t gender it was found that there were no significant differences in the level of Depression Proneness of college students of Mamit District w.r.t. gender.

4.02 DISCUSSION OF RESULTS

The major findings of the study show that out of 60 College students of Mamit District, 38.33% (23) students have below average level of depression proneness. The rest of the students are found to be mainly in the lower levels as well with 28.33% (17) students and 20% (12) students having average and low level of depression proneness respectively. Although not an alarming number, 6.67 % (4) students were found to have extremely high level of depression proneness. Thus, it is safe to say that most of the students have average level of depression proneness.

From the 30 college students of Govt. Zawlnuam College, 13.33% (4) of the students were found to have extremely high level of depression proneness. The highest percentage of depression proneness level is seen in the below average and low level with 30 % (9) students each in this level. This indicates that college students of Govt. Zawlnuam College are in the lower spectrum of the depression proneness level.

From the 30 college students of Govt. Mamit College, none of the students were found to have extremely high level of depression proneness. The highest percentage of depression proneness level is seen in the below average and low level with 46.67 % (14) students in this level. This indicates that college students of Govt. Zawlnuam College are in the lower spectrum of the depression proneness level as well.

Upon comparison based on the above findings it can be concluded that most of the college students in Mamit District have Below Average level of depression proneness.

The level of depression proneness of Female and Male college students was also analysed. Out of 30 female students it was found that 10% (3) female students had extremely high level of depression proneness. Most of the female students were found to be in the average and below average level of depression proneness with 36.67% (11) and 33.33% (10) students in the average and below average level respectively.

Out of 30 male students it was found that only 3.33 % (1) male students had extremely high level of depression proneness. Most of the male students were found

to be in the below average level of depression proneness with 46.67% (14) students in the below average level.

The current study compared the depression proneness level of college students of Govt. Zawlnuam College and Govt. Mamit College. The null hypothesis "*There is no significant difference in the level of depression proneness of College students of Mamit District*" was retained. This implies that there is no difference in the level of depression proneness between Govt. Zawlnuam College and Govt. Mamit College students.

The current study also compared the depression proneness level of college students of Govt. Zawlnuam College and Govt. Mamit College based on gender. The null hypothesis "*There is no significant difference in the level of depression proneness students of college students of Mamit District w.r.t. gender.*" was also retained. This implies that there is no difference in the level of depression proneness between Govt. Zawlnuam College and Govt. Mamit College students w.r.t gender.

4.03 EDUCATIONAL IMPLICATIONS

The present study had various implication on students, teacher, parents and government as well. Though this study students can have a better knowledge on depression and their current situation. As many students and parents ate not well aware of the appropriate information regarding depression therefore the present research can serve as an important resource for further studies.

The present study indicates the different level of depression one's can severe with enlightening knowledge about the subject, which is a common sickness especially among youth now a day. The research also emphasis that teacher, students, parents and government can make a move to be more aware of the mental health and they should initiate programs regarding awareness campaign, relaxation activities and counselling course to reduce the expansion of depression among the students.

4.04 SUGGESTIONS FOR IMPROVEMENT

After observing the present research work suggestions are made by the researcher for the effective and resourceful usage on the matter of depression proneness as follows

- Awareness on the importance of mental health should be provided by the school authorities.
- Government should always provide guidance towards importance of mental health and its effect in a person life by conducting a counselling program.
- Knowledge of cause and effect of depression should be given to a student from time to time.
- Relaxation activity should be initiated by school authorities to improve a student mental health.
- Parents should be more involved in a personal life of a students to study current condition and situation then.
- Teacher- student relationship should be more open so that student can be emotionally connected with teacher to hate his/her problems.
- Students should consult doctors or experts for mental health in an interval period.
- In case of such sickness parent and teacher should concern each other to enhance treatment of the concern students

4.05 LIMITATIONS OF THE PROJECT

The present study had the following limitations

1. The present study could be conducted only among colleges students of Mamit District due to time and financial constraints.
2. The present study was limited to only descriptive statistics.

SUMMARY

The present study was conducted to find out the level of depression proneness of college students of Mamit District. The population of the study included all college students of Mamit District i.e., 243 students. Simple random sampling method was used to collect sample of 30 students each from two colleges within Mamit District i.e., Govt. Zawlnuam College and Govt. Mamit College. Depression Proneness Scale developed by Dr. Niranjan Prasad Yadav was used to collect data. Findings of the study indicate that most of the college students of Mamit District have below average level of depression proneness. This implies that most of the students are mentally stable and that they are not prone to depression. A few students were found to have extremely high level of depression proneness. These students were from Govt. Zawlnuam College which could account for their proneness to depression as the area they belong to is more backward and rural than other areas. Students in this area have to struggle for their livelihood. Although it was found that there are no significant differences in the level of depression proneness of college students of Mamit District there seemed to be a slight difference in the fact that a few students prone to depression could be found in Govt. Zawlnuam College. The researcher suggests that necessary steps be taken to help the students prone to depression so that any incidents may be avoided.

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