







psychiatric morbidity survey in Britain showed a similar greater risk of depression for women. A comprehensive review of almost all general population studies conducted to date in the United States of America, Puerto Rico, Canada, France, Iceland, Taiwan, Korea, Germany and Hong Kong, reported that young women predominated over men in lifetime prevalence rates of major depression (Piccinelli & Homen, 1997). In India similar findings were obtained by Verma, Jain & Roy (2014). The possible reasons of this gender disparity in depression have already been discussed in the paper. Poor and negative self-concept also could directly contribute along with more negative life events experienced by women to the differential rate of depression in men and women.

**Table2 (b):** Mean, SD, t-value of Anxiety scores on BAI in Boys and Girls

S.No	Mean	SD	t
Boys (N=123)	16.54	3.76	6.29**
Girls (N=95)	20.19	4.56	

\*\* Significant at 0.01 level

As shown in table no 2 (b), when boys and girls are compared on the variable of anxiety, t- value (6.29) has been found to be significant. It is, therefore, inferred from this that boys and girls differ on the measure of anxiety. Girls have higher scores on BAI than boys. It means that girls report more anxiety symptoms than boys. The current research proves the research hypothesis (H2). Dysfunctional anxiety is one of the most common psychological issues in school-aged children and adolescents worldwide. Similar findings were obtained by Campbell & Rapee (1994) and (Costello, Egger & Angold, 2003). Inconsistent findings were, however, obtained by Deb, Chatterjee & Walsh (2010). In their study of 460 adolescents (Boys= 220, girls=240) in different schools and colleges in Calcutta, they found that boys have significantly higher anxiety than the girls. These inconsistent findings could have been arisen because of hosts of factors. Increasing threat and insecurity about of fear of failure could have been responsible for these inconsistent findings. Besides, methodological issues (including sample size, methods of student recruitment, and response rate issues could also be the reason of inconsistent findings. There is a need to explore in detail the gamut of other possible reasons of this differential finding in Deb's study.

## 5. Conclusion & Implications

1. The current investigation revealed higher rate of depression and anxiety among female students.
2. It has been empirically found that professional students report higher level of depression and anxiety than non-professional students.
3. The current investigation also revealed relatively higher level of depressive and dysfunctional anxiety symptoms in college going students irrespective of gender.
4. There is a strong need to start professional counseling and psychotherapy for college and university students to cater their emotional needs and to help them cope with the academic and other pressures of day to day life.

## 6. Improvement in the Current Study

1. Rather than using scales to identify depression and dysfunctional anxiety among students, brief interview and qualitative methods will improve in understanding the variables. Diagnosing on the basis of numbers as done on scales like BDI, BAI as often used in most empirical work etc will not give clinically significant information because of the issues like false positive and false negative.
2. Other pertinent variables related to the current research like stress and coping need to be incorporated in future work to examine how stress and coping are linked to depression and dysfunctional anxiety.

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