

Socio-economic Status and Psychological Problems of Female University Students: Need for Mental Health Service

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Abstract

Now-a-days psychological problems among students have increased a lot and it is highest among female students. This is affecting their health, education and quality of life. The trend of committing suicide is also increasing. So the aim of the present study is to assess the psychological problems of female students living in the residential halls of Rajshahi University. 150 female students were selected purposively from different residential halls. In order to measure the psychological problems depression scale and anxiety scale were used with some open ended questions. The results reveal that 52.6% of the students suffer from anxiety, among whom 35.3% suffer from relatively moderate anxiety, 9.3% suffer from severe anxiety, and 8% students suffer from profound anxiety. On the other hand, 46% students suffer from depression, while 34% students have developed mild depression, 8% moderate depression, and 4% students are affected by severe depression. Results also show that there is a significant difference among the three groups of participants (low/middle/high socio-economic status), where students from lower socioeconomic status show significantly high level of anxiety and depression than those from middle and high class. Findings also indicate a positive correlation between anxiety and depression ($r = 0.326$, $P < 0.01$). These findings show that a relatively high number of students are suffering from anxiety and depression. Besides, 96.7% of the students opine that a clinical psychologist is needed for every residential hall.

Keywords: Psychological disorder, Anxiety, Depression, Socio-economic Status, Female Students

1. Introduction

Psychological disorder is a condition characterized by significant disturbances in thinking, feeling, and behavior that these disturbances reflect some kind of biological, psychological, or developmental dysfunction. These disturbances also lead to significant distress or disability in one's life and do not reflect expected or culturally sanctioned responses to specific events. Herbert (1998) describes psychological issues as a broad and diverse range of disorders, such as depression, anxiety, OCD, or eating disorders that denote overestimation, deficiencies, or incapacitating combinations of emotions, attitudes, and behavior. According to Mirowsky and Ross (2003), psychological discomfort is an unpleasant subjective condition that mostly manifests as depression and anxiety. Andrews and Wilding (2004) describe depression as prevalent and major psychological health condition that

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impacts all aspects of performing especially ambition, attention, identity, and mood. Westermeyer (2003) defines depression as emotions of melancholy, loneliness, guilt, anhedonia, and prior failure on the basis of emotional traits. Anxiety is a psychological and physiological condition with cognitive, physical, emotional, and behavioral components. These elements merge to produce an uncomfortable sensation that is generally linked with unease, fear, or dread. Anxiety is a broad mood disorder that develops in the absence of a specific triggering incident (Seligman et al. 2001).

According to WHO statistics, mental illness impacts almost half of the worldwide population (Storrie et al., 2010). Studies reveal that students experience more severe and frequent psychological issues than others (Janice, 2005). Gender plays a crucial role in determining psychological distress, with disparities evident in the prevalence rates of common mental disorders such as somatic complaints, depression, and anxiety (WHO, 2000). A number of factors, including gender, academic discontentment, unstable relations, family or peer pressure, high expectations of parents, lack of financial support, sleep disturbances, boredom, spending too much time online, a harmful psychological environment, academic pressure, and the size of the academic curriculum, have also been emphasized in recent investigations as contributing factors to increased stress, anxiety, and depression among the students (Mamun and Griffiths 2019; Mayer et al. 2016; Saeed et al. 2018; Silva and Figueiredo-Braga 2018).

Seedat et al. (2009) report that psychological distress, particularly depression and anxiety among women, is a developing problem. These distresses start to appear in young adulthood, when many women try to start their professional careers and pursue education (Kessler et al. 2007). According to Kessler et al. (2007), from 5% to 30% of individuals experience an anxiety disorder during the course of their lives. This affects roughly 12% of people in a given year. These disorders typically begin before age 25, and women are twice as likely as men to be affected (Craske & Stein, 2016). Abdallah and Gabr (2014) reveal that 63.6% of university students report having depression and 78.4% report having anxiety, with psychological issues being moderate to severe or extremely severe in prevalence. Rosenthal et al. conducted research on 1773 diverse undergraduate students at an urban university of United State of America with self-administered questionnaires and the findings indicate that 10% of students use university mental health treatments when they are accessible (Rosenthal & Wilson 2008) and most of them are women (Benton et al. 2003). Additionally, research reveals that women have higher frequencies and levels of psychological distress (Adlaf et al. 2001, Weitzman 2004). In their study Nerdrum et al. (2006) report that the symptoms of psychological distress are present in 21% of first-year college students in Norway, and women (22.9%) are much more likely to experience these symptoms than males (16.2%).

Based on a thorough study of the literature, Kitzrow (2003) hypothesize that the need for counseling services as well as the severity and complexity of mental health issues has grown among students. According to Benton et al. (2003), students who seek mental health care during a 13-year period are primarily female undergraduate students (63.9 %). Adlaf et al. (2001) conducted a research among undergraduate students in Canada where 30% of students reported higher psychological distress levels than general population. Results also indicated that distress decreased with more years at the university, with first-year students' prevalence rates for distress being 34 % compared to fourth-year students' prevalence rates for distress being 26.1 %. The frequency rates were higher for women (35.2%) than men (23.6%).

According to Gisele (2002), numerous pressures are responsible for increasing depression or anxiety, impaired judgment, less attention and loss of self-esteem in students who live in residence. These students deal with social, emotional, physical, and family issues that may have an impact on their learning abilities and academic achievement (Fish and Nies, 1996; Chew-Graham et al. 2003). A

recent study of Mamun et al. (2019) has found that the prevalence of depression is 52.2 % and anxiety is 58.1 % among Bangladeshi university students, of which 52.4 % are female students. Verger et al. (2010) investigated the frequency of psychological distress among first-year students at six French institutions. They found a prevalence of 25.7 % in the overall sample. Among them 15.7 % men and 33.0 % women reported of having psychological distress. In their study Eisenberg et al., (2007) indicated that 10% of undergraduate students suffered from both anxiety and depression and female students were more prone to develop severe depression and of anxiety disorder symptoms. Adlaf et al. (2001) conducted a study on university 1st year and 4th year students. Result showed that first-year students were more distressed (34%) than fourth-year students (26.1%) and the prevalence rates were higher among women (35.2%) than men (23.6%). A recent study on Bangladesh university students reports that the prevalence of depression and anxiety is 52.2% and 58.1%. Among them 52.4% are female students (Mamun et al., 2019).

In one study Shiels et al. (2008) investigates the prevalence of psychological state of university female students through an email survey and find that half of the participants (47%) have anxiety and 10% have depression. Rab et al. (2008) conducted a similar study in Pakistan among female medical students and reported slightly higher rates of anxiety (43.7%) and depression (19.5%) respectively. Hawthorne et al. (2008) reported that in 1998 depressive disorder among Australian females (15-29 years) was 10% and five years later it increased to 14%; however, only 3% and 2% of males with similar age suffered from depression in that period. Coopeland et al. (1999) reported that depressive disorders are significantly more experienced by females (14.1%) than males (8.6%). Rahiminia et al. (2017) conducted a study on 300 female students of medical science in Qom University to assess the prevalence of depression, anxiety, and stress. The study found that 24.9% of student suffered from stress, 21.6% from depression, and 20.2% had anxiety.

Parental education background, income level, number of people living in per room, and economic disparity- all are correlated to depressive symptoms and enhance the probability of depression (Steptoe et al. 2007; Ibrahim et al. 2012). Depression has been proven to be heavily influenced by socioeconomic status (Jones et al. 2011; Sareen et al. 2011). Ibrahim et al. (2013), reveal that students coming from lower socioeconomic status have high level of depression than people from high socioeconomic status. Additionally, studies reveal that adolescents with low SES have greater incidence of depression and anxiety symptoms than middle and higher SES (Goodman 1999; McLeod and Owens 2004). Mansoor et al. (2014) report that female students (22.2%) have high range of anxiety than male students (11.1%) where students from lower socioeconomic class show high prevalence of anxiety level.

Bukhari et al. (2015) intended to know the prevalence of depression among 331 (165 males and 166 females) university students across different socioeconomic backgrounds (middle, higher-middle, and upper). The findings reveal that 15.1% of the participants are depressed, with further categorization showing 22.7% as mildly depressed, 33.5% as moderately depressed, and 28.7% as seriously depressed. A key finding of the research is that students from upper-middle socioeconomic backgrounds report a higher rate of depression compare to students from other socioeconomic groups.

In their study Bittner et al. (2004) wanted to identify the associations between the various anxiety disorders and the risk of major depressive disorder on 2548 adolescents and young adults (14 to 24 years). They find that anxiety disorder is associated with a significantly ($p < .05$) increases risk of major depressive disorder. Similarly Axelson et al. (2001) propose that there is a strong relationship between pediatric anxiety disorders and depression. They find high rates of correlation between depression and anxiety. Anxiety and depression are frequently comorbid in children and adolescents.

About 25–50% of the depressed youth have comorbid anxiety disorders and about 10–15% of the anxious youth have depression. Ahmed et al. (2015) conducted a study on 446 college going women aiming to determine the relationship among depression, anxiety and stress through DASS scale. Findings indicate that depression, anxiety and stress are positively correlated.

2. Rational of the Study

Young generation is the source of energy for a country and university students are the most important among them. It is evident that determining a student's mental state and how it will affect him/her in the future can also provide insight into a country's future (Community Colleges, 2013). Now-a-days, women play multiple roles and the roles of women in countries, societies and families are more important than ever. At present, the standard of living is changing rapidly and leading to a change in thinking patterns. So, along with physical health, psychological health needs to be good. Without a stable psychological health, women will not be able to play their roles properly. Anxiety and depression among university students will adversely affect their educational performance and cause learning difficulties (Dyrbye et al., 2006). Globally studies also support that, female students experience a higher prevalence of mental health issues compared to male students. (Van Droogenbroeck et al. 2018; Beiter et al. 2015; Riecher-Rössler, 2010). Psychological distress among university female students is increasing day by day and is having negative impact on their physical health, educational performance and quality of life (Bayram and Bilgel 2008; Bruffaerts et al. 2018; Saeed et al. 2018). Besides, psychological distress is one of the most significant risk factors for suicide, with 90% of suicide victims reporting having at least one psychological problem (Arafat and Mamun, 2019; Shah et al. 2017). In Asian nations like Bangladesh, mental health is considered a public health crisis (Arafat 2017, 2019; Shah et al. 2017). Furthermore, recent suicides among students highlight the necessity to investigate Bangladesh's current mental health issues, as mental disorders may trigger suicidal action (Arafat and Mamun 2019; Shah et al. 2017) and female students have higher suicidal ideation than male students (Bala et al. 2020).

In light of the fact that there are no personnel available to deal with any psychological concerns among the enormous number of female students in the residential halls, this study aims to comprehend the psychological health issues of female students in the residential halls of Rajshahi University. The findings are intended to inform the authority for deciding whether to take any required actions to assist female students living in residential halls with their psychological problems. This study will also assist to raise everyone's awareness about the importance of caring their psychological health besides physical health. This may also be useful to conduct further psychology-based research.

Objectives of the Study:

This study aims to explore the level of psychological anxiety and depression among female students living in residential halls as well as to explore the significant differences in anxiety and depression according to their socio-economic status. The study also plans to investigate the relationship between depression and anxiety among female students and pursue the needs of a clinical psychologist in the female residential halls.

3. Method

Sample:

The present study uses a cross sectional design where total 150 female students were selected as sample. All the female students living in different residential halls of Rajshahi University were the

target population. A lot of female students live in every residential hall, so considering the environment, homogenous characteristics and to choose the best fit participants for the investigation the author applied purposive sampling method for sample selection. Data were collected from November 2018 to February 2019 from various female halls of Rajshahi University.

Measuring Instruments:

For data collection i) Personal Information Form; ii) Anxiety Scale iii) Depression Scale and iv) Socio-economic Status Scale were employed in this study.

Personal Information Form: Personal information was collected through respondents' name, age, marital status, occupation, educational qualification, social status, parents' occupation, family type and monthly income, present residence, contact number etc. Some open questions were also added for convenience of the research.

Anxiety Scale: The Bangla version of Anxiety Scale was developed by Deeba and Begum (2004) in relevance with the diagnostic criteria of anxiety disorders as stated in DSM-5. There were 36 items on this scale. Each of the scale's statements was positive and rated on a five-point Likert Scale ranging from 0-4. Scores were allocated for each response on each item: 0 for not at all, 1 for not applicable, 2 for unsure, 3 for a little applicable and 4 for very considerable. The sum of all 36 elements was used to calculate an individual's overall anxiety score. The highest allowable score on the 36-item anxiety scale was 144, indicating increased anxiety, while the lowest available score was 0. The respondents' overall score could be classified into four severity levels. The intensity levels are mild, moderate, severe, and profound, where 54 and less indicate mild, 55 to 66 indicate moderate, 67 to 77 indicate severe and 78 to 135 and above indicate profound. Internal consistency reliability, Cranach-alpha reliability ($r=.947$), Split-half reliability ($r=.92$) and test-retest reliability ($r=.688$) reveal the reliability of this anxiety scale. The construct validity of this scale was $r = 0.63$, where $F=60.28$ at $\alpha= 0.01$. The items' correlation was found to be ranging from $r = 0.40$ to $r = 0.75$ with 0.01 level of significance where correlations with external criteria revealed the good construct validity of the anxiety scale.

Depression Scale: From Beck Depression Scale Zahir Uddin and Dr. Mahmudur Rahman (2005) developed the Bangla version of depression scale consisting of 30 items which were scored in a positive direction. Response options for each scale item were in Likert format, with five options. The response options and its scores were, "not at all applicable (1)", "not applicable (2)", "uncertain (3)", "a bit applicable (4)" and "totally applicable (5)". Total score was demonstrated by the sum of all values. For 30 items, 150 was the highest possible score that indicate severe depression, and 30 was the lowest possible score indicating mild depression. The scale was divided into four levels according to the score. The score ranges were minimal= 30-100, mild= 101-114, moderate= 115-124, and severe= 125-150. The adaptive translating reliability was 0.67 of the present depression scale. The split-half reliability was found to be $r= 0.7608$ and the test-retest reliability was found as $r= 0.599$. Both the reliability scores were reliable. The validity of the depression scale was estimated by using concurrent validity. In terms of concurrent validity, the psychiatrist's rating of depression $r=.377$ and patients' self-rating of depression $r =.558$, were both highly associated with the acquired scores on the present depression scale, where $F= 85.386$, and $p< .01$. It revealed the highly concurrent validity of the depression scale. It also showed a strong positive association with "Hospital Anxiety and Depression Scale" (sub scale of depression). Here the person correlation $r=.716$ indicated strong construct validity of the scale.

Socio-economic Status Scale: Based on Socio-economic Status Urban Scale of Kappuswamy (1962), Ahmed et al. (2017) developed a Socio-economic Status measure scale in Bangladeshi

culture which was used to identify three different level groups: High, Middle and Low. The items of the scale were categorized into three sectors: education, profession, and family income per month in Bangladeshi taka. In order to establish high, moderate, and low socioeconomic class, the sum of the scores for education, occupation, and family income per month was calculated. The highest possible score on this scale was 29, while the lowest possible score was 3. Scores for lower status ranged <10, middle status from 10 to 25, and upper status from 26 to 29.

4. Data Collection:

This study was conducted to investigate the psychological problems of residential female students. At first, permission was taken from the concerned hall authorities for data collection. After establishing of necessary rapport, the researcher expressed the objectives of the study to the participants and also assured them that all the information in this study will be kept confidential and will only be used for research purposes. After the Demographic data sheet was filled in, the Depression Scale and Anxiety Scale were given to them. There was no time limitation for response. It is mentionable that data from all the respondents were collected in one session. Moral and ethical issues in this study were deliberately taken care of.

According to the research objectives, the analyses of the experimental data included descriptive and inferential statistics. A Statistical Package for Social Science Software (SPSS) version 26 was used for analyzing the data.

The results are presented below,

Table 1
Level of Anxiety among the Participants

<i>Measured Variable</i>	<i>Frequency</i>	<i>Percent</i>
Level of Anxiety	Mild	71
	Moderate	53
	Severe	14
	Profound	12
Total	150	100

Table 1 shows that among 150 female students 71 (47.3%) had mild anxiety. On the other hand 35.3% of the students had been suffering from moderate anxiety, 9.3% from severe, and 8% from profound anxiety.

Table 2
Level of Depression among the Participants

<i>Measured Variable</i>	<i>Frequency</i>	<i>Percent</i>
Level of Depression 69 (46%)	Minimal	81
	Mild	51
	Moderate	12
	Severe	6
Total	150	100

Table 2 shows that among 150 female students 69 (46%) students were suffering from depression, where 34% reached at mild depression, 8% were suffering from moderate depression, and 4% were suffering from severe depression.

Table 3***One way ANOVA of Anxiety Score of the Participants as regarding to their Socio-economic Status***

Measured Variable	Sources of Variation	Sum of Squares	df	Mean Square	F	Sig.
Anxiety score	Between Groups	2059.10	2	1029.55	6.22	.003
	Within Groups	24333.59	147	165.54		
	Total	26392.69	149			

Table 3 showed that in case of anxiety score mean square of between groups and within groups were 1029.55 and 165.54, $F= 6.22$ and $P < .05$. That indicates that there is a significant difference among the three respondents' groups.

Table 4***Mean differences among the three respondents groups on the scores of Anxiety Scale***

Measured Variable	Socioeconomic Status		Mean Difference	Sig.
Anxiety Score	Lower class	Middle Class	8.83*	.04
		Higher class	19.88*	.00
	Middle Class	Lower class	8.83*	.04
		Higher class	11.05	.05
	Higher class	Lower class	19.88*	.00
		Middle Class	11.05	.05

Table 4 reveals that the mean difference among lower and middle class is 8.83 ($p < .05$); lower and higher 19.88 ($p < .05$); and middle and higher is 11.05 ($p < .05$). This result indicates that significant difference was found in experiencing anxiety among the three respondent groups.

Table 5***Showing overall mean scores for the socio-economic status on the scores of Anxiety Scale.***

Socio-economic Status	Mean Scores
Low	103.00
Middle	85.16
High	74.5

Mean scores in Table-5 show that participants with low socio-economic status ($M=103.00$) expressed significantly higher level of anxiety compare to middle ($M=85.16$) and high ($M=74.5$) socio-economic class.

Table 6***One way ANOVA of Depression Score of the Participants regarding their Socio-economic Status***

Measured Variable	Sources of Variation	Sum of Squares	Df	Mean Square	F	Sig.
Depression score	Between Groups	5185.49	2	2592.75	3.66	.03
	Within Groups	104224.87	147	709.01		
	Total	109410.37	149			

Table 6 shows that regarding depression score mean square of between groups and within groups were 2592.75 and 709.01, $F= 3.66$ and $P< .05$. It indicates that there is a significant difference among the three respondent groups.

Table 7

Mean differences among the three respondent groups on the scores of Depression Scale (Post Hoc Test)

Measured Variable	Socioeconomic Status		Mean Difference	Sig.
Depression Score	Lower class	Middle Class	17.84*	.05
		Higher class	28.50*	.04
	Middle Class	Lower class	17.84*	.05
		Higher class	10.66	.52
	Higher class	Lower class	28.50*	.04
		Middle Class	10.66	.52

Table 7 reveals that the mean difference among lower and middle class is 17.84 ($p<.05$); lower and higher is 28.50 ($p<.05$); and middle and higher is 10.66($p>.05$). This result indicates that there is significant difference between lower and middle; and lower and higher classes. But no significant difference is noticed between the participants of middle and higher class students.

Table 8

Overall mean scores for the socio-economic status on the scores of Depression Scale

Socio-economic Status	Mean Scores
Low	66.5
Middle	57.67
High	46.63

Mean scores in Table-8 reveals that participants with low socio-economic status ($M=66.5$) expressed significantly higher depression compared to participants with middle ($M=57.67$) and high ($M=46.63$) socio-economic class.

Table 9

Correlation between Anxiety and Depression level

		Anxiety level	Depression level
Anxiety level	Pearson Correlation	1	.326**
	Sig. (2-tailed)		.000
	N	150	150
Depression level	Pearson Correlation	.326**	1
	Sig. (2-tailed)	.000	
	N	150	150

** Correlation is significant at the 0.01 level (2-tailed).

Table 9 shows that, there is a positive correlation between anxiety and depression level, $r = 0.326$, $n = 150$, $p < 0.01$. That means the correlation is significant at 0.01 level.

Table 10
Need of a Clinical Psychologist

<i>Need of a Psychologist or Clinical Psychologist</i>	<i>Frequency</i>	<i>Percent</i>
No	5	3.3
Yes	145	96.7
Total	150	100.0

Table 10 reveals that, among 150 students only 5(3.3%) gave negative answer. Most of the students 145(96.7%) think that a clinical psychologist is needed for every residential hall.

Academic pressure, family problems, financial vulnerability, problem of adjustment with roommates or surroundings, relationship problem etc. are some factors that play a role in developing different psychological problems like depression, anxiety, or stress among the students living in residential halls. Those who can't share their problems out of fear or shame, suffer for a long period and become more vulnerable and uncontrollable. Because of mental illness many students attempt suicide and succeed in such attempts. Therefore, having a clinical psychologist in the residential halls will enable the students to receive psycho education, counseling, psychotherapy and extend awareness inside the comfort of their own residence.

6. Discussion

Psychological problems and mental health among university students is a neglected public health problem in Bangladesh but has become a major issue for mental health policy making and university campus health services elsewhere in the world (Bayram and Bilgel, 2008; Stewart- Brown et al., 2000; VinasPoch et al., 2004).

The main purpose of the study was to assess psychological problems in the form of depression and anxiety among residential university female students and to identify their mental health service needs. In this study, the prevalence of depression and anxiety among female students was relatively high.

The findings of table 1 demonstrate that more than half of the female students suffered from anxiety. Among them 47.3% students were identified with mild anxiety, 35.3% students suffered from relatively moderate anxiety, 9.3% students suffered from severe anxiety, and finally 8% students had reached profound anxiety level. It was also found that (Table 2) 54% students were identified with minimal depression. Remaining 46% students suffered from depression, among whom 34% students developed mild depression, 8% students had relatively moderate depression, and finally 4% of the students suffered from severe depression. The result was consistent with the previous findings of Eisenberg et al. (2007), Mamun et al. (2019), Rab et al. (2008), Hawthorne et al. (2008) and Shiels et al. (2008) that showed the high level of depression and anxiety among the female students. Some other studies (Dyrbye L.N et al. 2006; Aniebue PN et al. 2008; Mikolajczyk RT et al. 2008; Abdallah and Gabr, 2014) also provided support in favor of these findings.

The result of one-way ANOVA presented in Table 3 clearly shows ($F=6.22$; $df= 2$ and 147 ; and $p < 0.05$) the significant impact of socio-economic status on anxiety. In order to analyze the significant difference between the levels of anxiety among three groups of different socio-economic status, post hoc test was employed. The results are presented in Table 4 which shows that there was significant

mean differences among low middle and high socio-economic status groups ($MD=8.83, 11.05$ and 19.88 ; $p < 0.05$). Again, Table 5 clearly indicates that students with low socio-economic status ($M=103.00$) expressed significantly higher level of anxiety compared to students from middle ($M=85.16$) and high ($M=74.5$) socio-economic class. These results are consistent with the previous findings of Mansoor et al. (2014), Goodman (1999) and McLeod and Owens (2004).

Again the result of one-way ANOVA presented in Table 6 ($F=3.66$; $df= 2$ and 147 ; and $p < 0.05$) exposes the significant impact of socio-economic status on depression. The results of the post hoc test presented in Table 7 indicate that there is significant difference in depression between lower and middle class students; and lower and higher class students; but no significant difference had been found between the participants of middle and higher class students ($MD=17.84, 10.66$ and 28.50).

On the other hand, the results in table 08 showing overall mean score for the socio-economic status on scores of depression reveal that depression of low socio-economic students were significantly higher than that of middle and higher class students ($M=66.5, 57.67$ and 46.63). These findings were exactly in agreement with the previous findings of Bukhari et al. (2015); Ibrahim et al. (2012); Freeman et al. (2016).

Another important finding of the study shows that (Table 9) the coefficient of correlation between anxiety and depression was, $r = 0.326$ and $p < 0.01$, which means they had a strong positive correlation. Increases in anxiety level were correlated with increases in depression level. This interpretation is in agreement with the findings of Levine J et al. (2001), Bittner A et al. (2004), Axelson et al. (2001) and Ahmed et al. (2015). Finally, table 10, indicates that most of the students (96.7%) answered positively for appointing a psychologist or a clinical psychologist.

Thus, on the basis of the findings it can be said that, among the female students the level of anxiety and depression is quite high. They affect the student's academic performance and other areas in their lives individually or combined together. In this situation they deserve proper mental health services. Hall authority also should try to provide a congenial living environment. It also indicates that almost all the students think that to ensure mental health services they need a psychologist or a clinical psychologist in every residential hall.

Limitations of the Study

There are certain limitations to the current study that should be addressed. For example, firstly the study was limited by a small sample size. Second, this survey was only undertaken at one university in Bangladesh, with female students living in residential halls. As a result, the results cannot be applied to other student populations in Bangladesh or abroad. Finally, there is a knowledge gap because no previous study has looked at the prevalence of depression and anxiety among female students living in university residential halls in Bangladesh. If it does, it still hasn't been reported.

Conclusions

In present days, the magnitudes of psychological problems affect the university students mostly. Anxiety and depression are commonly found among the female students' more than male students. Steps should be taken to reduce depression, anxiety and other psychological problems. Government should come forward to provide platform to Clinical psychologists, NGO's, psychologists, psychiatrists and mental health professionals, so that they can help students from primary to tertiary levels. On the basis of the findings, it is deemed necessary to appoint a psychologist or clinical psychologist in every residential hall of Rajshahi University, so the students can lead happy and prosperous lives. The findings may be helpful for carrying out further psychology based research on larger sample.

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