

## Levels of Depression among Indian and Foreign P.G Students before Examinations: An Empirical Study

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### ABSTRACT

The participants of the study are 80 students postgraduate who studied in India. In terms of nativity, the sample consists of 40 foreign postgraduate students and 40 Indian postgraduate students who study in India; and in terms of gender, the sample consists of 40 male postgraduate students and 40 female postgraduate students. The postgraduate students fall into various departments in university (Osmania University) ranging from Master of Arts, Master of Sciences, and Master of Commerce, with age range from 22 years old to 30 years old. The test used to determine the level of depression of the students is Beck Depression Inventory II. The BDI-II is the improvement version of BDI test published in 1996, developed in response to the American Psychiatric Association's publication of the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, which changed many of the diagnostic criteria

for Major Depressive Disorder. The goals of the research are as follows: Foreign and Indian postgraduate students will have moderate level of depression during examinations preparation period. Foreign postgraduate students will have higher level of depression compared to Indian postgraduate students during examinations preparation period. Postgraduate female students will have higher level of depression compared to male postgraduate students during examinations preparation period.

**Keywords:** Beck Depression Inventory II, Level of depression, Major Depressive Disorder, Postgraduate students.

### INTRODUCTION:

Depression has always been a health problem for human beings. Historical documents written by healers, philosophers, and writers throughout the ages point to the long-standing existence of depression as a health problem, and the continuous and sometimes ingenious struggles people have made to find

effective ways to treat this illness. Depression is portrayed as a temperament issue. There are four sets of the side effects of sadness specifically enthusiastic, cognitive, inspiration and physical. An individual need not have these to be diagnosed as discouraged however the more manifestations he or she has, and the more extraordinary the individual is experiencing melancholy.

Pity and dismissal are the most noiseless enthusiastic manifestations of wretchedness. The individual feels sad and despondent, he/she frequently has minding spells and numerous examine suicide. Just as safeguard is loss of satisfaction or delight in life. Exercises that used to bring fulfillment get to be dull and dismal; the discouraged individual continuously misfortune enthusiasm for pastimes, amusement, and family exercises. The discouraged individual has negative contemplations, low respect toward oneself, the inclination of the sadness about the future, loss of inspiration, change in bent, rest aggravation, and loss of vitality. The three primary sorts of discouragement are significant sadness, dysthymia also bipolar issue. Sadness is connected with a group of stars of mental, behavioral and physical

manifestations also (Cassano & Fava, 2002).

Uneasiness is a subjective condition of interior inconvenience. Fear, and premonition, which shows itself in cognitive, behavioral, and physiological side effects. It is a typical feeling with versatile worth, in that it goes about as a cautioning framework to caution an individual to approaching peril. Uneasiness frequently happens without cognizant or evident boost, which recognizes it from trepidation. Cognitive side effects of tension incorporate stressing, impeded consideration, poor fixation, and memory issues. Physiological indications, for example, hyperventilation, sweating, loose bowels, trembling, and eagerness additionally happen. Tension may be centered around a particular article, circumstance, or action (a fear) or may be unfocused and communicated as a more general fear. Anxiety is a result of or a general reaction to an activity or circumstance that places exceptional physical or mental requests, or both, on an individual. In that capacity, anxiety includes a connection of the individual and the earth. The physical or mental requests from the environment that cause

anxiety are called stressors. Stressors can take different structures, yet all stressors have one thing in like manner; in both circumstances it relies on upon the individual observation level. In the Osmania University there will be there are more than 100 remote understudies contemplating in distinctive subjects. Numerous years back both nations have social correspondence and in addition instructive correspondence. Moreover, those of Iranian understudies who need to move for study reason want to learn at Indian colleges due to a few reasons, for example, Close social relationship; Geographically closest than different nations; English dialect instructing; Long history of Indian colleges; Recognition of Indian colleges by government; Variety of courses, and Climate conditions.

In this paper the scientist has expected that who are moving to different nations they may have large amounts of misery, uneasiness and push so that they can adjust themselves in new environment, however the way of migration is on edge and upsetting. On account of these reasons the scientist made an endeavor to look at the contrasts in the middle of Indian and remote understudies on these elements.

## **MEDICATION AND TREATMENT:**

There are several strategies for treating depression. Depending upon each individual's characteristics and symptoms, healthcare professionals may employ one or more types of psychotherapy that rely upon a sequence of interpersonal treatment sessions with a trained professional. In addition, clinicians may suggest that a patient try one of a number of different medications. Lifestyle changes, including improvements in sleeping and eating habits, physical activity and stress reduction have also proven very helpful in managing symptoms. Many therapies have been evaluated for the treatment of depression in adults. Some of these procedures have begun to extend into childhood and adolescents. Psychotherapy, medication, and school-based intervention are the most widely used treatment for children and adolescents today. Psychotherapy is a technique that is usually used for mildly depressed individuals. Cognitive therapy as well as behaviorally oriented treatment are two of the most effective psychotherapy models. Behaviorally oriented treatment focuses on increasing the pleasant or rewarding activities of

depressed persons. This treatment requires patients to monitor their daily activities, to increase activities that are reinforcing, and to decrease activities that are aversive. It should be noted that psychotherapy is usually used with mild cases of depression while more severe cases use medication to help mediate depressive symptoms (Coleman, 1986).

There have been several research studies that have focused on using the behavioral, cognitive, and cognitive-behavior treatments. One particular study by McLean (1981) used the behavioral technique to alter six skill areas. The specific skills that were altered were verbal communication, behavioral productivity, social interaction, assertive behavior, decision making and problem solving, and self-control. An alternate study by Reynolds and Coats (1985) thought about cognitive-behavioral treatment with unwinding treatment among discouraged youths. In this study treatment of both strategies were given in 10-minute sessions that kept going more than a 5-week period. The cognitive-behavioral treatment gathering got preparing that concentrated on cognitive and behavioral models, while the unwinding treatment gathering got unwinding preparing and

were appointed to practice these procedures for homework. The outcomes showed that both systems were fruitful in the decrease of wretchedness following a 5-week period (Reynolds & Coats, 1985). Pharmaceutical treatment is an alternate option for youngsters experiencing misery. Nonetheless, antidepressants have been under a lot of examination and have raised worries about the negative impacts of these medications. Further research needs to be carried out on the utilization of distinctive antidepressants with expectations of discovering a solution that has few reactions and just obliges people to take them in little measurements.

Numerous studies have additionally been led concerning the impacts of a considerable lot of these drugs. In one study done on imipramine, a few people were offered imipramine to diminish melancholy, while the control gathering was given a placebo medication to contrast imipramine's impact on dejection with that of the placebo drug (Puig-Antich & Weston, 1983). The consequences of this study showed that imipramine and the placebo yielded comparable impacts in the treatment of youth melancholy. This same study

likewise took a gander at the relationship these medications had to the plasma level of imipramine. Subjects with larger amounts of plasma demonstrated 100% reaction to treatment while those with lower levels indicated just a 33% reaction. These outcomes recommended that treatment impacts are additionally subject to an unfaltering plasma level. At last, school-based mediations can be utilized to treat youngsters and teenagers experiencing despondency.

For instance, Butler (1980) contrasted social abilities consolidated and critical thinking to a cognitive rebuilding methodology with upper rudimentary youngsters and found that both gatherings enhanced report toward oneself measure of wretchedness when contrasted with the control bunch (Butler, Miezi, Friedman, & Cole, 1980). Different studies have been carried out in looking at a cognitive-behavioral way to unwinding preparing in youths and found that both gatherings essentially enhanced over the control assemble on report toward oneself measures of wretchedness.

#### **RELATED STUDY:**

According to Sharma & Wavare. (2013), Stress is usually a

precursor to anxiety and anxiety is usually a precursor to depression, can reduce the efficiency of healthy individuals. This study is aimed to observe the levels of depression, leads to stresses and its effect on vital parameters during academic curriculum. Methods: A prospective cross-sectional study is designed which conducted at Sri Aurobindo Medical College and P. G. Institute, Indore, (M. P.) India. 132 final year MBBS and Physiotherapy students of academic year 2012-13 were selected as subjects. The height, weight, pulse rate and blood pressure were taken before and during pre-university examination. Zung's scale was used for assessment of depression. There was highly significant difference in vital parameters [PR ( $t=7.86$ ,  $P<0.001$ ), SBP ( $t = 5.39$ ,  $P < 0.001$ ) and DBP ( $t = 3.92$ ,  $P < 0.001$ )] during examination.

Oropeza,, Fitzgibbon &Baron, (1991), Student services professionals manage a number of mental health crises as part of their job responsibilities. This article examines some of the issues that arise from assisting foreign college students experiencing such crises, with special focus on psychiatric committal,

withdrawal from school, and return to the home county.

Mr. Furukawa, T. (1997), described in the present paper prospectively examined the depressive symptoms displayed by a cohort of Japanese high school students ( $n= 144$ ) before and during their 1-year placements with volunteer host families in various countries under the aegis of an international cultural exchange program. The subjects' level of depression showed a statistically significant increase 6 months after such a placement, but had returned to pre-departure levels by the completion of their 1-year placement. The variables that significantly predicted depressive symptoms during the placement in multiple regression analyses were the neuroticism score and the depressive symptoms measured prior to departure. However, the parental rearing practices and the fluency in the English language did not show a significant correlation. When measures of social support during the placement were entered, the perceived adequacy of social support was found to make an additional contribution to the prediction of depressive symptoms.

Mr. Sam & Eid (1991), research focuses on multifaceted nature of problems foreign students face have led some researchers to conclude that these students tend to suffer from poor health during their overseas sojourn. This assertion is examined among foreign students at the University of Bergen by means of a questionnaire survey. Loneliness, tiredness, sadness and worrying were reported as a frequent source of problem by nearly one in four of over 300 respondents. Students reported a decline in their general state of health as well as a rise in the occurrence of syndrome-like tendencies resembling paranoia, anxiety, depression and somatic complaints.

#### **PROBLEM STATEMENT:**

To study the depression levels in Indian and foreign PG students during preparation of examination

#### **METHODOLOGY**

The present study examines the Levels of Depression of P.G students of Indian and Foreign students during the preparation of Examination.

#### **Hypothesis**

The testable hypothesis included the following:

- There will be minimal level of depression among students during examination
- There will not be significant difference between the level of depression among Foreign and Indian postgraduate students during examinations preparation period.
- There will not be significant difference between the level of depression among Male and Female postgraduate students during examinations preparation period.

### **Sample Size**

The participants of the study are 80 students postgraduate who studied in India. In terms of objectivity, the sample consists of 40 foreign postgraduate students and 40 Indian postgraduate students with 20 male and 20 female in each who study in India. The postgraduate students fall into various departments in university of (Osmania University) ranging from Master of Arts, Master of Sciences, and Master of Commerce, with age range from 22 years old to 30 years old.

### **Tools Used**

The test used is Beck Depression Inventory II. The BDI-II is the

improvement version of BDI test published in 1996, developed in response to the American Psychiatric Association's publication of the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, which changed many of the diagnostic criteria for Major Depressive Disorder.

### **Description of Tools**

There are 21 items included to measure the dimensions of depressions: sadness, pessimism, past failure, loss of pleasure, guilt feelings, punishment feelings, self-dislike, self-criticalness, suicidal thoughts or wishes, crying, agitation, loss of interest, indecisiveness, worthlessness, loss of energy, changes in sleeping pattern, irritability, changes in appetite, concentration difficulty, tiredness or fatigue, and loss of interest in sex. Items involving changes in body image, hypochondria, and difficulty working that are previously included in BDI were replaced. Also, sleep loss and appetite loss items were revised to assess both increases and decreases in sleep and appetite. All but three of the items were rewarded; only the items dealing with feelings of being punished, thoughts about suicide, and interest in sex remained the same. Finally, participants were asked to rate how they

have been feeling for the past two weeks, as opposed to the past week as in the original BDI. Like the BDI, the BDI-II also contains 21 questions, each answer being scored on a scale value of 0 to 3. The BDI-II is scored by summing the ratings for the 21 items. Each item is rated on 4-point scale ranging from 0 to 3.

The maximum total score is 63. Special attention must be paid to the correct scoring of the Changes in Sleeping Pattern (Item 16) and Changes in Appetite (Item 18) items. Each of these items contains seven options rated, in order, 0, 1a, 1b, 2a, 2b, 3a, 3b, to differentiate between increases and decreases in behavior or motivation. If a higher rated option is chosen by the respondent, the presence of an increase or decrease in either symptom should be clinically noted for diagnostic purposes. The cutoffs used differ from the original: 0–13: Minimal depression; 14–19: mild depression; 20–28: moderate depression; and 29–63: severe depression. Higher total scores indicate more severe depressive symptoms.

### **Methods:**

The sample is selected by using random sampling method. The sample consisted of post-graduate and PG students, 40

Indian and 40 students from different departments of the Osmania University. The Indian participants were (20 female and 20 male) 40 students. The age of the Indian participants ranged from 22 to 30 years. Out of 40 students, The Foreign participants were (20 female and 20 male) 40 students. Their age ranged from 22 to 30 years.

### **Operational Definitions**

#### **Foreign Post Graduate Student:**

Foreign postgraduate student is any student who studies in postgraduate level in India, whose nationality is not Indian.

**Indian postgraduate student:** Indian postgraduate student is any student who studies in postgraduate level in India, whose nationality is Indian.

#### **Procedure:**

The BDI II test is administered to the sample and handed out the test and asked to complete it in front of the researcher. The test then valued by referring to the BDI II Manual, where each answer being scored on a scale value of 0 to 3. The scores from each answer were totaled to obtain the overall result of a sample. By referring to the manual, the depression level of the sample (whether it is minimal depression, mild depression, moderate depression, or severe depression) can be



determined. After all tests of the samples were valued, the quantitative analysis of the data was carried out by the researcher. The mean, standard deviation, and the t-test were calculated, and the graphical representations of the data were created. Based on those statistical values, the analysis and discussion of the result were performed.

**RESULTS**

After the test has been administered to the sample, the data was collected and statistically analyzed. The results of the study were presented as follows:

Table 1: Showing the specific levels of Depression based on BDI II of Male and Female Foreign and Male and Female Indian P.G Students

Group	Sample	Minimal Depression	Mild Depression	Moderate Depression	Severe Depression
A	Male Foreign students 20	16 (80%)	0 (0%)	2 (10%)	2 (10%)
B	Female Foreign Students 20	15 (75%)	0 (0%)	2 (10%)	3 (15%)
C	Male Indian Students 20	16 (80%)	0 (0%)	4 (20%)	0 (0%)
D	Female Indian Students 20	12 (60%)	6 (30%)	2 (10%)	0 (0%)
E	Foreign Students (Male +	31 (77.5%)	0 (0%)	3 (7.5%)	6 (15%)

	Female) 40				
F	Indian Students (Male + Female) 40	28 (70%)	6 (15%)	6 (15%)	0 (0%)
G	Total Sample 80	59 (73.75%)	6 (7.5%)	9 (11.25%)	6 (7.5%)

**Group A: male foreign students**

The number of male foreign students with minimal depression: 16 (80%)

The number of male foreign students with mild depression: 0 (0%)

The number of male foreign students with moderate depression: 2 (10%)

The number of male foreign students with severe depression: 2 (10%) Total sample: 20

**Group B: Female foreign students**

The number of female foreign students with minimal depression: 15 (75%)

The number of female foreign students with mild depression: 0 (0%)

The number of female foreign students with moderate depression: 2 (10%)

The number of female foreign students with severe depression: 3 (15%) Total sample: 20

**Group C: Male Indian students**

The number of male Indian students with minimal depression: 16 (80%)

The number of male Indian students with mild depression: 0 (0%)

The number of male Indian students with moderate depression: 4 (20%) The number of male Indian students with severe depression: 0 (0%) Total sample: 20

**Group D: Female foreign students**

The number of female Indian students with minimal depression: 12 (60%) The number of female Indian students with mild depression: 6 (30%)

The number of female Indian students with moderate depression: 2 (10%) The number of female Indian students with severe depression: 0 (0%)

Total sample: 20

**Group E: Foreign Students (Male and Female)**

The number of foreign students with minimal depression: 31 (77.5%)

The number of foreign students with mild depression: 0 (0%)

The number of foreign students with moderate depression: 3 (7.5%)

The number of foreign students with severe depression: 6 (15%) Total sample: 40

**Group F: Indian Students (Male and Female)**

The number of Indian students with minimal depression: 28 (70%) The

number of Indian students with mild depression: 6 (15%)

The number of Indian students with moderate depression: 6 (15%) The number of Indian students with severe depression: 0 (0%) Total sample: 40

**Group G: Total Sample**

The number of students with minimal depression: 59 (73.75%)

The number of students with mild depression: 6 (7.5%)

The number of students with moderate depression: 9 (11.25%)

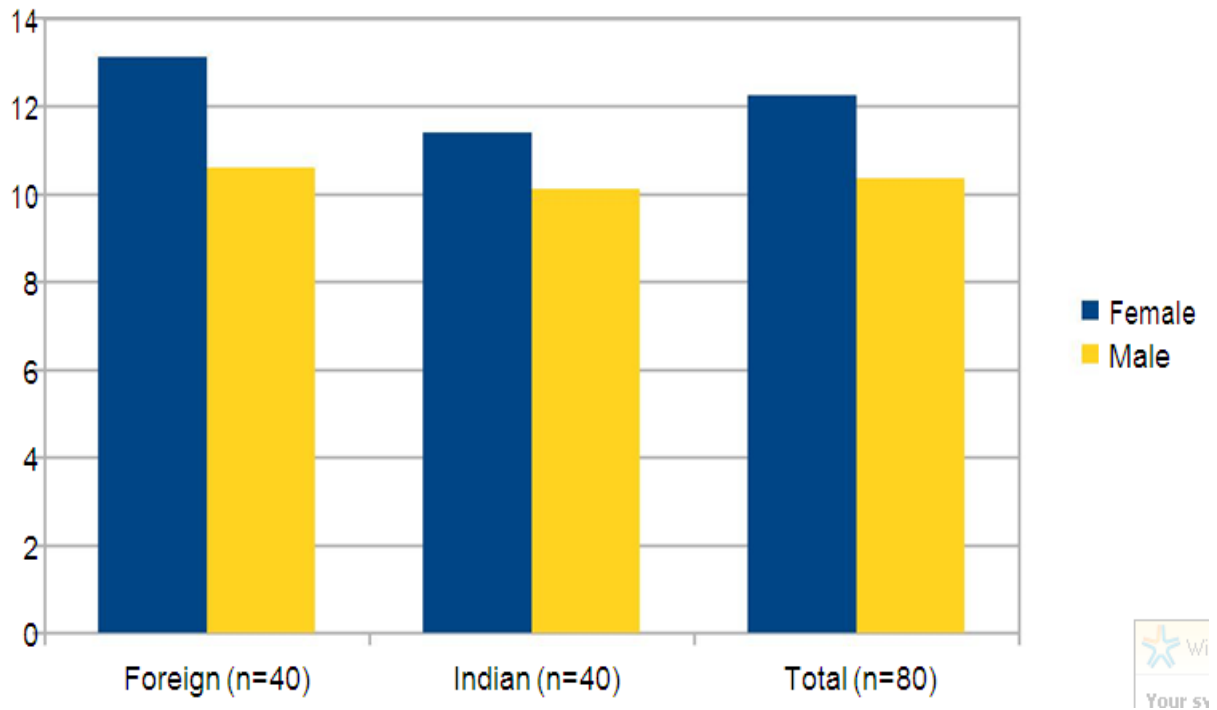
The number of students with severe depression: 6 (7.5%)

Total sample: 80

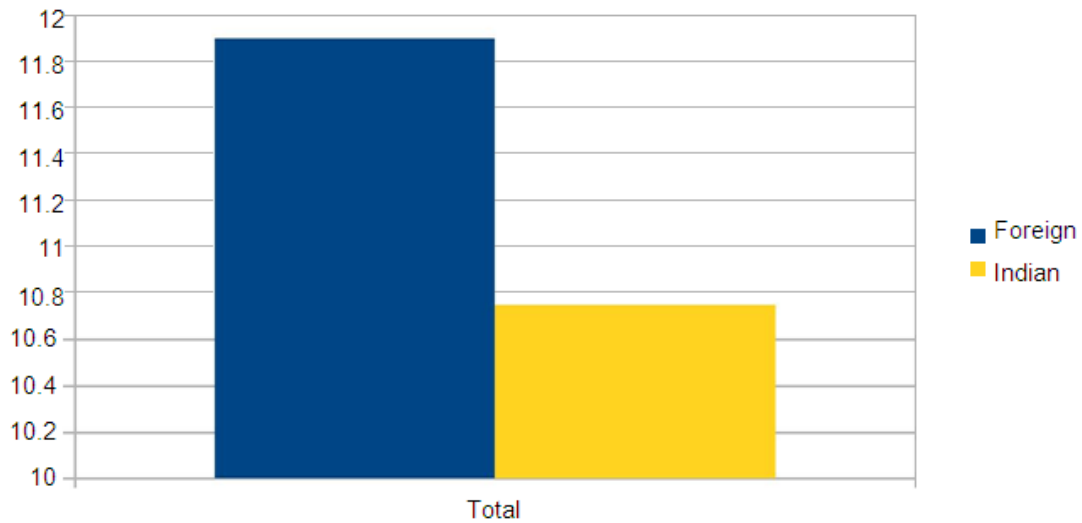
TABLE 2: Showing the value of the Mean of raw score of each measured group variables

Sample	Mean
Female Foreign Students	13.1
Male Foreign Students	10.6
Female Indian Students	11.4
Male Indian Students	10.1
Foreign Students (Male + Female)	11.9
Indian Students (Male + Female)	10.7
Female Students (Foreign + Indian)	12.25
Male Students (Foreign + Indian)	10.35
Whole Samples	11.3

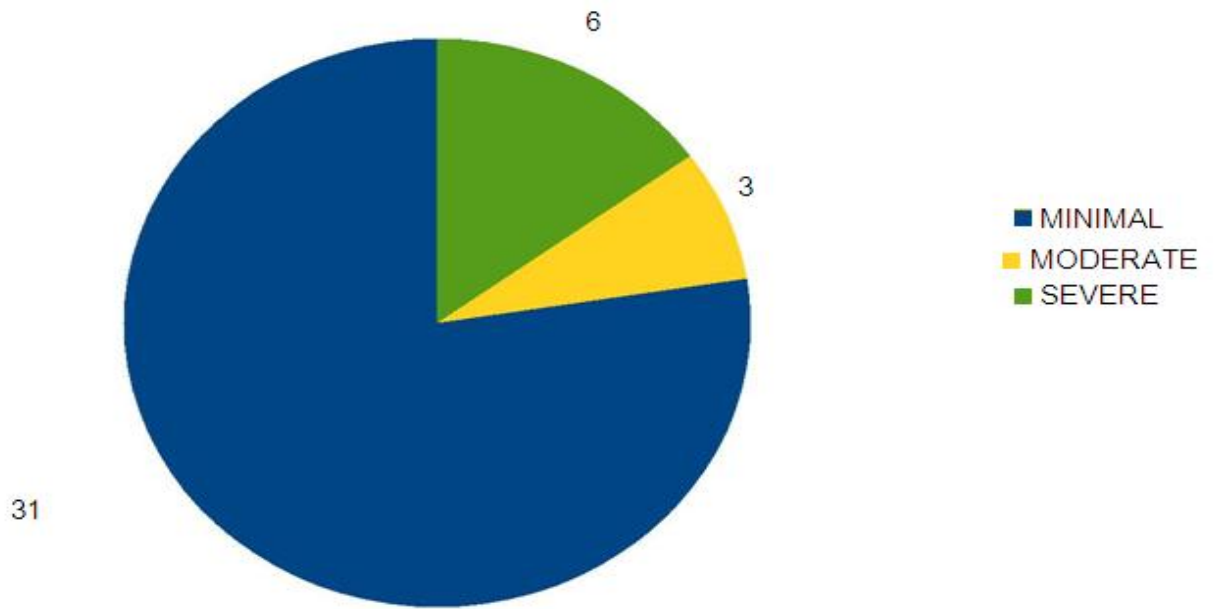
GRAPH 1: Showing the comparison of Mean of raw score in Gender



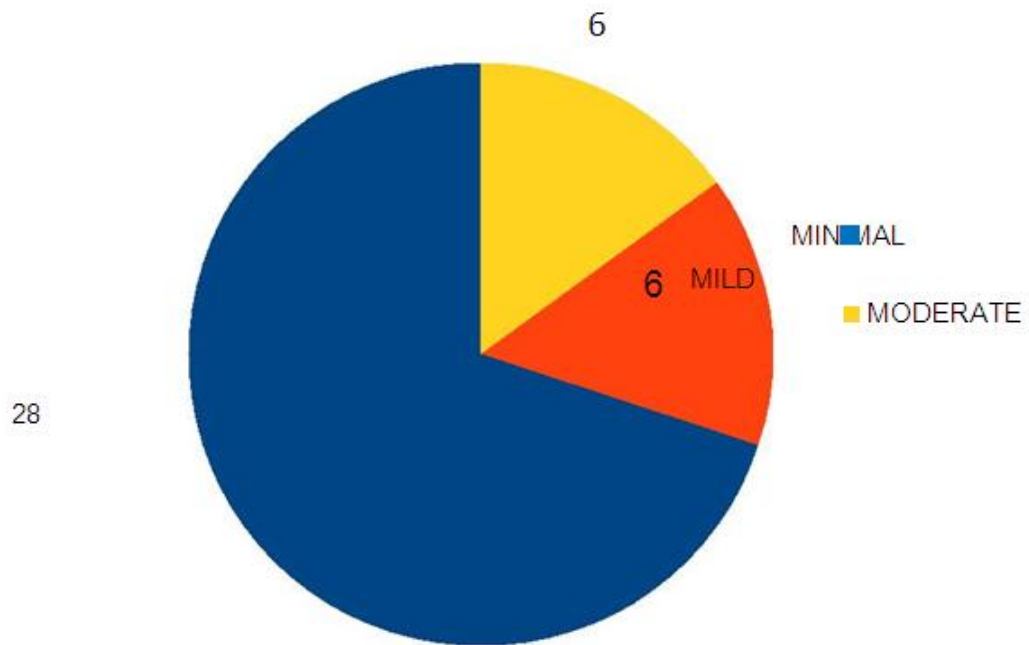
GRAPH 2: Showing the comparison of mean of raw score of Foreign students and Indian students (n=80)



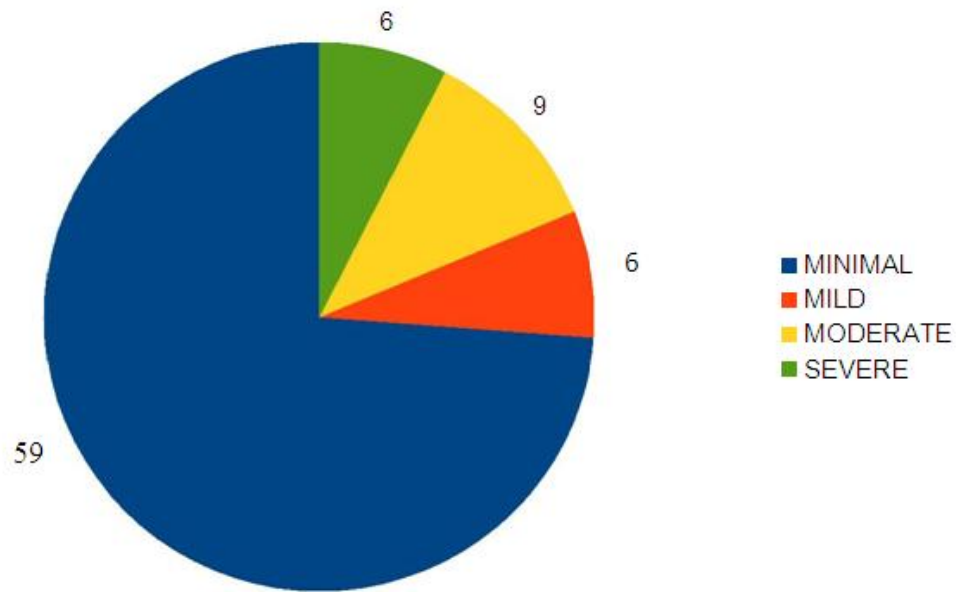
GRAPH 3: Showing the distribution of Depression Level among Foreign students (n=40)



GRAPH 4: Showing the distribution of Depression Level among Indian students (n=40)



Graph 5: Showing the distribution of Depression Level among the total samples (n=80)



GRAPH 6: Showing the comparison of Depression Level among Indian students and Foreign students (n=80)

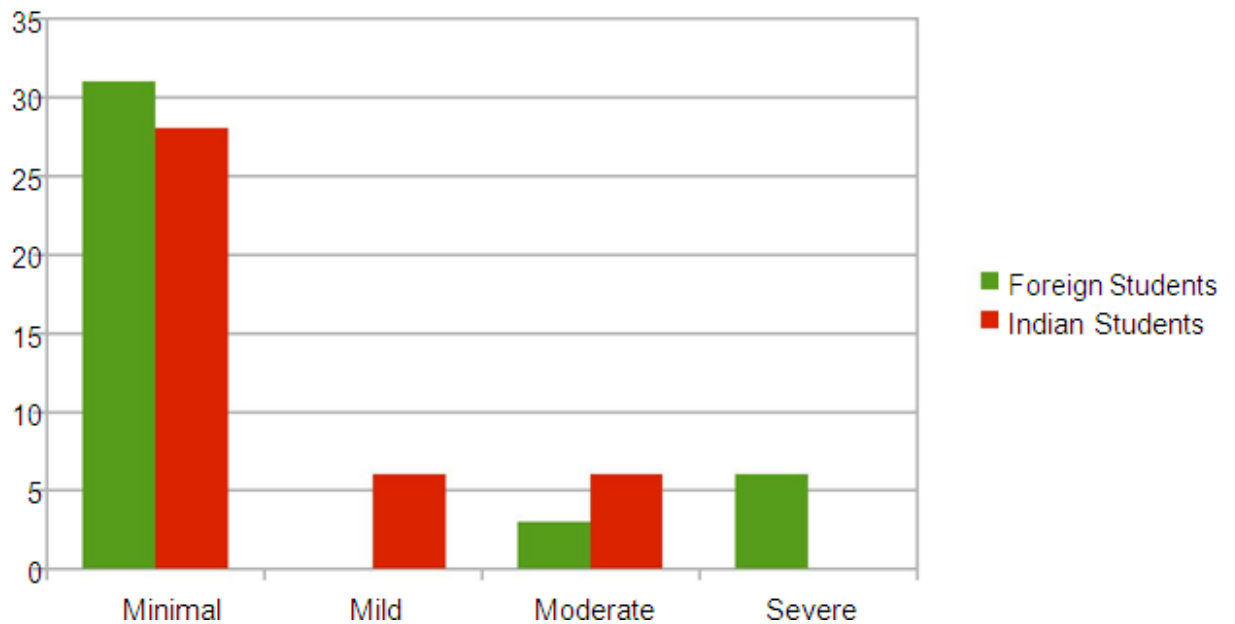
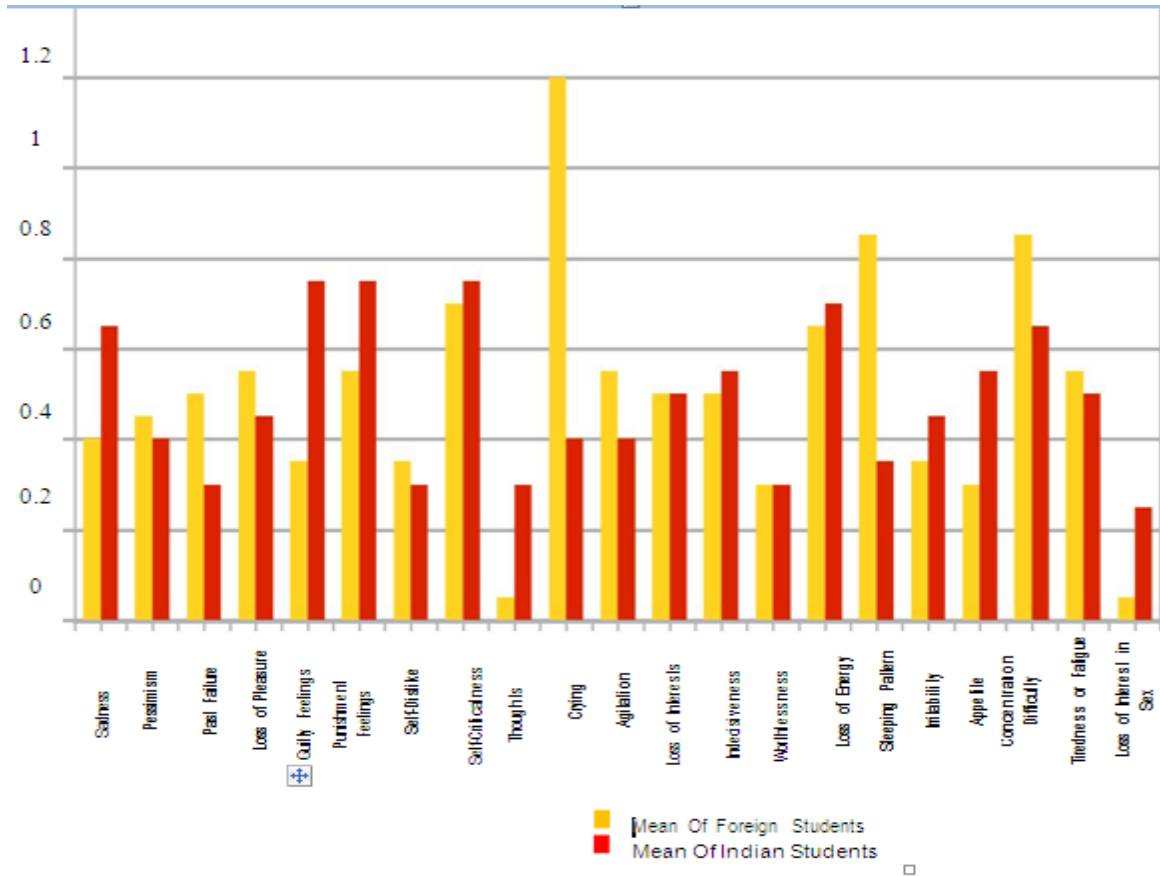


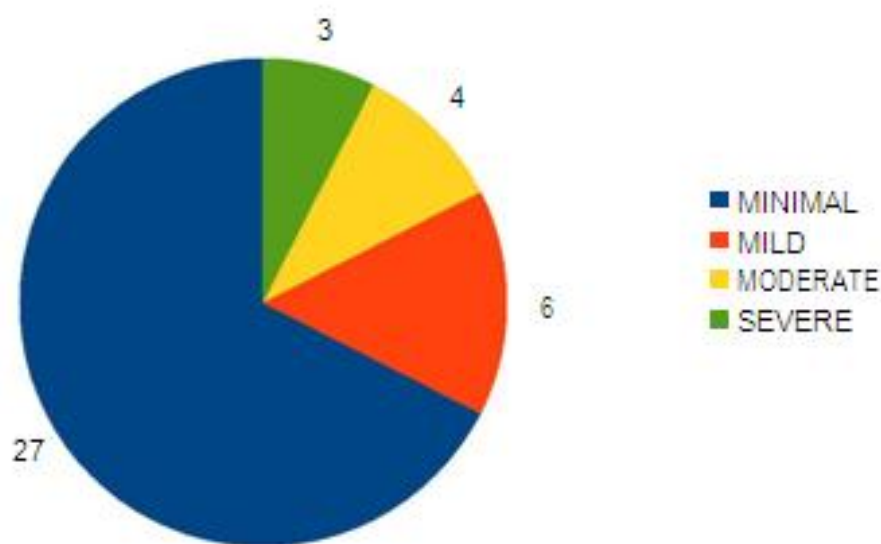
Table 3: Showing the Mean value, Standard Deviation, and t-test of each dimension in BDI II Test between foreign students and Indian students

Variable	Mean of Foreign Students(n=40)	Mean of Indian Students (N=40)	Mean of Total Sample (n=80)	T-test between foreign and Indian students
Sadness	0.4	0.65	0.53	
Pessimism	0.45	0.4	0.43	
Past Failure	0.5	0.3	0.4	
Loss of Pleasure	0.55	0.45	0.5	
Guilty Feeling	0.35	0.75	0.55	
Punishment Feeling	0.55	0.75	0.65	
Self-Dislike	0.35	0.3	0.33	
Self-Criticalness	0.7	0.75	0.73	
Suicidal thoughts or wishes	0.05	0.3	0.18	
Crying	1.2	0.4	0.8	
Agitation	0.55	0.4	0.48	
Loss of Interest	0.5	0.5	0.5	
Indecisiveness	0.5	0.55	0.53	
Worthlessness	0.3	0.3	0.3	
Loss of Energy	0.65	0.7	0.68	
changes of Sleeping Pattern	0.85	0.35	0.6	
Irritability	0.35	0.45	0.4	
Changes in Appetite	0.3	0.55	0.43	
Concentration Difficulty	0.85	0.65	0.75	
Tiredness or fatigue	0.55	0.5	0.53	
Loss of interest in Sex	0.05	0.25	0.15	
Overall Score Mean (Standard Deviation)	11.9 (SD=8.6)	10.7 (SD =6.6)	11.3 (SD =7.59)	0.50 (not significant)

GRAPH 7: Showing the comparison of Mean of each depression dimension among Indian students and foreign students (n=80)

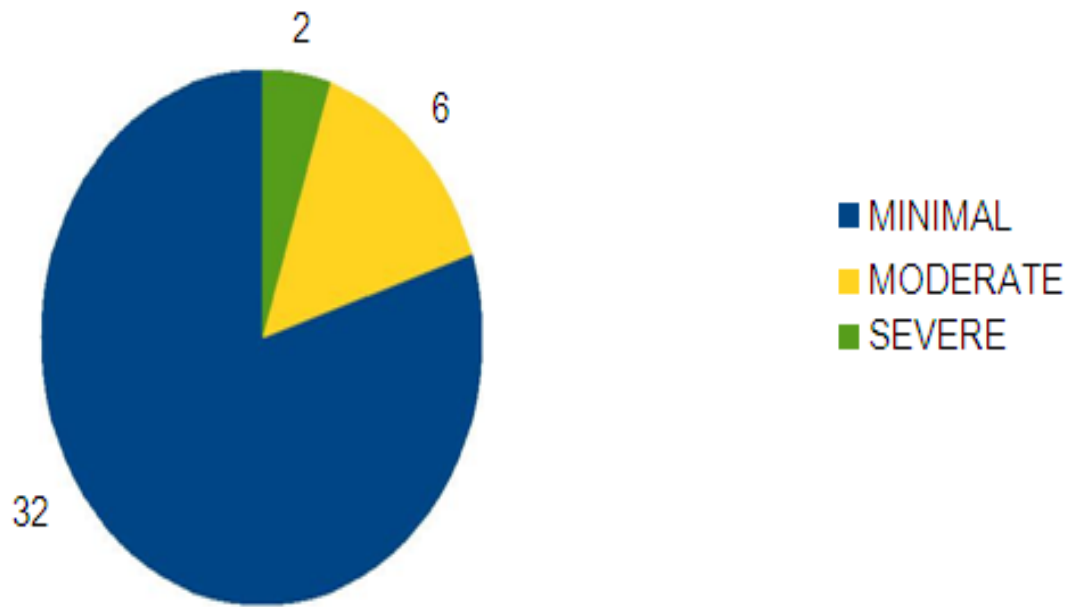


GRAPH 8: Showing the distribution of Depression Level among Female students (n=40)



GRAPH 9: Showing the distribution of Depression Level among Male students (n=40)





GRAPH 10: Showing the distribution of Depression Level among Female and Male students (n=80)

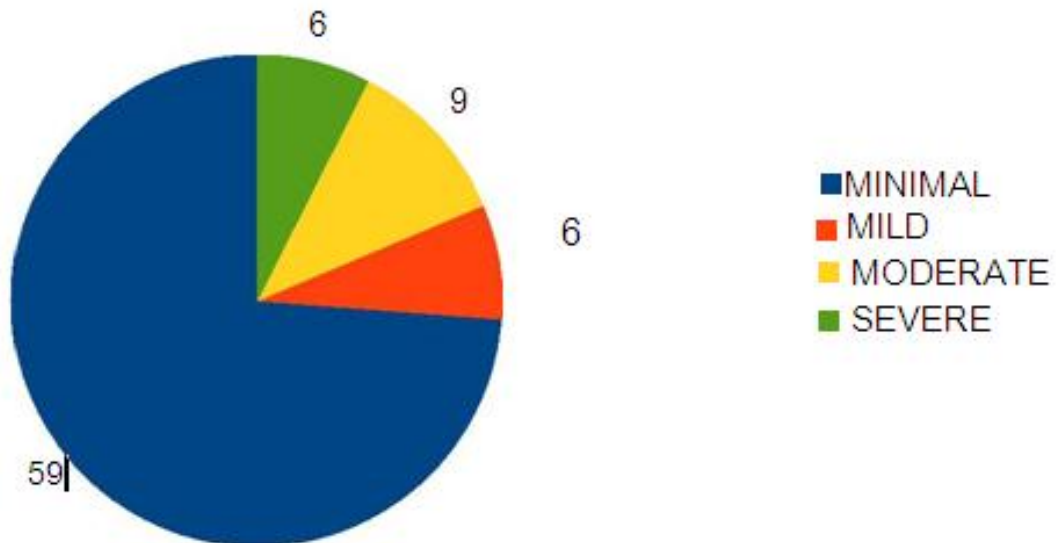
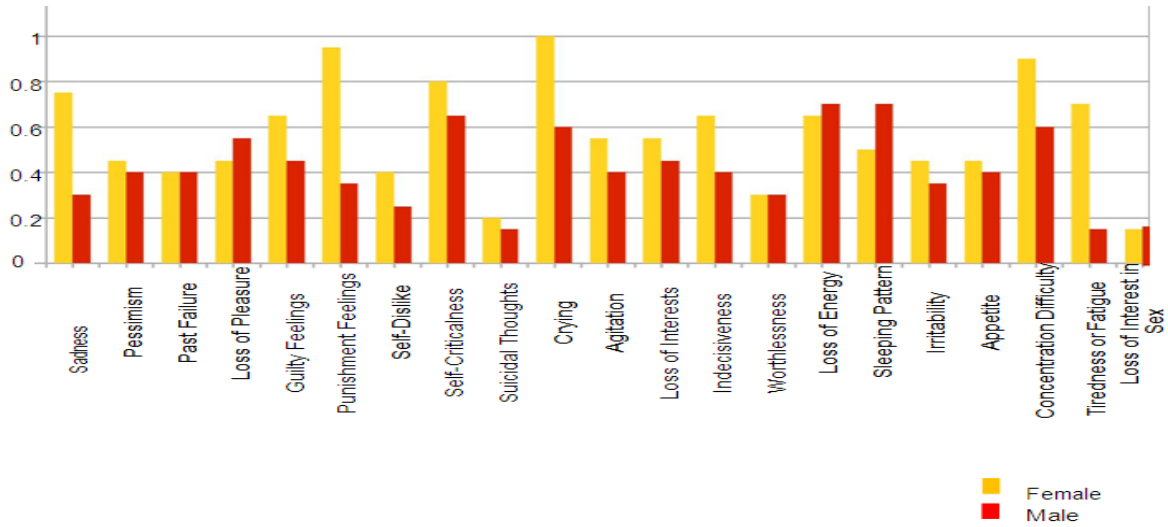


Table 4: Showing the Mean value, Standard Deviation, and t-test of each dimension in BDI II Test Between Female students and Male students

Variable	Mean of Female Students	Mean of Male Students	T-test
Sadness	0.75	0.3	
Pessimism	0.45	0.4	
Past Failure	0.4	0.4	
Loss of Pleasure	0.45	0.55	
Guilty Feeling	0.65	0.45	
Punishment Feeling	0.95	0.35	
Self-Dislike	0.4	0.25	
Self-Criticalness	0.8	0.65	
Suicidal thoughts or wishes	0.2	0.15	
Crying	1	0.6	
agitation	0.55	0.4	
Loss of Interest	0.55	0.45	
Indecisiveness	0.65	0.4	
Worthlessness	0.3	0.3	
Loss of Energy	0.65	0.7	
changes of Sleeping Pattern	0.5	0.7	
Irritability	0.45	0.35	
Changes in Appetite	0.45	0.4	
Concentration Difficulty	0.9	0.6	
Tiredness or fatigue	0.7	0.35	
Loss of interest in Sex	0.15	0.15	
Overall Score Mean (Standard Deviation)	12.25 (SD=8.9)	10.35 (SD =5.6)	0.26 (not significant)

GRAPH 11: Showing the comparison of Mean of each depression dimension among Female and Male



**FINDINGS:**

The first aim of this study is to determine the level of depression among Postgraduate foreign students and Indian students who study in India during examinations preparation period. An instrument was utilized, which is BDI II test. The result of the study revealed that both of Indian students and foreign students has minimal depression level during examination period. This can be seen from the Table 2, where the mean of the raw scores of the whole sample is 11.3 that falls into range of 0-13 which can be categorized as "Minimum Depression."

Out of 80 sample, 59 (73.75%) fall under "Minimum Depression" category, 6 (7.5%) under "Mild Depression" category, 9 (11.25%) under "Moderate Depression" category, and 6 (7.5%) under "Severe Depression"

category. More detailed analysis was performed by finding out the mean of the raw scores by dividing the samples into two different categories, "Foreign Postgraduate Students" and "Indian Postgraduate Students." Each of the category shows minimum level of depression, where the mean score of "Foreign Postgraduate Students" is 11.9 and the mean of "Indian Postgraduate Students" is 10.7. Based on the result, it can be concluded that both Foreign Postgraduate Students and Indian Postgraduate Students experienced minimal level of depression during examination period. It means that the students from each category of the group managed to cope with the pressures, stress, and tension caused by the final examinations.

By referring to the result in the Table 2, it is found that foreign

postgraduate students have higher raw score mean than Indian postgraduate students, which means the foreign postgraduate students have higher depression than Indian postgraduate students during examinations preparation period. The mean score of foreign postgraduate students is 11.9 and the mean of Indian Postgraduate students is 10.7. By looking at individual sample from foreign postgraduate students group in the Table 1, 31 (77.5%) experienced minimal depression, no one experienced mild depression, 3 (7.5%) experienced moderate depression, and 6 (15%) experienced severe depression. For Indian Postgraduate students group, 28 experienced (70%) minimal depression, 6 (15%) experienced mild depression, 6 (15%) experienced moderate depression, and no one experienced severe depression.

Based on the data, it is found that the foreign Postgraduate students have higher depression than Indian Postgraduate students, proven by the raw score of 11.9 against 10.7. As stated by Brandy (2011) in her dissertation, reporting more negative influences and events (financial pressure, separation from family) experienced by foreign students will result higher levels of stress

and more depressive symptoms. On the whole, the foreign Postgraduates and Indian Postgraduate students are found to have moderate level of depression the t-test result of the mean score of the two groups resulted 0.50, which is not statistically significant. Therefore, there is no significant difference between Indian and Foreign students in the level of depression during examination preparation periods and hence the Hypothesis- There will not be significant difference between the level of depression among Foreign and Indian postgraduate students during examinations preparation period is accepted

Based on the result that can be seen in the Table 4, it is found that both of male postgraduate students and female Postgraduate students has minimal depression level during examination period. The conclusion was taken by considering the mean of the raw scores of the whole samples, which is 11.3, that falls into range of 0-13 which can be categorized as "Minimum Depression." More detailed analysis was performed by finding out the mean of the raw scores by dividing the sample into two different categories, "Female Postgraduate Students" and "Male

Postgraduate Students." Each of the category shows minimal level of depression that can be seen in the Table 4, where the mean score of "Female Postgraduate Students" is 12.25 and the mean of "Indian Postgraduate Students" is 10.35.

However, a mean score of 13.1 is reported among Female Foreign Postgraduate students, which can be interpreted that this group experienced mild depression during examination period. Based on the result of the mean score, it can be concluded that both Female Postgraduate Students and Male Postgraduate Students experienced minimal level of depression during examination period. It means that the students from each category of the group managed to cope with the pressures, stress, and tension caused by the final examinations. By referring to the result in the Table 4, it is found that female postgraduate students have higher raw score mean than male Postgraduate students, which means the female postgraduate students have higher depression than male postgraduate students during examinations preparation period. The mean score of female postgraduate students is 12.25 and the mean of Indian Postgraduate

students is 10.35. By looking at individual sample from female postgraduate students group, 27 (67.5%) experienced minimal depression, 6 (15%) experienced mild depression, 4 (10%) experienced moderate depression, and 3 (7.5%) experienced severe depression.

For male postgraduate students group, 32 experienced (80%) minimal depression, no one experienced mild depression, 6 (15%) experienced moderate depression, and 2 (5%) experienced severe depression. Since the maximum amount of students have minimal amount of depression during examinations, the hypothesis there will be minimal level of depression among students during examination is accepted. Although the female Postgraduate students have higher raw scores than male postgraduate students, the t-test result of the mean score of the two groups resulted 0.257, which is not statistically significant. Therefore, there **is no significant differences** in the gender with regard to the level of depression among postgraduate students during examination preparation periods the hypothesis, There will not be significant difference between the level of depression among Male and female

postgraduate students during examinations preparation period is accepted. Based on the data, it is found that the female postgraduate students have higher depression than male postgraduate students, proven by the raw score of 12.25 against 10.35. As stated by Siddiqui (2005), there are two major factors that causes women has higher risk to suffer from depressive disorders: (1) environmental factors that lead to social status of women; Women have less freedom than men do, and cannot always do as they please. This may cause an increased need for emotional support that if women do not get, causes to depression. (2) Biological factors; Studies show that during a menstrual cycle, women release more hormones in their HPA axis, which is responsible for the release of corticotrophin. Furthermore, women do not have the same ability to reduce the production of stress hormones as men, because women's sex hormone blocks their ability to do so. Therefore, women get stressed more easily compared to men, and this can leads to more depression (Siddiqui, 2005). Apart from the above major findings, the study also revealed the following results:

By considering the t-test level of

the mean score between foreign postgraduate students and Indian Post graduate students (0.50) and male postgraduate students and female postgraduate students (0.26), it is found that there is no significant statistical correlation between level of depression, gender, and nativity during examination period. However, by dividing the sample into several demographic groups and considering the mean of the raw score of each groups, it is found that "Female Foreign Postgraduate Students" has the highest raw score mean, which is 13.1, even falls under the category of mild depression. The lowest raw score mean, that signify the least depression is shown by "Indian Male Postgraduate Students," with a raw score mean 10.1. The ranking of the raw score of each group, from the highest to lowest are

1. Female Foreign Postgraduate Students (raw score mean 13.1),
2. Female Postgraduate Students (12.25)
3. Foreign Postgraduate Students (11.9)
4. Female Postgraduate Indian Students (11.4)
5. Indian Postgraduate Students (10.7)
6. Male Postgraduate Foreign Students (10.6)
7. Male Postgraduate Students (10.35)

## 8. Male Postgraduate Indian Students (10.1)

Although not statistically significant, it is demonstrated by the test that the most responsible factors to depression among postgraduate students are: (1) Gender (2) Nativity. It is found that female students have higher depression level, irrespective of nativity. Therefore, it can be concluded that gender plays more important role in influencing the level of depression among postgraduate students rather than nativity. Most common depressive symptoms among postgraduate students in India during examinations preparation period are also observed.

The most common depressive symptom among post graduate is considered based on the highest raw score mean of the 21 dimensions tested in BDI II test, which can be referred from Table 4 and Table 2. The most common depressive symptoms among postgraduate students (both foreign and Indian) during examinations preparation period is "Crying," with a raw score mean 0.8. After "Crying," the most common depressive symptoms are "Concentration Difficulty" and "Self-Criticalness", with raw score mean of 0.75 and 0.73 respectively. From the

whole samples, the least common depressive symptoms are "Loss of Interest in Sex," with raw score mean 0.15. "Suicidal Thoughts or Wishes" is also considered least common symptoms, with raw score mean 0.18.

As it is stated by Garret (2002), crying is a part of regression, which is one of the most common defense mechanism in response to stress, tension, and depression. It is can be defined as a process of temporary reversion of the ego to an earlier stage of development rather than handling unacceptable impulses in a more adult way, for example, using whining as a method of communicating despite already having acquired the ability to speak with appropriate grammar. In order to get more in detail analysis of the most common depressive symptoms, the samples divided into four specific groups: "Foreign Postgraduate Students," "Indian Postgraduate Students," "Female Postgraduate Students," and "Male Postgraduate Indian Students." For "Foreign Postgraduate Students," the most common depressive symptom during examination preparation period are "Changes in Sleeping Patterns" and "Concentration Difficulty", with raw

score mean of 0.85.

For "Indian Postgraduate Students," the most common depressive symptom during examination preparation period are "Guilty Feelings," "Self-Criticalness," and "Punishment Feelings", with raw score mean of 0.75. For "Female Postgraduate Students," the most common depressive symptom during examination preparation period is "Crying" with raw score mean of 1.0; followed by "Punishment Feelings" and "Concentration Difficulty" with raw score mean of 0.95 and 0.9. For "Male Postgraduate Students," the most common depressive symptom during examination preparation period is "Changes in Sleeping Patterns" with raw score mean of 0.7; followed by "Self-Criticalness" and "Concentration Difficulty" with raw score mean of 0.65 and 0.6.

## CONCLUSIONS

Foreign students and Indian postgraduate students reporting above minimum level of depression during examinations preparation period **the hypothesis**, There will be minimal level of depression among students during examination **is accepted**. There is found to be no significant difference between

Indian and Foreign students in the level of depression during examination preparation periods and hence the Hypothesis- There will not be significant difference between the level of depression among Foreign and Indian postgraduate students during examinations preparation period is accepted. There **is found to be no significant differences** in the gender with regard to the level of depression among postgraduate students during examination preparation periods the hypothesis, There will not be significant difference between the level of depression among Male and female postgraduate students during examinations preparation period is accepted.

## SUGGESTIONS:

Since severe depression is more among foreign students which could be due to significant change in the bio psycho socio and environmental factors. Not only that they must be provided with or trained to adopt themselves with some prior knowledge about the various conditions beforehand. Most important are the life style habits and the risk factors which could become the barriers for change to modify themselves as per the situations in the foreign country.



Hence it is crucial to prepare them with self-management strategies to help themselves in any problem situation. Skills such as language, soft skills, self-development skills, stress management skills and strategies must be developed. Professional Psychologists Counseling centers can be of major help during such crucial periods of crisis. From this study we are going to suggest that the students who are facing and who have the symptoms of depression they should attain regular fitness and yoga classes which makes their body and mind stable and in control. All the universities and Schools, college should provide the students about the general reasons for depression and motivate the student to attain fitness classes and make them strong enough to face the challenges. According to our study it clearly states that more students have the symptoms of depression before the exams. This makes the youth sick and increases suicidal tendencies in them. When everything mind body are in control they will be strong enough to challenge. So universities should not only teach them subject but they should provide the students with solutions for every problem.

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