

# A comparison study: Psychological well-being and depression in Iranian and Indian college students

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## ABSTRACT:

Depression is one of the most common disorders mentioned in different societies and cultures. Stressful environments, especially places like universities that shape one's future, are more important and increase students' incidence of disorders. The prevalence of such a disorder is estimated between 10.54 and 62.9%. It is obvious that depression causes disruption in the health of the society and especially the students who are among the privileged class of the society and the future makers of the society. The aim of this study was to investigate the factors related to the incidence or exacerbation of depression in students studying at Mysore-India and Ferdowsi Universities in Mashhad. In this study, which was conducted to investigate the well-being and depression of students at Ferdowsi University of Mashhad and the University of Mysore-India, 378 Iranian students and 98 Indian students were randomly selected using the formula proposed by Borg and Gall (1989). For this purpose, after preliminary studies on 30 students, psychological well-being test (PWB) and mental disorders test (DASS21) were performed on the main sample with the aim of diagnosing mental disorders. Data were analyzed using correlation and analysis of variance (MANOVA) statistical methods. The results showed a significant difference between mental disorders as well as psychological well-being between Iranian and Indian students.

## Keywords:

Psychological well-being, Psycho-behavioral disorders, Depression, Students

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## INTRODUCTION

The structure of today's industrial society is such that it has led to an increase in the incidence and prevalence of depression among different cultural backgrounds, and it is almost impossible to be immune from the resulting psychological pressures. This is especially true for people in certain situations, such as universities, who must strive for better success in any situation. Of course, the prevalence of depression in the community has been reported depending on social and psychological factors caused by environmental events and the gender of different people. 1999; Zadok, Kaplan, 2003; Stoll, Tohen, & Baldes Serini 1993). The prevalence of depression in Iran has been reported between 4.2 to 37% (Pala Hong, 1996; Naderi, 1997). Due to the fact that depressed people suffer from various symptoms such as depressed mood, lack of

interest and pleasure, decreased energy and concentration, sleep problems, suicide, etc., so statistical reports from universities are thought-provoking and need more attention, which are mentioned below. Turns. Of course, the reported statistics of student environments have fluctuated between 10.56% to 62.9% (Ahmadi, 1374; Turkan 1373). In a study conducted by Ahmadi (1995) on students of Ahvaz University, the prevalence of depression was 44.9%. In this study, the rate of depression in girls was significantly lower than in boys (39% vs. 52%). There was no difference between being single and married. Also, Turkan (1373) in the study of the prevalence of depression in students of Zahedan University of Medical Sciences reported 65% for women and 41% for men. In another study conducted on Elamite students, 60.7% of depression was reported without significant differences between girls and boys

(Torabi, 1997). In another study conducted on Sabzevar University students, the prevalence of depressive disorder was 29.2% and its rate was lower in married people than single and more in boys than girls (Hosseini Nejad, 1999).

In a society where the educated class is prone to such disorders, even with the huge spiritual and material costs that should be the bedrock of the future of this huge investment in the best way, such statistical reports are a warning to all those in charge of the country, especially universities. . Is it really possible to deny depression in this cultured class, while the professors and people who associate with these people feel it well?

On the other hand, physical, mental and social health, which was introduced as a complete well-being of the individual by the World Health Organization (2001, 2004) in previous decades, is considered by researchers in this important field. Although according to the theory (Larsen, 1991), health has a multidimensional concept that includes happiness and well-being in addition to being sick and incapacitated, most psychiatrists, psychologists, and mental health researchers emphasize the negative and positive aspects of health. Have been ignored (Reef and Singer, 1996; Seligman, 2003). In other words, they define health patterns according to negative characteristics and use health measuring instruments often in physical (mobility, pain, fatigue and sleep disorders), mental (depression, stress and anxiety) and social (social disability, marital problems) problems. (Reef, 1998). According to Reef, psychological well-being consists of 6 components, which are: self-acceptance (having a positive attitude towards oneself), positive relationship with others (ability to communicate and warm and intimate empathy with others), autonomy (feeling independent and ability to stand). In the face of social pressures), having a purposeful life (having a purpose and giving meaning to life), personal growth (a sense of

continuous growth) and mastery of the environment (a person's ability to manage the environment) (Reef, 1989; Reef and Keys, 1995). Reef believed that these components are considered as positive mental health criteria, and measure a person's level of well-being and positive performance (Reef, 1998).

Reef's model has received increasing attention in the world (Chang and Chen, 2005), and it has been found that his model of psychological well-being can explain the specific harms of patients with emotional disorders (Rouini and ICT, 2009). Studies have reported the inverse and significant relationship between psychological well-being and depression (Moeinizadeh, Kumar, 2010). Also in the research of Rooney et al. (2003), a negative and significant relationship was reported between the dimensions of psychological well-being and anxiety, depression and hostility. In another study conducted by Paradise and Kernis (2002), a negative and significant relationship was reported between the dimensions of psychological well-being and neurosis.

The present study was conducted to study the psychological problems and the relationship between the dimensions of psychological well-being and depression in the student community of Ferdowsi University of Mashhad and Mysore University of India.

**methodology**

**Statistical population and sampling method**

This research is descriptive in terms of method and correlational research and in terms of purpose, it is considered as applied research. The statistical population of this study was 476 people (378 students of Ferdowsi University of Mashhad-Iran and 98 students of the University of Mysore-India) who were studying at different levels and the average age of both Iranian and Indian groups is 23 years. The distribution of students by degree, age and gender at the time of the research is presented in the table below.

**Table 1 Frequency distribution of students by gender, education and age**

Country	Gender	education	Abundance	Percentage	age average
Iran	Male	bachelor	69	38.0	22
		Masters	92	50.0	24
		Doctorate	20	11.0	26
		Total	181	100.0	24
	Female	bachelor	111	56.0	21
		Masters	80	40.0	25
		Doctorate	6	3.0	25
		Total	197	100.0	23/6
India	Male	Masters	78	92.0	24
		Doctorate	6	7.0	24
		Total	84	100.0	24
	Female	Masters	12	85.0	22
		Doctorate	2	14.0	25
		Total	14	100.0	23.5

		Total	14	100.0	23/5
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According to the research method, which is a correlational type, the method presented in correlation studies (Berg and Gall, 1989) has been used to determine the sample size. For this purpose, first in the form of preliminary studies, 30 students were selected and examined and performed in terms of the studied variables, then based on the observed correlation, the final sample size was set at 476 people. In this study, the sampling method was random sampling.

**Measuring tools**

In this study, the Psychological Well-Being Scale (PWB) as well as the stress, anxiety and depression test DASS21 were used.

**Psychological well-being scale**

This scale was used following the design and use of the reef in 1980. The main form was 120 questions, but in subsequent studies, short forms of 84, 54 and 18 questions were used. In the present study, the form of 84 questions, which is a complete form for measuring psychological well-being, has been used. This scale has 6 subscales, 14 questions which are: self-acceptance, positive relationship with others, autonomy, purposeful life, personal growth and mastery of the environment. The validity and reliability of this scale have been reported in several studies. Diredonck

(2005) appropriates the internal consistency of the subscales and Robin Cronbach's alpha / 77. Up to 90 / Reports. Asmat and Reef (1997) also found the internal consistency of the psychological well-being scale between 82 / Up to 90 / Reported. The validity of the Persian version of the questionnaire has been reported in Bayani et al.'s (2002) research. Also Cronbach's alpha in Moeinizadeh and Kumar (2010) research for psychological well-being scale / 96. Was reported.

**DASS21 scale**

DASS is a set of three self-assessment scales designed to measure negative emotional states of depression, anxiety and stress. At the beginning of this scale, there were 42 items and each of the subscales had 14 items. But to make the item scale more practical, it was halved and became known as DASS21, where each subscale has 7 items. The alpha value for the 21-item scale was: depression / 70, anxiety / 66, and stress / 76 (Sahebi et al., 2001).

**Findings**

To analyze the data, first Pearson correlation coefficient was used between psychological well-being and depressive disorder. The results show a significant negative relationship between depressive disorder and psychological well-being indicators listed in Table 2.

Table 2. Correlation of psychological well-being variables with depressive disorder

7	6	5	4	3	2	1	VARIABLES	ROW
						-	<b>Self acceptance</b>	1
					-	r = .638 ** p = .000	<b>Positive relationship</b>	2
				-	r = .670 ** p = .000	r = .688 ** p = .000	<b>Autonomy</b>	3
			-	r = .717 ** p = .000	r = .664 ** p = .000	r = .743 ** p = .000	<b>Environmental mastery</b>	4
		-	r = .754 ** p = .000	r = .693 ** p = .000	r = .644 ** p = .000	r = .785 ** p = .000	<b>Oriented life</b>	5
	-	r = .735 ** p = .000	r = .747 ** p = .000	r = .723 ** p = .000	r = .623 ** p = .000	r = .744 ** p = .000	<b>Personal growth</b>	6
-	r = -.721 ** p = .000	r = -.633 p = .001	r = -.690 p = .000	r = -.480 p = .003	r = .411 ** p = .005	r = -.540 p = .002	<b>Depression</b>	7

\*\* The correlation is significant at the level of 001 / . \*  
 The correlation is significant at the level of 0.05

To evaluate and compare Iranian and Indian students in psychological variables and mental disorders, Mankova analysis of variance was used, the results of which are reflected in Table 3.

Table 3. Comparison of psychological well-being with depressive disorder between Iranian and Indian students

Significance	F-Score	average of squares	Standard deviation	Average	ایرانی هندی	Variables
.000	87.009	5731.459	7.12	49.91	374	Self acceptance
			11.31	58.45	96	
			8.84	51.66	470	
.000	90.706	6193.500	7.91	49.36	374	Positive communication with others
			9.44	58.92	96	
			9.09	51.31	470	
.000	96.414	5709.510	7.57	51.43	374	Autonomy
			8.22	60.23	96	
			8.48	53.23	470	
.000	92.539	5592.496	7.52	51.83	374	Environmental mastery
			8.81	60.23	96	
			8.54	53.23	470	
.000	143.638	4800.538	6.99	48.79	374	Oriented life
			9.80	59.94	96	
			8.86	51.07	470	
.000	84.388	5137.879	7.36	52.19	374	Personal growth
			9.49	60.48	96	
			8.52	53.88	470	
.047	3.969	69.205	4.41	12.72	374	Depression
			3.12	11.89	96	
			4.19	12.55	470	

According to the number obtained in the significant part of Table 3 between Iranian and Indian students in all aspects of psychological well-being with a probability of 01 / . And in the category of depression with a probability of 05 / . Significant differences were observed. In other words, because P Value is less than a (or the first type of error), there is no reason to confirm (the assumption of equality of means) and the null hypothesis that the equality of Iranian and Indian

students in the psychological welfare variable and the category of depression is rejected.

On the other hand, analysis of variance and Tukey post hoc test were performed in different faculties. Only in Iranian faculties and in the category of personal growth, significant differences were observed between different faculties. The results are reported in Table 4 in order of priority.

Table 4. Comparison of dimensions of psychological well-being and depressive disorder in different faculties

Subset for alpha = .05			College	Tukey
1	2	Number		
		1		
	49,8571	35	Science	

**The contribution of psychological well-being in predicting depression**

50,2090	50,2090	67	Agriculture
51,0938	51,0938	32	Administrative Sciences
51,5849	51,5849	53	Engineering
52,4146	52,4146	41	Theology
52,6944	52,6944	36	literature
53,2143	53,2143	14	Mathematics
54,5238	54,5238	63	Educational Science
55,1429	55,1429	28	Veterinary
56,4444		9	Physical Education
,/004	,196		Significance

with others, autonomy, purposeful life, personal growth and mastery of the environment) as predictor variables on depression as a criterion variable in all Iranian students, the variables entered the stepwise regression analysis equation. . For regression analysis, variance analysis was performed to prove that at least one of the variables

has the ability to predict the criterion variable. The results of the analysis are shown in Table 5.

To examine the role of psychological well-being variables (self-acceptance, positive relationship

Table 5 One-way analysis of variance indicators for the significance of the whole regression model

Significance level	F	Average sum of squares	Degrees of freedom	Total squares	Test	Model
0/000	24,000	441,405 18,392	1 372 373	441,405 6841,675 7283,080	regression remaining Total	1
0/000	29,932	505,957 16,903	2 371 373	1011,914 6271,166 7283,080	regression remaining Total	2
0/000	23,590	389,784 16,524	3 370 373	1169,352 6113,729 7283,080	regression remaining Total	3

As can be seen in Table 5, the significance level of the table in the variables (positive relationship with others, purposeful life and personal growth) is equal to zero (p = 0.000) and this indicates that the regression model is significant.

Table 6 also shows the implementation of regression analysis results. Since there was no significant relationship between (self-acceptance,

autonomy and mastery of the environment) with the variable of depression, they were excluded from the regression analysis equation. But the three variables (positive relationship with others, purposeful life and personal growth) were significantly correlated with the criterion variable and were able to explain some of the changes in depression. The indicators of multiple regression analysis are listed step by step in Table 6.

Table 6 Stepwise regression analysis for predicting depression by psychological well-being

Significance level	T	β	B	R <sup>2</sup>	R	Variable	Model
0/000	4/234	5/938				Constant	1
0/000	4/899	.137	.246	.061	.246	Positive relationship with others	
0/000	7,020	11.808		.139	.373	Constant	2

0/000	7,124	./213	./381			Positive relationship with others oriented life
0/000	-5,810	-./196	-./311			
0/000	7/695	13/387				Constant 3
0/000	7/806	./242	./434	./161	./401	Positive relationship with others oriented life
0/001	-3/251	-./129	-./205			
0/002	-3/087	-./121	-./201			Personal growth

The results of multivariate regression analysis using stepwise method showed that among the 6 predictor variables, three variables (positive relationship with others, purposefulness in life and personal growth) entered the regression equation, respectively. The results of regression analysis showed that a positive relationship with others and purposeful life and personal growth have the ability to predict depression ( $R^2 = 0.16$  and  $df = 3,370$ ,  $F = 0.24$ ). Also, the beta coefficient for this variable is  $24 / 0 = \beta$  was obtained.

**Discussion**

When it comes to health and well-being, anti-health and lack of well-being may also come to mind, but this issue does not end with just one aspect and one dimension, but its different aspects, which are also of special importance, must be considered. Instead of emphasizing the positive aspects, mental health researchers focus more on the negative aspects and insist on it. Today, however, there is a growing tendency to study the positive aspects of mental health as well as the negative aspects. The aim of this study was to evaluate the relationship between the dimensions of psychological well-being and depressive mental disorder in Iranian and Indian students. The results showed that in all aspects of psychological well-being between students of Ferdowsi University of Mashhad and Mysore University of India there is a significant difference at the level of 999 thousandths ( $P = / 000$ ). This means that Indian students scored higher on average in psychological well-being (autonomy, mastery of the environment, personal growth, positive communication with others, purposeful life and self-acceptance) than Iranian students. Conversely, they had a lower mean in depressive disorder than Iranian students.

The results show a negative and significant relationship between psychological well-being scales and Dass21 Mental Disorder Questionnaire. Considering the type of significant negative correlation between the two categories of well-being and depression, it can be said that the relationship between these two structures will be such that a change in one will lead to a change in the other. A conclusion that is consistent with the findings of Arindel et al. (Arindel, 1999). Wood and Jazf's (2010) findings also confirm

that the lack of mental well-being will increase the risk of developing mental disorders, including depression. Yoliando (2004) also showed in a study that there is a positive and significant relationship between psychological well-being factors and daily social activities. Also, Flensburg Madsen et al. (2005-2006), in their cross-sectional studies, noted that there is a positive and significant relationship between a sense of doing work and psychological well-being.

The low level of psychological well-being of Iranian students compared to Indian students is a very important finding in this study. Because the low level of psychological well-being is directly related to life skills and stress management, and training and promotion of mental well-being is considered a very important factor in this regard (Cafu et al., 2008). Although psychological well-being and life satisfaction are considered relative and temporal and spatial conditions play a role in it, but due to its impact and direct relationship with the individual's behavior should be especially evaluated and carefully. Especially at a time when a person as a student has a greater sense of autonomy and environmental dominance and is always looking for positive relationships with others. In fact, the study period is a time of external independence of the individual and reliance on his own resources. In such a situation, the factors that create satisfaction, which are also more visible, depend on the meaning of the person, his environment and success in education. An issue that directly affects a person's level of education and well-being. To explain this issue, we can mention the factors that more or less challenge the well-being of the individual. First, the way one enters a particular discipline may not be commensurate with one's personal interests, or one may be joined by a misconception of one discipline. Get stuck. This issue has been confirmed by other researches (Torabi Nikcheh, 1997).

Second, cultural and social differences are one of the other influential criteria that a person's well-being, ability, health, intelligence, attractiveness and. . Challenges. Therefore, due to the low level of psychological well-being in Iranian students compared to Indian students, the role of university officials in implementing and designing programs that can ensure the empowerment of students is considered very effective and important. Among the factors that are

directly related to individual disorders and can also be programmed. It is mainly a vague career future that exacerbates apathy, feelings of helplessness and weakness, physical and scientific stagnation, and ultimately depression. Now, considering the fact that the students of the same national capital and future professionals of this borderland, who have an undisputed role in the development and upliftment of our society, deserve special attention to their mental health and pay more attention to it than other issues.

### Suggestions

- University administrators and planners should plan to ensure that students face the least amount of stress and emotional instability or psychological insecurity.
- Establish health databases for regular and permanent review of students' mental health and provide clinical counseling services to students and refer them to clinical or psychiatric psychologists.
- Take the necessary measures to change the fields of interest of students.
- Pursue the issue of accommodation of non-native students with more sensitivity and solve their problems in the shortest time.

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