

# Depression among College and University Students of India and Lesotho: An Empirical Study

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## ABSTRACT

This study conducted in two countries *i.e.* India and Lesotho to understand the depression levels among the colleges' students. As we know depression as a common and serious medical illness that negatively affects the feelings, thinking and actions of humans. Depression is affecting many students at colleges and universities. It is observed in the review of literature 30 per cent of the students are experienced depression during their education. The aim of the present study is to know about the prevalence, major reasons, and major characteristics of depression among student youth. It is a quantitative study adopted convenience sampling method and collected the data from 220 students. This study adopted the Beck's Depression Inventory scale to understand the depression among young students. This study found that out of 220 students, 42.7% is normal while the remaining 57.3 % is having the other levels of depression (Mild mood disturbance (16.2%), Borderline clinical depression (8.2%), Moderate depression (23.6%), severe depression (6.4%) and Extreme depression (2.3%).) The study observed that the coping strength is getting from religious activities (42.7%), positive re framing (21.4%), support from peers (20.0%). Others like humor (13.6%), participating in sports (12.7%), and seeking emotional help are also helping the individuals to come out from their depression and do their regular social functioning. The study suggested that the students should ventilate their thoughts, fears with trusted people like family members, friends and teachers. The universities and the colleges should conduct the yoga and meditation camps occasionally which provide the healthy and happy life.

**Key Words :** Depression, Youth, Psychology, University students

## INTRODUCTION

Depression is defined as the emotional expression of a state of ego-helplessness and ego-powerlessness to live up to a certain strongly maintained narcissistic aspirations (Bibring, 1953). American Psychiatric Association (2013) defined depression as a common and serious medical illness that negatively affects the feelings, thinking and actions of humans. It causes feelings of sadness and a loss of interest in activities. It is also called as depressive disorder or clinical depression. It is a mood disorder that can lead to a variety of emotional and physical problems and can decrease one's ability to function at work and at home. Depression is a common

mental disorder with over 280 million people of all ages, an estimated 3.8 per cent of the population suffering from it globally, as per the World Health Organization (2021) The Covid-19 pandemic also caused looming negative impacts on mental health of undergraduate and graduate students at colleges and universities. The pandemic has led to increases in students' mental health disorders compared to previous years. In fact, the prevalence of major depressive disorder among graduate and professional students is two times higher in 2020 compared to 2019 and the prevalence of generalized anxiety disorder is 1.5 times higher than in 2019 (Chirikov *et al.*, 2020).

### Symptoms of depression :

The major symptoms of depression are feeling of sadness, hopelessness, angry outbursts, irritability or frustration even on small matters, loss of interest or pleasure in most or all normal activities. The other symptoms are tiredness and lack of energy, sleep disturbances including insomnia or sleeping too much, reduced appetite and weight loss or increased craving for food and weight gain. And anxiety, agitation or restlessness, slowed thinking, speaking or body movement, feeling of worthlessness or guilt, fixating on past failures or self-blame. In a few people there are frequent or recurrent thoughts of death, suicide attempts or suicide (Pink *et al.*, 2017).

### The major Causes of depression :

Depression is a complex disease which no one knows exactly what causes it but it can happen for variety of reasons. Some of the causes may include the following factors; unmet life expectations, financial problems, academic life for the students at colleges and universities, loss of loved ones and peer pressure. Physical, sexual or emotional abuse can make a person more vulnerable to depression. Substance misuse is also one of the reasons which lead to depression in later life (Debra Fulghum Bruce, 2021)

### Depression among youth:

Like anyone else, young people can have occasional mood swings, feel irritable sometimes and be particularly sensitive to rejection and criticism. But if this mood has lasted for two weeks or more, the young person could have depression. There are many factors that increase the chances of developing depression among the youth. Those factors include; having some characters of issues that affect self-esteem and confidence like obesity, peer problems, long term bullying or academic problems and not working well at school. Sometimes young people having been a victim or witness of violence, such as physical or sexual abuse, having other mental health conditions such as bipolar disorders, anxiety disorder, personality disorder, anorexia or bulimia. Family history and depression issues with family or others may also increase the risk of depression in youth. The young people are experiencing depression as results of fights with the family or friends, changing of schools or starting secondary or tertiary school. Changing of school to some places far away from home may cause some depression

to someone who is not used to live away from home, sometimes feeling of home sickness and feeling lonely while being away from the family members (Mayo Clinic, 2018).

### Review of Literature :

The researcher reviewed a few studies related to depression among the students at Colleges and Universities and presented below

Islam *et al.* (2018) conducted the cross sectional study on 'Factors Associated with Depression among University Students in Malaysia'. The objective of the study was to explore the prevalence of depression and the factors influencing depression among university students in Malaysia. This cross-sectional study involved 1,023 university students (response rate 90.4%). The study found that approximately 30% of respondents experienced depression, and 4.4% of this category suffered severe depression. The study found that Students from poor, not well-off, and quite well-off family background had higher chance for depression than wealthier students. Students with mild, moderate, and severe sleeping problems were more likely to be depressed than those without sleeping problem, respectively. Students with post-traumatic stress disorder (PTSD) were to suffer from depression.

Gutema Ahmed *et al.* (2020) conducted the study on 'Prevalence and associated factors of depression among Jimma University students. The study was taken in Ethiopia with the aim of assessing the prevalence of depression and its associated factors. An institution-based quantitative cross-sectional study was conducted on a total of 556 sampled students selected by a multistage stratified sampling technique. Beck Depression Inventory (BDI-II) was used to screen depression severity. The study found that depression is associated with monthly pocket money. Students who got low pocket money were less likely to develop depression compared to the students who received higher pocket money.

Ma Kunye (2021) conducted a study on 'Acculturation Stress and Depression among First-Year International Graduate Students from China and India in the US'. Data were collected through an online survey which consisted of demographic and psychosocial measures of acculturation stress, depression, and perceived social support. Fifty-five students completed the survey and met inclusion criteria. A hierarchical regression analysis revealed that acculturation stress was

a significant predictor of depression among participants at the beginning of the academic year, and the relationship between acculturation stress and depression did not differ by the availability of social support. The researchers used a general linear mixed model to identify changes in depression levels.

Sumaiya Nezam *et al.* (2020) conducted a study on 'Comparison of prevalence of depression among medical, dental, and engineering students in Patna using Beck's Depression Inventory II. A total of 3,100 students attending government and private medical, dental, and engineering colleges in Patna were approached during the course of this study. Students were briefed about the study and questionnaire. BDI-II (Beck's Depression Inventory-II) was administered to the students and they were instructed to fill it. Beck's scores were recorded and a descriptive analysis performed. In this study they found that out of 2798 students who responded the overall prevalence of depressive symptoms was 47.78%. Of the three streams, students belonging to the engineering stream (40.28%) showed a maximum prevalence of depressive symptoms followed by dental (38.50%) and medical students (34.74%).

It is observed that a few studies conducted on the depression levels of the students in colleges and universities in developed countries. The educational practice and systems are different than the developing countries.

#### The scope of the study:

Depression is affecting many students at colleges and universities. It is observed in the review of literature 30 per cent of the students are experienced depression during their education in Malaysia. Depression disturbs careers and lives of the youth. The impact is also high on their families. When reviewing the literature from the previous researchers' we found that there are not many studies were conducted in India and Lesotho colleges and universities. In this connection, the present research study on depression among college and university students strive to understand and analyse the depression situation, causes and prevention in Lesotho and India.

#### Objectives of the study:

1. To study the socio-economic and demographic profile of the students pursuing their graduation and post graduation.
2. To study the prevalence of the depression among

the students.

3. To study the major reasons behind the depression among the students.
4. To study the major depression symptoms among students.
5. To understand the coping strategies of the students to protect from depression.
6. To compare the prevalence of depression among students in India and Lesotho.

## METHODOLOGY

The researchers selected two cities possessively i.e. Visakhapatnam from India and Maseru from Lesotho to conducted the present study. These two cities are educational hubs of their respective countries. It is a quantitative study adopted descriptive research design. The study adopted convenience sampling method and collected the data from 220 students from Visakhapatnam and Maseru to represent both India and Lesotho. This study adopted the Beck's Depression Inventory scale to understand the depression among young students. The Beck Depression Inventory (BDI) is a 21-item self-reporting questionnaire for evaluating the severity of depression in normal and psychiatric populations. The data were collected through a structured questionnaire through Google form. The data analyzed through MS-Excel 2010 version.

## RESULTS AND DISCUSSION

The researcher collected the data from 220 students pursuing their graduation and post graduation in Visakhapatnam and Maseru. The data were analyzed and presented in the form of tables. The below Table 1 presents the sex of the respondents;

**Table 1: Distribution by Sex**

Sr. No	Sex	Frequency	Percentage (%)
1.	Male	100	45%
2.	Female	120	55%
3.	Total	220	100

According to the results in Table 1, the majority of respondents (55 %) are females, while remaining (45 %) being males. This therefore indicates that the study was balanced and free from any biasness as both the gender was studied. The below Table 2 presents the age of the respondents.

**Table 2: Distribution of the respondents by their Age**

Sr. No	Age	Frequency	Percentage
1.	18-22	97	44.1
2.	23-27	85	38.6
3.	28-32	30	13.6
4.	33-37	8	3.6
5.	Total	220	100

The above Table 2 illustrates that the age of the respondents ranges from 18 to 37 years. The data in the Table 2 revealed that 44.1 per cent of the respondents belong to 18 to 22 years age group. The students who are aged 23-27 are the second largest with 38.6% and those who are aged from 28-32 and 33-37 have the lowest number of respondents with 13.6% and 3.6%, respectively. This means that most of the students are between the ages 18 and 27. The following Table 3 presents the level of study.

**Table 3: Distribution by Level of study**

Sr. No.	Level of study	Frequency	Percentage (%)
1.	Graduate	105	47.7
2.	Post graduate	75	34.1
3.	Ph.D.	9	4.1
4.	Others	31	14.1
5.	Total	220	100

The data in the above Table 3 show that most (47.7 %) of the respondents are graduate students, while 34.1 per cent of the respondents are post graduate students. Ph.D. scholars consist of the lowest number of respondents *i.e.* 4.1 per cent. The students are from other levels unspecified is 14.1 per cent.

**Table 4: Distribution by country of study**

Country	Frequency	Percentage
India	89	40.5
Lesotho	131	59.5
Total	220	100

The data in the above Table 4 revealed that majority (59.5%) of the respondents are from Lesotho, while the remaining (40.5%) are from India. The following Table 5 presents the residence of the respondents;

**Table 5: Distribution by residence**

Residence	Frequency	Percentage
University hostels	64	29.1
Private rented hostel	114	51.8
Home with Family	42	19.1
Total	220	100

The data in the above Table 5 show that majority (51.8%) of the respondents reside in privately rented hostels, while 29.1 per cent of the respondents stay in the University hostels, And 19.1 per cent of the respondents stay home with their family. The following Table 6 presents the employment of parents;

**Table 6: Distribution by employment of parents/guardians**

Are Parents/ Guardians employed	Frequency	Percentage
Yes	127	57.7
No	93	42.3
Total	220	100

The data in the above Table 6 revealed that 57.7 per cent of the respondents' parents are employed, while 42.3 per cent of the respondents' parents are unemployed. This means that most of the students' parents or guardians are employed.

### Beck Depression Scale :

The Beck Depression Inventory (BDI) is a 21-item; self-report rating inventory that measures characteristic attitudes and symptoms of depression (Beck *et al.*, 1961). The study adopted this questionnaire and the results presented in the following tables. The below Table 7 presents the sadness of the respondents;

**Table 7: Distribution by sadness**

Sr. No.	Sadness	Frequency	Percentage
0	I do not feel sad.	108	49.1
1	I feel sad	70	31.8
2	I am sad all the time and I can't snap out of it.	17	7.7
3	I am so sad and unhappy that I can't stand it.	25	11.4
4	Total	220	100

The data in the above Table 7 presents that most (49.1%) of the respondents do not feel sad, those who feel sad follow with 31.8%. Those who feel sad all the time make up the lowest percentage 7.7% of the respondents. And lastly those who said they are so sad and unhappy that they can't stand it consist of 11.4% which is the second lowest. The following Table 8 presents the guilt feeling;

**Table 8: Distribution by guilt feeling**

Sr. No.	Feeling Guilt	Frequency	Percentage
0	I don't feel particularly guilty	113	51.4
1	I feel guilty a good part of the time.	73	33.2
2	I feel quite guilty most of the time.	30	13.6
3	I feel guilty all of the time	4	1.8
4	Total	220	100

The data in the above Table 8 revealed that majority (51.4 %) of the respondents don't feel particularly guilty, while 33.2 per cent of the respondents feel guilty a good part of the time. And 13.6 per cent of the respondents stated that they feel quite guilty most of the time and finally 1.8 per cent of the respondents feel guilty all of the time. The data in the following Table 9 presents the failure;

**Table 9: Distribution by failure**

Sr. No.	Failure	Frequency	Percentage
0	I do not feel like a failure.	149	67.7%
1	I feel I have failed more than the average person	33	15%
2	As I look back on my life, all I can see is a lot of failures.	31	14.1%
3	I feel I am a complete failure as a person	7	3.2%
4	Total	220	100

The data in the above Table 9 revealed that majority (67.7 %) of the respondents do not feel like failure, 15 per cent of the respondents feel that they have failed more than average person, 14.1 of the respondents feel that they look back on their life, all they can see is a lot of failures and 3.2 per cent feel that they have failed more than the average persons. The below Table 10 presents the worse feeling.

**Table 10: Distribution by worse feeling**

Sr. No.	Worse feeling	Frequency	Percentage
0	I don't feel I am any worse than anybody else	104	47.2
1	I am critical of myself for my weaknesses or mistakes	55	25
2	I blame myself all the time for my faults.	36	16.4
3	I blame myself for everything bad that happens	25	11.4
4	Total	220	100

From above Table 10, 47.2% of the respondents indicated that they didn't have any feeling of being worse than anyone else, 25% of the respondents indicated that they were so critical about themselves for being weak and making mistakes, 16.4% agreed that they blame themselves all the times for their faults while 11.4% accepted that they blame themselves whenever anything bad happens. The below Table 11 presents the suicidal thoughts of respondents;

**Table 11 : Distribution by Suicidal thoughts**

Sr. No.	Suicidal thoughts	Frequency	Percentage
0	I don't have any thoughts of killing myself	177	80.4
1	I have thoughts of killing myself, but I would not carry them out.	32	14.6
2	I would like to kill myself.	3	1.4
3	I would kill myself if I had the chance	8	3.6
4	Total	220	100

The above Table 11 indicated that 177 (80.4%) of the respondents have no thoughts of killing themselves, 32 (14.6%) agreed that they harbour the thoughts of killings themselves but do not carry them out, 8 (3.6%) admitted that they can kill themselves when they got a chance to while 3 (1.4%) admitted that they would like to themselves. This shows that most of the respondents consider suicide as none of the solution to their problems. The below Table 12 presents the loss of interest of people;

**Table 12 : Distribution by loss of interest in people**

Sr. No.	Loss of interest in other people	Frequency	Percentage
0	I have not lost interest in other people	82	37.3
1	I am less interested in other people than I used to be	79	35.9
2	I have lost most of my interest in other people.	47	21.3
3	I have lost all of my interest in other people.	12	5.5
4	Total	220	100

The data in the above Table 12 show that, 82 (37.3%) of the respondents indicated that they have not lost interest in other people, 79 (35.9%) indicated that they are less interested in other people than before, 47 (21.3%) showed that they have lost most interest in other people while 12

(5.5%) admitted to have lost all the interest in other people. This shows that there is no much difference in number between those who said they have not lost interest in other people and those who claim they are less interested in other people than before. The below Table 13 presents the information on sleeping pattern;

Table 13 : Distribution by sleeping pattern			
Sr. No.	Sleeping pattern	Frequency	Percentage (%)
0	I can sleep as well as usual	105	47.7
1	I don't sleep as well as I used to	64	29.1
2	I wake up 1-2 hours earlier than usual and find it hard to get back to sleep	24	10.9
3	I wake up several hours earlier than I used to and cannot get back to sleep	27	12.3
4	Total	220	100

The data in the above Table 13 revealed that the majority of the respondents (47.7%) said they still sleep as usual, while 29.1% claimed they do not sleep as well as before, the least (10.9%) said they wake up 1-2 hours earlier than usual and find it hard to get back to sleep and lastly those who wake up several hours earlier than they used to and cannot get back to sleep make 12.3%. As we can see those who have no problem at all in sleeping are fewer than those with some different problems which are 47.7% against 52.7%. The following Table 14 presents the feeling of tiredness;

Table 14: Distribution by tiredness feeling			
Sr. No.	Tiredness Feeling	Frequency	Percentage
0	I don't get more tired than usual	83	37.7
1	I get tired more easily than I used to	81	36.8
2	I get tired from doing almost anything.	44	20
3	I am too tired to do anything.	12	5.5
4	Total	220	100

The data in the above Table 14 show that 83 (37.7%) indicated that they do not get tired than usual and 44 (20%) admitted to getting tired from doing almost anything, 81 (36.8%) indicated that they get tired more easily than before while 12 (5.5%) said they are too tired

to do anything. The following Table 15 presents the change of appetite;

Table 15: Distribution by change of appetite			
S. No	Appetite	Frequency	Percentage
0	My appetite is no worse than usual	121	55
1	My appetite is not as good as it used to be	74	33.6
2	My appetite is much worse now.	14	6.4
3	I have no appetite at all anymore.	11	5
4	Total	220	100

The data in the above Table 15 indicated that 121 (55%) respondents admitted that their appetite is no worse than usual, 74 (33.6%) indicated that their appetite is not as good as it used to be, 14 (6.4%) showed that their appetite was much worse than before while 11 (5%) confirmed that they have no appetite at all anymore. The following Table 16 presents the loss of weight;

Table 16: Distribution by loss of weight			
Sr. No.	Weight loss	Frequency	Percentage
0	I haven't lost much weight, if any, lately.	163	74.1
1	I have lost more than five pounds.	43	19.5
2	I have lost more than ten pounds.	9	4.1
3	I have lost more than fifteen pounds	5	2.3
4	Total	220	100

The data in the above Table 16 revealed that, 74.1% of the students indicated that they haven't lost much weight lately, 19.5% admitted to have lost more than five pounds of weight, 4.1% have lost more than ten pounds weight while 2.3% have lost more than fifteen pounds of weight. The following Table 17 presents the BDI score;

According to the Table 17, 42.7% of the respondents scored from 0-10 which is considered normal. 16.2% of the respondents scored 11-16 which is mild mood disturbance. 8.2% are having borderline clinical depression. 23.6% are having moderate depression while 6.4% are having severe depression and 2.3% having extreme depression. Thus depression is found to be high with different levels as the number of the normal cases

**Table 17: Distribution by BDI score**

Sr. No.	Depression level	Score	Frequency	Percentage (%)
1.	These ups and downs are considered normal	1-10	94	42.7
2.	Mild mood disturbance	11-16	37	16.8
3.	Borderline clinical depression	17-20	18	8.2
4.	Moderate depression	21-30	52	23.6
5.	Severe depression	31-40	14	6.4
6.	Extreme depression	40-above	5	2.3
	Total		220	100

is only found to be 42.7% compared to the remaining 57.3%. It is observed that in this study is in line with the study of John Elflein (2021) which found that 41 per cent of the students have the symptoms of depression in United States of America. The study is in contrast with the study of Sarah Naushad *et al.* (2014) who reported that in her study the depression was seen among 79.2% students. A majority (41.2%) were found to be suffering from moderate followed by mild (26.6%) depression. The below Table 18 presents the main causes of the feelings and behaviours;

**Table 18 : Distribution by the main causes of the feelings and behaviours**

Sr. No.	Main causes	Frequency
1.	Loss of beloved one	71
2.	Financial reasons	142
3.	Drug abuse	5
4.	Academic life	180
5.	Emotional and physical abuse	26
6.	Unmet life expectations	72
7.	Peer pressure	40
8.	Others	8

According to the data in the above Table 18, Academic life emerged the greatest cause for the depression feelings and behaviours with a frequency of 180 of the respondents. Financial reasons had a response of 142, unmet life expectations at 72, loss of beloved one 71, peer pressure at 40 and drug abuse at 5. The results indicate that most of the depression feelings are as a result of academic life which includes examinations, school fees and other academic conditions. Apparently, drug abuse came in with the least frequency even though it is always associated with depression. The below Table 19 presents the coping strategies of the respondents;

The findings in the Table 19 revealed that, religious coping was ranked the highest methods of coping with 94 (42.7%), individual acceptance 88(40%), self-blame

52 (23.6%), Positive re-framing 47 (21.4%), support from peers and music had 44 (20%) each. Others include; humor 30 (13.6%), participating in sports 28 (12.7%), seeking emotional help 23 (10.5%), substance use 22 (10%), venting emotions and denial 21 (9%), guidance and Counselling 11 (5%) and crying 4 (1.8%). The coping strategies are helping the individuals to come out from the depression and do their regular social functioning. This study is in line with the study conducted by Saravanan *et al.* (2019) which found that some of the students used self-help coping strategies which include sharing their problems with others who were not experiencing homesickness and depression, keeping themselves busy with some useful activities, indulging in physical exercise, facing the situation courageously, thinking positively, and reading and following some advice from religious texts.

**Table 19 : Distribution by coping strategies**

Sr. No.	Coping strategy	Frequency	Percentage (%)
1.	Religious coping	94	42.7
2.	Seeking emotional help	23	10.5
3.	Venting emotions	21	9
4.	Substance use	22	10
5.	Denial	21	9
6.	Humour	30	13.6
7.	acceptance	88	40
8.	Self-blame	52	23.6
9.	Positive re-framing	47	21.4
10.	Guidance and counselling	11	5
11.	Participating in sports	28	12.7
12.	Support from peers	44	20
13.	Music	44	20
14.	Crying	4	1.8

### Major suggestions and Recommendations :

– The religion provides the peaceful life to the individuals. The religious preachers should focus on the student youth and to increase their participation in

religious activities. Spiritual counselling also plays an important role for life satisfaction.

- The students are informed to speaking out with people, who they trust, being the family members, friends and teachers. The ventilation will promote the peaceful mind to the individuals.
- The students are suggested to take the help of professionals to get back their peaceful and happy life.
- Acceptance and stopping to compare ourselves with other but focusing more on winning than losing can help decrease the risk of being depressed. The students are suggested to don't compare with others.
- The physical activities like sports, music and connecting with more people can make reduce the stress and other factors causing depression.
- Self-actualization, knowing ones worth, self-motivation and self-love can also help to avoid depression.
- The colleges and the funding scholarship should be aware of the things that are making the students to be at risk of being depressed and help them in the prevention.
- The universities and colleges should conduct the yoga and meditation camps for the students regularly
- Unevaluated workload should be reduced for the students. It is one of the sources of Stress.

### Social Work Implications:

Social work is a practice based profession; it helps individuals, groups and communities to help themselves. The role of the social workers in this setting is to provide Counselling and psychosocial support to the students. The principals of social case work like acceptance, non-judgmental attitude, individualization, confidentiality and controlled emotional involvement should be helpful while working with the students. Make some research to ensure the mental well-being of the students, learn about the factors that may lead to depression among the students and help them to overcome them. Referring the students to the necessary available services is important. Formation of support groups in the schools and the colleges will be increased the we feeling among the students and they help each other (Abraham Mutluri, 2018)

### Conclusion:

Overall, this article presented the depression levels of the students in the colleges and universities. The students at colleges and universities face many challenges which most of the time affect their mental health. As the levels of education changes with a person upgrading to

another level the living arrangement also changes, they change from their comfort zone or from their families to go and live and start new life where they are having more responsibilities. The work load and pressure at colleges and universities is different. The academic life becomes difficult and causes stress and other depression symptoms of which if not addressed lead to depression and suicide. This study found that out of 220 students, 42.7% is normal while the remaining 57.3 % is having the other levels of depression (Mild mood disturbance, Borderline clinical depression, Moderate depression, severe depression and Extreme depression.) While drugs or substance abuse may be seen as the main factors causing depression, this study found the different views. It is an alarming situation and the government and the NGOs should focus on the students to promote the healthy and happy life.

## REFERENCES

- Ahmed, G., Negash, A., Kerebih, H., Alemu, D. and Tesfaye, Y. (2020). Prevalence and associated factors of depression among Jimma University students. A cross-sectional study. *Internat. J. Mental Health Systems*, **14**(1) : 1-10.
- American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorder (DSM-5), fifth edition. (2013).
- Beck, A.T., Ward, C. H., Mendelson, M., Mock, J. and Erbaugh, J. (1961) An inventory for measuring depression. *Archives General Psychiatry*, **4** : 561-571.
- Bibring, E. (1953). The mechanism of depression. In P. Greenacre (ed.), *Affective disorders; psychoanalytic contributions to their study* (pp.14-48). International University Press.
- Chirikov, I., Soria, K.M., Horgos, B. and Jones-White, D. (2020). Undergraduate and graduate students' mental health during the COVID-19 pandemic.
- Debra Fulghum Bruce (2021). Causes of Depression, retrieved on 16.05.2022 from <https://www.webmd.com/depression/guide/causes-depression>
- Islam, M. A., Low, W.Y., Tong, W.T., Yuen, C.W. and Abdullah, A. (2018). Factors associated with depression among University Students in Malaysia: A cross sectional study. *KnE Life Sciences*, 415-427.
- John Elflein (2021). Percentage of college students with symptoms of depression in the United States in 2021, retrieved on 16.05.2022 from <https://www.statista.com/statistics/1126279/percentage-of-college-students-with-depression-us/>



- Ma, K. (2021). Acculturation stress and depression among first-year international graduate students from China and India in the US. *College student journal*, 55(1), 104-118.
- Mutluri Abraham (2018). Social Group Work Practice by Nongovernmental Organisations for Upliftment of People Affected and Infected by HIV/AIDS, *Journal of Social Work Education and Practice: International Peer Reviewed Social Work Journal*. Volume **VIII**, Issue: 2, April 2018. ISSN: 2456-2068. Pp: 01-08, Kerala, India.
- Naushad, S., Farooqui, W., Sharma, S., Rani, M., Singh, R. and 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>
- Nezam, S., Golwara, A.K., Jha, P.C., Khan, S.A., Singh, S. and Tanwar, A.S. (2020). Comparison of prevalence of depression among medical, dental, and engineering students in Patna using Beck's Depression Inventory II: A cross-sectional study. *J. Family Medicine & Primary Care*, **9**(6) : 3005.
- Pink, A., Przybelski, S. A., Krell-Roesch, J., Stokin, G B., Roberts, R. O., Mielke, M.M. and Geda, Y.E. (2017). Cortical thickness and depressive symptoms in cognitively normal individuals: the mayo clinic study of aging. *J. Alzheimer's Disease*, **58**(4) : 1273-1281.
- Saravanan, C., Mohamad, M. and Alias, A. (2019). Coping strategies used by international students who recovered from homesickness and depression in Malaysia. *Internat. J. Intercultural Relations*, **68** : 77-87.
- Scott C, Litin (2018). Mayo Clinic Family Health Book 5th Edition: Completely Revised and Updated.
- WHO (2021). Depression, common facts retrieved on 16.05.2022 from <https://www.who.int/news-room/fact-sheets/detail/depression>.

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