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Comparative Study: Mental Health of Indian Citizens and Indians Overseas

Sukhmani Bal[1], Dr. Medha[2]
[1]*B.A. +M.A. - Clinical Psychology, AIPS, AUUP, NOIDA*
[2]*Assistant Professor, AUUP, NOIDA*

Abstract:** India is becoming the leading nation of immigrant origin in. Every year many people emigrate from India to other countries. Immigration is not easy and comes with its own troubles and has a profound impact on mental health. The aim of the study was to compare the mental health of Indian citizens and Indians overseas (NRIs and POIs). Samples (N=100) were collected from people living in India, Canada and USA falling in the age group of 21-75years. Two self-rated scales Beck depression inventory and Zung self-rated anxiety scale was used to collect the data. The results show that a total of 23% of the samples were suffering from depression. 16% were dealing with mild mood disturbances, 2% with borderline clinical depression, 3% moderate depression, 1% severe depression and 1% extreme depression as self-rated depression and for anxiety the results show that 27% of the sample population were suffering from anxiety issues. 25% had minimal to moderate anxiety levels and 2% had marked to severe anxiety levels as self-rated anxiety. ANOVA analysis was used to compare the two groups it showed that over all there was no significant difference between the two groups. Although while comparing the population in age groups it was found 21-30year old Indian citizen mental health was better than Indians overseas. No significant difference was found in the age groups 330-50years and 50and above.

I. INTRODUCTION

An Indian citizen is governed by the part II of the constitution of India specifically article 5-11. Granting of citizenship is as Citizenship at commencement of constitution of India, Citizen by birth, Citizen by decent, Citizen by registration and Citizen by naturalization. Indians overseas fall under two broad categories NRIs (non – resident Indian) and PIOs (people of Indian origin). It includes people of Indian decent, birth and origin who live outside Republic of India. According to government reports, there are about 3,21,00,340 Indians overseas of which 1,34,59,195 are NRIs and 1,86,83,645 POIs.

It is the complete psychological wellbeing of an individual. It comprises of emotional, psychological and social well- being. It is the functioning of emotional and behavior adjustment at a satisfactory level. Mental health issues are the emotional and psychological difficulties that cause an individual distress and creates hindrance on everyday functioning. Depression is a type of mood or affective disorder. It is characterized by feeling of sadness and loss of interest in pleasurable activities. It is the feeling of sadness, empty and hopeless Anxiety is defined as an unpleasant feeling of fear and apprehension. The emotional state occurs in many physiological changes and disorders.

II. REVIEW OF LITERATURE

Chauhan et.al (2020) the study aimed to check depression, anxiety and stress in population affluent population in India. Samples were collected from 218 people using DASS-21 questionnaire. the results showed mild to moderate level of depression , anxiety and stress in 22.1%, 23% and 15.2% and severe too extreme in 5.1%,8.7% and 7.3% respectively. No creation was found in demography, dietary, lifestyle, anthropometric and biographic factors.

Mann et.al (2017) the study focused on the understanding that affect conflicting cultures on Indian immigrant women in USA. Mixed methods were employed to assess equalitarian and traditional views regarding women roles. Bicultural amalgamation, family planning, decision making and anxiety were found to be equalitarian. On the other hand, depression, Punjabi language preference and more births were traditional views.

Nadimpalli et, al (2016) the study aimed at finding the relation between self – reported discrimination and mental health and also if traditional cultural beliefs, coping style and social support impacts the rations. Findings revealed higher reports of discrimination were associated with higher depression and anxiety. It also suggested that discrimination can be coped with having strong traditional cultural beliefs and actively managing experiences.

Methikalam et.al (2015) the research was done to find relation between Asian values, personal and family perfectionism and mental health. Maladaptive perfectionism showed higher depression , anxiety and lower self-esteem contrasting to adaptive perfectionalism.in Asian values, maladaptive perfectionist showed higher family recognition by achievement than non- perfectionist

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Rogers-Sirin et.al (2012) the longitudinal study aimed to understand cultural identity and mental health in Asian and Latino. Samples were collected from 163 first and second generation of immigrants from Asian and Latin America. Depression and somatic symptoms decreased over time. The US identity and ethnicity increased overtime. Ethnic identity was related to decreased depressive symptoms in both groups, for somatic symptoms it was low for Asians but not Latinos. U.S. identity was related to decrease in somatic and depressive symptoms in both groups.

Kumar et.al (2010) Indian immigrants (118) were asked to fill the questionnaire that assessed the behavioural acculturation, values enculturation, and views of the psychological and medical determinants of major depression and schizophrenia. Results revealed that male stimulated lower levels of endorsement of psychological determinants and higher levels of endorsement of biological determinants in comparison to female case.

III. METHODOLOGY

This section focuses on the aim, objective, hypotheses, sample and the variables used in the research. It also includes the description of tools used for data collection. The methodology is a survey research and self-reported data was used.

A. Aim

To compare the mental health of Indian citizens and Indians overseas.

B. Objectives

To compare self-reported depression among Indian citizens and Indians overseas.
To compare self-reported depression in different age groups among Indian citizens and Indians overseas.
To compare self-reported anxiety among Indian citizens and Indians overseas.
To compare self-reported anxiety in different age groups among Indian citizens and Indians overseas.

C. Hypotheses

1) H1- there is significant difference in depression among Indian citizens and Indians overseas in the age group 21-30years.
2) H2- there is significant difference in depression among Indian citizens and Indians overseas in the age group 30-50years.
3) H3- there is significant difference in depression among Indian citizens and Indians overseas in the age group 50 and above.
4) H4- there is significant difference in anxiety among Indian citizens and Indian overseas in the age group of 21-30years.
5) H5- there is significant difference in anxiety among Indian citizens and Indian overseas in the age group of 30-50years.
6) H6- there is significant difference in anxiety among Indian citizens and Indian overseas in the age group of 50 and above.
7) H7- there is significant difference in mental health among Indian citizens and Indians overseas.

D. Samples

The sample comprises of individuals in the age group of 21-75 years. A sample N=100 was taken consisting of both males and females living in India, Canada and United States of America through the process of random sampling.

E. Variables

1) *Independent Variables* -Age and Place one resides in
2) *Dependent Variables* - Depression and

F. Description of Tools

1) Beck Depression Inventory (BDI) -BDI was developed by Aaron T. Beck. It is a 21 item multiple choice questionnaire widely used for measuring depression.
2) Zung Self – Rated Anxiety Scale (SAS)-Zung self- rated anxiety scale was developed by William W.T. Zung who was a professor at Duke University as a quantitative measure of anxiety levels. The 20 items have four groups cognitive, autonomic, and motor and central nervous system symptoms.

G. Procedure

To compare the mental health of Indian citizens and Indians overseas, the research was initiated. Literature review was collected and various researches were studied. The tools for data collection were acquired and hypotheses were formulated. The objective of the study was stated to the participants & data collection from people residing in India, Canada and USA was done by creating a Google form and circulated.

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Furthermore raw scores were compiled Analysis of raw scores was done through excel and results were tabulated. Further the findings of the study i.e. limitations, implications, & recommendations for future research in the field were written. Using ANOVA the results were compared.

IV. ANALYSIS OF RESULTS

This section shows the results from the research using ANOVA analysis and represented in the forms of tables and charts.

Table 2 – ANOVA analysis for depression and anxiety in the age group 21-30years

	Depression						Anxiety					
Source of variance	ss	df	MS	F	p-value	F crit	ss	df	MS	F	p-value	F crit
Between groups	318.6748	1	318.6748	5.61861	0.021925	4.0471	318.6748	1	318.6748	5.61861	0.021925	4.0471
Within groups	2665.733	47	56.71773				2665.733	47	56.71773			
Total	2130.816	48					2984.408	48				

The P- value is less than 0.05 therefore, we can reject the null hypothesis which means there is a significant difference between the two groups. By comparing the means of the two groups show that depression and anxiety is more prevalent in the overseas population. Table2 – ANOVA analysis for depression and anxiety in the age group 30-50years

	Depression						Anxiety					
Source of variance	ss	df	MS	F	p-value	F crit	ss	df	MS	F	p-value	F crit
Between groups	0.340909	1	0.340909	0.022263	0.882883	4.351244	0.482943	1	0.482943	0.007076	0.933756	4.324794
Within groups	306.25	20	15.3125				1433.169	21	68.24615			
Total	306.5909	21					1433.652	22				

The P- value is greater than 0.05 therefore, we fail to reject the null hypothesis which means there is no significant difference between the two groups.

Table3 – ANOVA analysis for depression and anxiety in the age group 50 and above

	Depression						Anxiety					
Source of variance	ss	df	MS	F	p-value	F crit	ss	df	MS	F	p-value	F crit
Between groups	201.04	1	201.04	1.37774	0.251127	4.225201	34.67641	1	34.67641	0.583065	0.451987	4.225201
Within groups	3793.924	26	145.9202				1546.288	26	59.47261			
Total	3994.964	27					1580.964	27				

The P- value is greater than 0.05 therefore, we fail to reject the null hypothesis which means there is no significant difference between the two groups.

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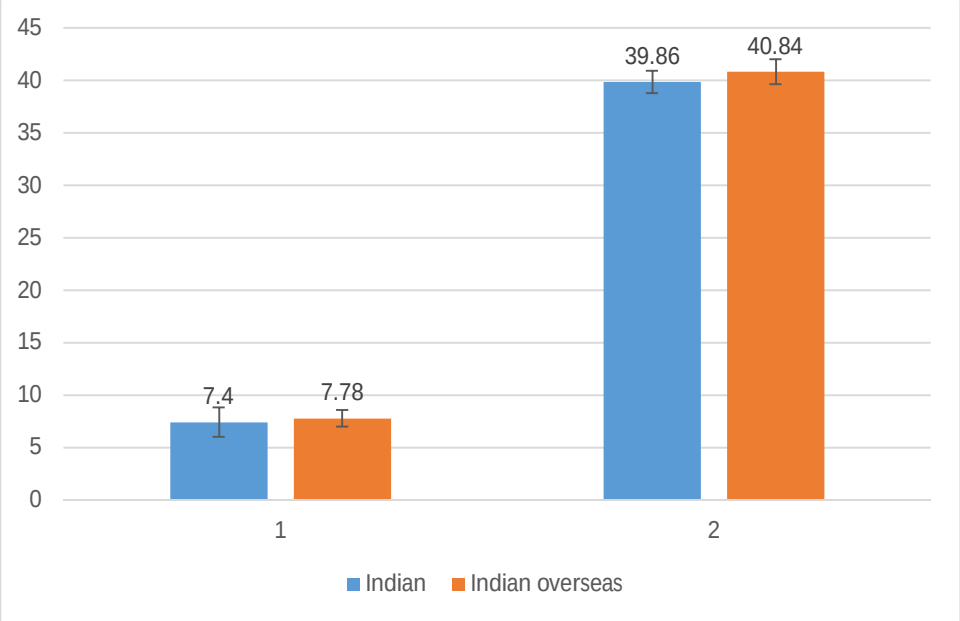
Table4 – ANOVA analysis mental health of overall population

	India			Indians overseas		
Count	50	50	100	50	50	100
Sum	370	1993	2363	389	2042	2431
average	7.4	39.86	23.63	7.78	40.84	24.31
Variance	99.30612	57.30653	343.589	33.44041	69.85143	327.1252
standard error	1.409299	1.070575		0.817807	1.18196	

	Total	
Count	100	100
Sum	759	4035
Average	7.59	40.35
Variance	65.73929	63.17929

Source of variance	ss	df	MS	F	p-value	F crit
Sample	23.12	1	23.12	0.355823	0.551524	3.889341
Colum	53660.88	1	53660.88	825.8554	3.33E-72	3.889341
interaction	4.5	1	4.5	0.069256	0.792699	3.889341
Within	12735.32	196	64.97612			
Total	66423.82	199				327.12515+A1:G30151515 2

The P- value is greater than 0.05 therefore, we fail to reject the null hypothesis which means there is no significant difference between the two groups.



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V. DISCUSSION

According to the results analyzed through ANOVA for depression and anxiety. The age group of 21-30years showed that youth overseas had a higher score which represented a higher rate of depression and anxiety. The age group of 31-50years did not show any significant difference between Indians and Indians overseas in the depression and anxiety scores. The age group of 50 and above did not show any significant difference between Indians and Indians overseas in the depression and anxiety scores. An overall analysis of the Indian citizens and Indians overseas did not show any clear difference between the two groups. ANOVA analysis showed that the alpha value was significantly lower than the p- value proving that there was no significant difference in the mean of the two groups. Means show that the mental health of the Indian citizens and Indians overseas does not have a significant difference.

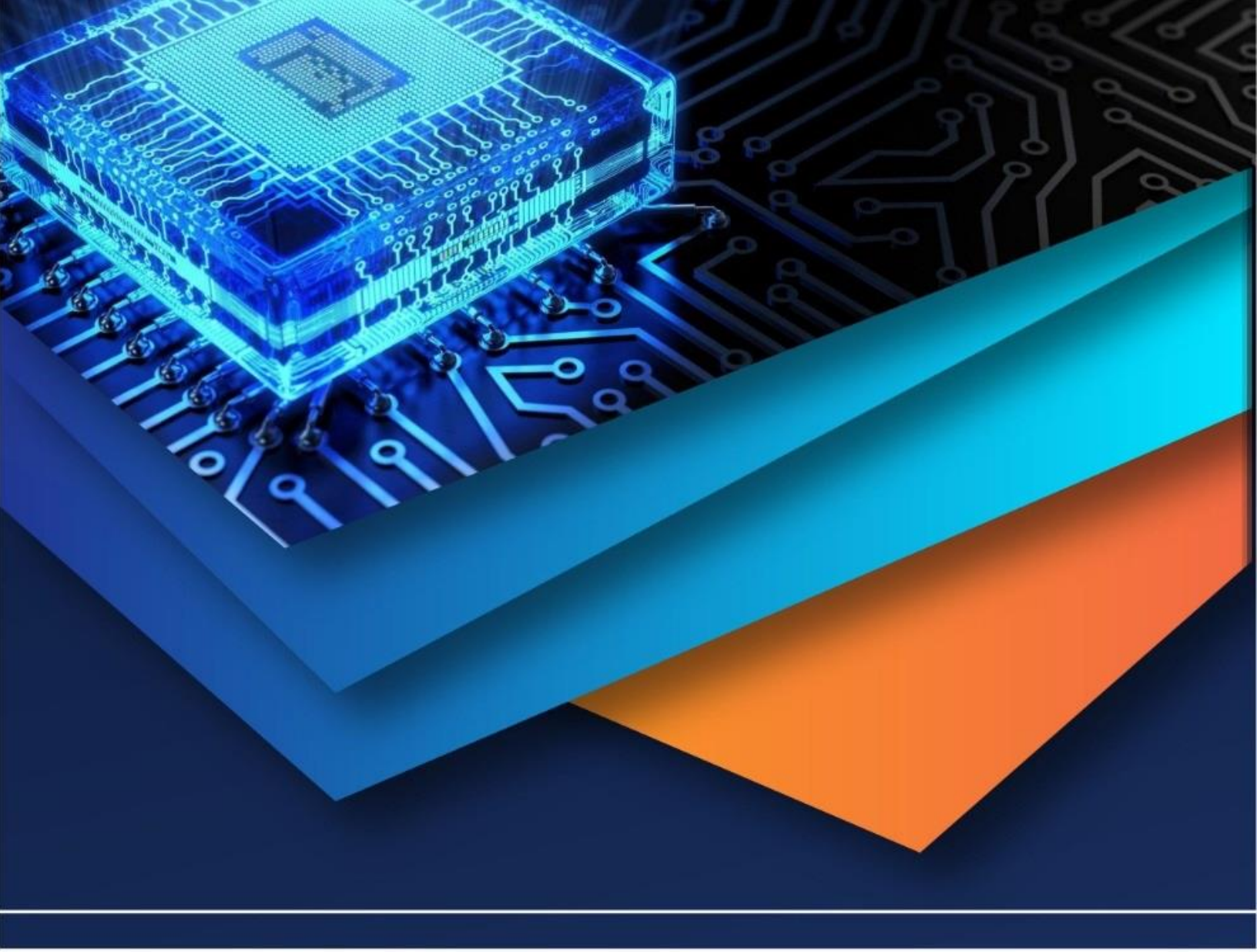
VI. CONCLUSION

The study focused on comparing the mental health of Indian citizens and Indians overseas living in Canada and USA using depression and anxiety scales. It was found that there was no significant difference in mental health of Indian citizens and Indians overseas. Although while comparing different age groups using ANOV ANOVA it was found that in 21-30years old age group Indians overseas had an unstable mental health than Indian citizens in the same age group. No difference was found between 30-50years and 50and above population when compared.

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