

## **To Study The dominance of Unhappiness among Professional College Students in Kolar District South India.**

**Dr. M Nagaraja<sup>1</sup>, Dr. Ravishankar,<sup>2</sup> Dr. Prasanna Kamath<sup>3</sup>**

*1 Assistant Professor in Sociology, Department of Community Medicine, Sri Devaraj Urs Medical College (SDUAHER).*

*2 Assistant Professor Biostatistics Department of Community Medicine (SDUAHER).*

*3 Professor and HOD Department of Community Medicine Sri Devraj Urs medical college (Sri Devraj Urs Academy of Higher Education And Research).*

---

### **Abstract:**

**Introduction:** Professional College is recognized as a stressful environment that often exerts a negative effect on the academic performance, physical health and psychological wellbeing of the student. Depression among professional College students is an area of increasing concern worldwide. This study aimed to assess the prevalence of Unhappiness and its associated factors among students of Kolar district. **Materials and methods:** A Simple random sample of 430 students was assessed using separate questionnaire by investigators. Association between unhappiness and class of studying, age group, social factors like family problems, family history of depression and staying away from home were analyzed. **Results:** The overall prevalence of sadness was found to be 47(10.9%). Among those with a symptoms of pessimism is 30(7%) past failure 15 (3.5%) loss of pleasure 24 (5.6%), suicidal thoughts are 21(4.9%) a majority of students had mild to moderate degree of depression. This study showed that among 395 females 45 are very close to sadness. **Conclusion:** Prevalence of depression or unhappiness is highly prevalent among professional degree students in this area. Our findings point to the importance of broad screening and psychiatric counseling of this vulnerable population.

**Key words:** Depression, Professional, Prevalence, sadness, suicidal thoughts, loss of pleasure, past failure.

-----  
Date of Submission: 11-05-2020

Date of Acceptance: 23-05-2020  
-----

### **I. INTRODUCTION:**

There is a large body of evidence suggesting the importance of social determinants for mental disorders. Several forms of social issues and problems find their origin in the religious and cultural practices that vary from region to region. Factors such as substantial urbanization, different levels of economic stability, civil unrest, gender discrimination, sexual harassment and widening social gap are invariably related to increased rates of mental disorder. Indian society is a complex mix of diverse culture, people beliefs, and languages, and the very same complexity imbibes in itself plethora of social problems and issues.

Many students struggling with major stressors in an unfamiliar environment succumb to depression. Many colleges may require students seeking help at counseling centers to sign waivers that would allow confidential medical information to be shared with administrators. Recent headlines reflect the increasing prevalence of depression among college students and the importance of on-campus support services. Social workers, psychologists, and other mental health professionals who work with college students are responding to the growing mental health needs of this population.

Many psychologist and Doctors believe that suicide is a mere trigger action to unaddressed issues that have been supporting factors on Stress level have gone up right from school level, which continues well in to the old age. Excessive expectations to excel, societal pressures and being unsatisfied with what you have are the factors that contribute largely to depression. Generally Indians do not take their mental health very seriously and are sceptical. There are many stigmas and misconceptions associated with mental health and wellbeing. While people rush to a doctor for normal cold and flu they avoid seeing a psychologist as they feel that psychological disorder is their own doing that they need to be ashamed of, very few people know that mental health is directly co-related to hormonal imbalance or chemical changes. All this misconceptions ensure that people are not able to distinguish between sadness, normal anxiety and clinical depression that requires treatment. Increased stress lonely lives and the falling apart of the social support systems like joint families is a major cause of growing depression among Indians.

Common causes.

The Depression and suicide are more common factor in the college population, because college brings new

stresses, including increased academic demands, challenges of living independently for the first time, financial responsibilities, and changes in social and sexual identity, language, rural urban variation and different types of peer pressure. For new students, more difficult college academics can be a primary factor in depression. ....that many new students encounter academic failure for the first time in college, which can contribute to depression. --.....says, "A confluence of factors may underlie depression in the typical college student." In addition to academics, she cites problems with friends and family, academics, a crisis event (e.g., sexual assault), and/or a specific situation (e.g., social isolation) as typical causative factors.

Sadness is an illness that affects both the mind and the body and is a leading cause, most of people have felt sad or depressed at times. Feeling depressed can be a normal reaction to loss, life's struggles, or an injured self-esteem. But when feelings of intense sadness including feeling helpless, hopeless and worthless last for many days to weeks and keep you from functioning normally, depression may be something more than sadness. It may very well be clinical depression a treatable medical condition<sup>1</sup>. World Health Organization defines adolescents as individuals aged 10-19 years. In India, they account for 20 percent of the world's individuals have a mental health problem. Professional degree is one of these stressful professions, and from the academic training onwards, a variety of factors which include their educational life, social factors like family history of drug addiction, alcohol use, family problems, family history of depression, staying away from home, are associated with depression among students. Studies of such nature the student runs into situations which require the taking of important decisions for patient care; the insecurity and anxiety which result from this process may cause stress<sup>[2, 3]</sup>. A high level of cognitive skills and proactive disposition and attitudes are constantly required among nurses and also student nurses to practice so stress and depression may not hinder their performance<sup>[4,5,6]</sup>.

Suicidal rate in India is 21.1 % is higher comparing to the other countries in the world .In each year over a half million people put their lives down globally; of them 20% are Indians. During the two decades the suicidal rate has been increasing from 7.9 to 10.4 per one lakh population. A proportion of adult populations aged between 15 to 29 years have committed suicide. We find that the country is loaded with high number of suicide, a total of 258,075 people committed suicide in 2012<sup>[7, 20, 21]</sup>.

If we look through the socioeconomic context, we shall see a disturbing profile of India, wherein the statistics revealed that burden of depression is 50 percent higher in female than males, and report says that the Indian women are more depressed; nearly 36 percent people are suffering from major depressive episodes. Usually major depressive episodes manifested by sadness, loss of interest or pleasure, loss of libido, feeling of guilt or low self-worth, less sleep or loss of appetite, poor socioeconomic status of women and more gender inequality in our society<sup>[8]</sup>.

Social problems; including withdrawal, loneliness, loss of confidence, college problems, learning disorders, anxiety and depression, alcohol and other habits of parents, suicide or self-harming, selfishness, defiance, unstable behavior, recklessness, violent behavior and disruptive behavior, single parent families and sororal polygyny are common in this area. Our study shows that 310 families are nuclear families and 120 are joint families.

Depression is a severe disturbance of mood, being the fourth leading cause of social incapacitation in the world. One in every twenty people is struck by depression at some point in their lives. Of every fifty cases, one will require hospitalization, and fifteen percent of these will commit suicide. The beginning of depression is most frequent between the ages of 20 to 50, but the average age for its identification is approximately 40 years. Among the 50% of the patients, it is considered a public health problem in view of its social costs which involve drops in productivity either studies or work, mood changes, cognitive, psychomotor and vegetative alterations, loss of initiative, and apathy .The stressful events can be related to depression, the depressive episode may be associated with a recent stressful event<sup>2</sup>. The risk factor most associated with depression is family history, events in infancy, aspects related to personality, social isolation, and unpleasant experiences in daily life<sup>[9]</sup>. The combination of genetic factors, stress in early age and continuous stress can determine a person's vulnerability to psychiatric disorders such as depression. Stressors linked directly to self-esteem are more likely to advance depression and thus each person judges the stressful agent as serious or not. Professions which demand close contact with people and which are changed with affective involvement such as medicine Engineering, Agricultural debt, Business, nursing and physiotherapy are more likely to develop stress at work<sup>[10, 11, 12]</sup>.

An estimated 20% of the world's adolescents have a mental health or behavioral problem<sup>2</sup>. A growing body of evidence has confirmed that children and adolescents not only experience the whole spectrum of mood disorders but also suffer from the significant morbidity and mortality associated with them .Suicide has become a growing public health concern as successive generations have shown a parallel increase of depression and suicide in child's age group.<sup>1, 2</sup> Studies from other parts of world have shown a high prevalence of depression in student community<sup>6</sup>. Childhood depression ,like the depression of adults , can encompass a spectrum of symptoms ranging from normal responses of sadness, pessimism, in stressful life events to severe impairment caused by depression<sup>[13,14,15]</sup>.

## II. MATERIAL AND METHODS:

A Cross sectional study was done in September 2014 to January 2015, among I.T.I, Diploma, GNM, BSc(N), B.B.M and PC. BSc students from four private Institutions and two Government College in Kolar town of Karnataka State, South India. This study was approved by the Institutional Ethics committee; Permission from the heads of the respective institutions was taken after explaining the purpose of the study. South India students are covered in this study (Karnataka, Andhra Pradesh, Tamilnadu and Kerala). The Beck Depression scale questionnaire was used. (And mentioned few questions in this study) and translated in to local language, for the participants issued the study questionnaires distributed to the student's, total confidentiality of the institution and individual were assured. Kolar is a drought prone area in Karnataka state, with a population of 158,553. By simple random sampling, a total of 430 students were selected<sup>[20]</sup>.

## III. RESULTS:

Much of the Literature has examined the extent to which risk factors such as negative reactivity, sadness, pessimism, low level of social engagement, negative cognitive style, low self-esteem, low trust belief in others predispose adolescents to experience increasing level of loneliness, presumption of failure in their life or feel, loss of pleasure, guilty feeling, punishment and unhappy thoughts. Prevalence of depression in college students is an under recognized mental health problem, because they be indecisive to disclose their feelings and seek social and psychiatric help<sup>[3, 11]</sup>. The factors that make depression so difficult to diagnose in students in the common behavior changes that are normally associated with the hormonal changes of their period. The sample size was calculated assuming a prevalence of depression to be 18.4% as reported in a previous study. A 430 students returned the fully answered questionnaire representing an overall, 100% response rate one fourth of each year I.T.I, Diploma, GNM, BSc (N), B.B.M and PC BSc students, male 190(44.1%) female 240(55.9%). unhappiness symptoms are mentioned in the tables<sup>[16,17,18,19]</sup>.

## IV. FINDINGS FROM THE STUDY

Table 1

Variables	N=430
Age	
15-19	120(27.9)
20-24	271(63.1)
25=>	39(9.6)
Sex	
Male	190(44.1)
Female	240(55.9)
Edu. Status	
I.T.I	76(17.6)
Diploma	79(18.3)
B.B.M	94(21.8)
Pc.BSc	80(18.7)
B.Sc.(N)	71(16.5)
G.N.M	30(6.9)
Marital Status	
Married	149(34.6)
Unmarried	281(65.4)
Religion	
Hindu	200(46.5)
Muslim	75(17.5)
Christian	175(40.6)
Caste	
SC /ST	110(25.5)
OBC	129(30.4)
OFG	191(44.4)
Type of Family	
Nuclear Family	310(72.9)
Joint Family	120(27.9)

**Table: 2 Sadness**

Age	1. I don't feel sad	2. I Feel sad Much of the time	3. I Am Sad all the time	4. I am so sad that I cannot stand it	$\chi^2$	P-Value
15-19	53 (39.6)	64 (47.8)	6 (4.5)	11 (8.2)	26.72	<0.001***
20 and above	87 (29.6)	164 (55.0)	9 (3.1)	36 (12.3)		
Total	140 (32.6)	228 (53.0)	15 (3.5)	47 (10.5)		

Sadness increased with age. Various types of sadness were commonly reported by students more so among above 20 years age compared to teenagers. The association between age and various types of sadness was statistically significant (P<0.001).

**Table: 3 Pessimism**

Age	1. I am not discouraged about my future	2. I feel more discouraged about my future than I used to be	3. I do not expect things to work out for me	4. I Feel my future is hopeless and will only get worse	$\chi^2$	P-Value
15-19	75 (56.0)	31 (23.1)	21 (15.7)	7 (5.2)	15.136	0.002**
20 and above	174 (58.8)	74 (25.1)	25 (8.4)	23 (7.7)		
	249 (57.9)	105 (24.4)	46 (10.7)	30 (7.0)		

Pessimism increased with age. Various types of Pessimism were commonly reported by students more so among above 20 years age compared to teenagers. The association between age and various types of pessimism was statistically significant (P=0.002).

**Table: 4 Past failure**

Age	1 I don't feel like a failure	2. I have failed more than I should have	3 As I look back, I see a lot of failure	4 I feel am a total failure as a person	$\chi^2$	P-Value
15-19	87 (64.9)	22 (16.4)	23 (17.2)	2 (1.5)	6.281	0.099
20 Years and above	182 (61.5)	51 (17.2)	50 (16.8)	13 (4.5)		
	269 (62.6)	73 (17.0)	73 (17.0)	15 (3.5)		

Most of the students expressed that they have failed more than expected. Most of the students in the age More than 20 years expressed they have seen lot of failure Various attributes for past failure were commonly reported by students more so among above 20 years age compared to teenagers. The association between age and various attributes of past failure was not found to be statistically significant (P=0.099).

**Table 5 Loss of pleasure**

Age	1. I get as much pleasure as I ever did from things I enjoy	2 I did not enjoy things as much as I used to	3 I get very little pleasure from things I used to enjoy	4. I can't get any pleasure from the things used to enjoy	$\chi^2$	P-Value
15-19	72 (54.1)	25 (18.8)	27 (20.3)	9 (6.8)	8.616	0.035*
20 Years and above	167 (56.4)	45 (15.2)	69 (23.3)	16 (5.1)		
	239 (55.7)	70 (16.3)	96 (22.4)	24 (5.6)		

Majority of the students in the age More than 20 years expressed that they had enjoyed things as much as they used to, had little pleasure from the things they used to enjoy and expressed that they are not getting any pleasure from the things they used to enjoy. The association between age and various attributes of loss of pleasure was found to be statistically significant (P=0.035).

**Table: 6 Guilty feeling**

Age	1 I doesn't feel particularly guilty	2 I feel guilty over many times I have done	3 I feel guilty most of the time	4. I feel guilty all of the time	$\chi^2$	P-Value
15-19	52(38.8)	46(34.3)	32(23.9)	4(3.0)	9.338	0.025*
20Years and above	88(29.6)	127(43.0)	73(24.7)	8(2.7)		
	140(32.6)	173(40.2)	10524.4)	12(2.8)		

Majority of the students in the age More than 20 years expressed that they felt guilty, and feel guilty for previous actions. Most of them feel guilty most of the time and very few felt guilty most of the time The association between age and various attributes of guiltiness was found to be statistically significant (P=0.025).

**Table: 7 Sadness**

Sex	1. I don't feel sad	2.I Feel sad Much of the time	3. I am sad all the time	4. I am so sad that I cannot stand it	$\chi^2$	P-Value
Male	17(48.6)	15(42.9)	1(2.9)	2(5.7)	4.735	0.192
Female	123(31.1)	213(53.9)	14(3.5)	45(11.4)		
	140(32.6)	228(53)	15(3.5)	47(10.9)		

Various attributes of sadness was more seen among female students compared to men. The association was not statistically significant.(P=0.192)

**Table:8 Past failure**

Sex	1 I don't feel like a failure	2. I have failed more than I should have	3 As I look back, I see a lot of failure	4 I feel am a total failure as a person	N430	$\chi^2$	P-Value
Male	18(51.4)	10(28.6)	4(11.4)	3(8.6)	35		
Female	251(63.5)	63(15.9)	69(17.5)	12(3.0)	395	26.16	<0.001
	269(62.6)	73(17)	73(17)	15(3.5)	430		

Past failures was more felt among females compared to males. The association was highly statistically significant.(P< 0.001)

**Table: 9 Suicidal thoughts**

Sex	1. I did not have any thoughts of Killing myself	2. I have thoughts of killing myself, but I would not Carry them out	3. I would like to kill myself	4. I would like to kill myself, If I had the chance	Total	$\chi^2$	P-Value
male	28(6.5)	1(0.23)	3(0.69)	3(0.69)	35	9.426	0.024
female	284(66)	81(18.8)	12(2.7)	18(4.1)	395		
Total	312(72.6)	82(19.1)	15(3.5)	21(4.9)	430		

Suicidal thoughts were more felt among females compared to males. The association was highly statistically significant. (P= 0.024)

## V. DISCUSSION:

Age is undoubtedly an important factor in explaining the increase in students with severe mental health problems attending college and university counseling as the peak onset for mental health problems is before the age of 24 years (Kessler et al., 2007) so college students are a high risk group. During this time, the developmental challenge of transition to adulthood occurs (Hunt & Eisberg, 2010). The stresses associated with the transition to university add additional risk factors (Bryde & Milburn, 1990; Chemers, Hu, & Garcia, 2001; Gall, Evans, & Bellerose, 2000; Montgomery & Côté, 2003). This frequently involves living away from home

for the first time, having to make new friends, handle finances, adjusting to new learning regimes, and creating a new identity as a student (Scanlon, Rowling, & Weber, 2010). In addition in the UK, the growth in student numbers and cuts in university funding have changed the student experience in ways that may contribute to the problem by removing some of the protective factors. Students are now taught in larger groups, which can make it more difficult to make friends and develop a sense of belonging. There are more demands on academic staff time so personal support may be more difficult to obtain. Funding of support services such as counseling has also not kept pace with the growth in student numbers. The UK Royal College of Psychiatrists (2016) report that access to mental health services in the National Health Service (NHS) has progressively narrowed in recent years to focus on those with the severest problems meaning that students with moderate mental health problems do not fit the criteria so do not receive treatment. Continuity of care is also difficult for students who do get help, given that many return home in the holidays. All of these circumstances may be contributing to increases in student mental health problems but epidemiological data is lacking. If students are experiencing psychological problems, they are unlikely to achieve their full potential and universities need to have appropriate support systems in place. Professional Colleges is recognized as a stressful environment that often exerts a negative effect on the academic performance, psychological well-being and physical health of the student<sup>8</sup>. Consistent with the economic changes and the needs of our country, the population of the medical, Engineering, business, nursing student are increasing, exit this has enhanced the risk of developing various mental disorders like depression and others. The well documented studies to determine the prevalence of depression and its associated factors among nursing students are few in our country. Our study findings also found proportion of male depressed students had more depressive symptoms which may be due to their competitiveness and future planning, less adjustment in the hostel atmosphere as found in this study [<sup>7, 9, 16, 17</sup>].

## **VI. CONCLUDING REMARKS**

India does not spend enough on mental health. Currently, it spends 0.06% of its health budget on mental health, which is less than Bangladesh (0.44%). Most developed nations spend above 4% of their budgets on mental-health research, infrastructure, frameworks and talent pool, according to this 2011 World Health Organization<sup>21</sup>.

Student suicides are now frequent enough to draw the attention of policy-makers and celebrity campaigners. In his Mann Ki Baath radio speech on March 27, 2017, Prime Minister Narendra Modi urged Indians to talk about depression and seek help if needed. Anyone feeling depressed to talk to him—although depression is a condition that requires medical help. The remedy lies in raising awareness about mental health in schools and colleges, said experts. “Mental health and wellness should be added to school curriculum. Only when children know about these disorders in their formative years will they be able to seek help,”

The transition from the academic period to the new phase of professional activity, where the young people need to take important decisions contributes to the presence of pessimism, sadness, failure, loss of pleasure are observed in the present study, This study, undertaken with two groups of students of nursing BBM, ITI and in the different semester of their courses showed that various factors may be related to the presence of symptoms of unhappiness.<sup>[9,10, 11, 13]</sup>.

Satisfying interpersonal relationships are essential for good physical and mental health. Depression is present among professional degree students at the same level as expected for the non-diagnosed population. Having depression implies associated medium level of self-esteem. In addition to the characterized emotional state of depression, depressed students notice physical health, although they do not associate them with this condition<sup>10, 13</sup>. There was a tendency towards greater interest in the theme and a greater search for mental health courses among students with same sign of depression. The identified cases were contacted and instructed, finally special attention should be given in the depressive state among nursing students and their search for frequent clinical services and extra class activity in the field should be observed. College is a critical context for studying depression and mental health issues that deserve attention from students, families, college administration and college health centers. Risks for poor mental health, depression are not evenly distributed among college youth but disproportionately high level problems. Meanwhile, families, college centers and administrative personnel need to consider the interrelationship of problems described in this study realizing wherever possible any student with depressed mood may also have medical concerns or academic trouble<sup>14, 15</sup>. Bearing in mind the results found one should note the need for the attention of educators and the creation of programs with preventive and therapeutic actions based on which the students may reflect and find healthy solutions for their distress and use the knowledge acquired in their future performance of their duties. The issue of economic inequalities and elimination of feudalistic attitude among male towards females at residence needs to be addressed properly [<sup>16, 17, 18, 19</sup>].

Conflict of interest: Nil

#### **ACKNOWLEDGMENT:**

I am thankful to the Principal Sri Devraj Urs college of Nursing, Principal, Sri Chennegowda college of Nursing, Principal Government Boys College, Principal Women's College, Principal E.T.C.M. College of Nursing, Principal Pavan College of Nursing, and we thankful to all the students who are participated in my study.

#### **REFERENCE:**

- [1]. Hammen C. Life events and depression: The plot thickens. *American Journal of Community Psychology*. 1992 Apr 1;20(2):179-93.
- [2]. Hammen C, Brennan PA. Depressed adolescents of depressed and non-depressed mothers: Tests of an Interpersonal Impairment Hypothesis. *Journal of consulting and clinical psychology*. 2001 Apr;69(2):284.
- [3]. Van Praag HM. Can stress cause depression?. *Progress in Neuro-Psychopharmacology and Biological Psychiatry*. 2004 Aug 1;28(5):891-907.
- [4]. Dahlin M, Joneborg N, Runeson B. Stress and depression among medical students: A cross-sectional study. *Medical education*. 2005 Jun;39(6):594-604.
- [5]. Mui AC, Kang SY. Acculturation stress and depression among Asian immigrant elders. *Social Work*. 2006 Jul 1;51(3):243-55.
- [6]. Aneshensel CS, Stone JD. Stress and depression: A test of the buffering model of social support. *Archives of general psychiatry*. 1982 Dec 1;39(12):1392-6.
- [7]. Hammen C. Interpersonal stress and depression in women. *Journal of affective disorders*. 2003 Mar 1;74(1):49-57.
- [8]. Rawson HE, Bloomer K, Kendall A. Stress, anxiety, depression, and physical illness in college students. *The Journal of Genetic Psychology*. 1994 Sep 1;155(3):321-30.
- [9]. Shields M. Stress and depression in the employed population. *Health Reports*. 2006 Oct 1;17(4):11-29.
- [10]. Apter A, Laufer N, Bar-Sever M, Har-Even D, Ofek H, Weizman A. Serum cholesterol, suicidal tendencies, impulsivity, aggression, and depression in adolescent psychiatric inpatients. *Biological psychiatry*. 1999 Aug 15;46(4):532-41.
- [11]. Poongothai S, Pradeepa R, Ganesan A, Mohan V. Prevalence of depression in a large urban South Indian population—The Chennai Urban Rural Epidemiology study (CURES–70). *PloS one*. 2009;4(9).
- [12]. Jose PE, Lim BT. Social connectedness predicts lower loneliness and depressive symptoms over time in adolescents. *Open Journal of Depression*. 2014 Aug 26;2014
- [13]. Sawhney M, Kunen S, Gupta A. Depressive symptoms and coping strategies among Indian university students. *Psychological reports*. 2020 Apr;123(2):266-80..
- [14]. Naushad S, Farooqui W, Sharma S, Rani M, Singh R, Verma S. Study of proportion and determinants of depression among college students in Mangalore city. *Nigerian medical journal: journal of the Nigeria Medical Association*. 2014 Mar;55(2):156.
- [15]. Vankar JR, Prabhakaran A, Sharma H. Depression and stigma in medical students at a private medical college. *Indian journal of psychological medicine*. 2014 Jul;36(3):246.
- [16]. Baviskar MP, Phalke VD, Phalke DB. Depression, anxiety and stress: A comparative study in Arts, Commerce and Science Junior College students in Rural Area of India. *GRA*. 2013;2:183-5.
- [17]. Nyer M, Holt DJ, Pedrelli P, Fava M, Ameral V, Cassiello CF, Nock MK, Ross M, Hutchinson D, Farabaugh A. Factors that distinguish college students with depressive symptoms with and without suicidal thoughts. *Annals of clinical psychiatry: official journal of the American Academy of Clinical Psychiatrists*. 2013 Feb;25(1):41.
- [18]. Williams RA, Hagerty BM, Murphy-Weinberg V, Wan JY. Symptoms of depression among female nursing students. *Archives of Psychiatric Nursing*. 1995 Oct 1;9(5):269-78.
- [19]. Cohen JH. What is a teacher's job: An examination of the social and legal causes of role expansion and its consequences. *Harv. JL & Pub. Pol'y*. 1991;14:427.
- [20]. Aggarwal S. Suicide in India. *British medical bulletin*. 2015 Jun 1;114(1)
- [21]. Arya V, Page A, Gunnell D, Dandona R, Mannan H, Eddleston M, Armstrong G. Suicide by hanging is a priority for suicide prevention: Method specific suicide in India (2001–2014). *Journal of affective disorders*. 2019 Oct 1;257:1-9.

Dr. M Nagaraja, et. al. "To Study The dominance of Unhappiness among Professional College Students in Kolar District South India." *IOSR Journal of Humanities and Social Science (IOSR-JHSS)*, 25(5), 2020, pp. 11-17.