

Depression and Hope of the University Students as Function of their Sex and Socioeconomic Status

Sharmin Islam Nipa¹, Tapan Kumar Barman^{2*}

ABSTRACT

In order to study depression and hope among university students Depression Scale was developed by Uddin and Rahman, (2005); and adapted Bangla version (Joarder & Khan, 2015) of Trait Hope scale were administered on 300 (male= 150, female=150) students of Rajshahi University. All the participants were selected randomly. Along with the questionnaires, personal information blank was also administered to collect some demographic characteristics of the respondents related to the study. The results were analyzed by employing one way ANOVA and t-test. The result of the study indicated that female students had high level of depression and hope than male students. Another result showed that students of low socio-economic status reported high level of depression than students of middle and upper socio-economic status. Again, students from lower socio-economic status also reported low level of hope as compared to the students of middle and higher socio-economic status. On the other hand, students from middle socio-economic status showed higher level depression than students of higher socio-economic status. Besides these, no significant differences of hope had been found between students with middle and higher socio-economic status.

Keywords: Depression, Hope, University Students.

Psychological disorder is defined by a persistent dysfunctional thought, emotion or behavior that produces severe distress and is regarded as aberrant in the individual's culture or society (Butcher et al. 2007). Mirowsky and Ross (2007) argued that psychological distress is an unpleasant subjective state that primarily manifests as depression and anxiety. Depression is seen as a multifaceted condition that impairs interpersonal, social, and vocational functioning (Sadock and Kaplan, 2007). NICE (2009) reported some basic characteristic of depression like as, loss of interest, sleep problem, low self-care, poor concentration or anxiety. Numerous variables, such as the population under study and socio-demographics (such as sex and age), appear to have an impact on the prevalence of depression (Stephoe et al., 2007; Kaplan et al., 2008). In 1973, Seligman characterized depression as psychiatry's common cold due to its high prevalence of diagnosis. Depression is a common mental condition in the overall population that can

¹Post Graduate Student, Department of Clinical Psychology, University of Rajshahi, Rajshahi 6205, Bangladesh.

²Assistant Professor, Department of Clinical Psychology, University of Rajshahi, Rajshahi, Bangladesh

*Corresponding Author

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cause major problems in people's life and poor people reported high level of depression than the rich people (Sareen et al. 2011). WHO (2014), reported that Women have more (at least twice) severe unipolar periods of depression than men. NIMH (2015) noted that the reasons in gender disparity for depression were not clear and may be biological factors, psychosocial factors or other gender-related factors are responsible for this. Depression and other chronic mood disorders might start as strong levels of anxiety in childhood. If left untreated, it becomes persistent and endurance into adulthood. It is difficult to identify depression in older adults. It is not a regular part of upward older because despite living with illness or physical problems most of the older adults feel satisfied with their lives (NIMH, 2015). Poorer academic achievement, unstable relationships, suicidal ideation and efforts, or inadequate quality of work have all been connected to depression (Whitton and Whisman, 2010; Hysenbegasi et al., 2005; Harvey et al., 2011; Jeon, 2011). According to Abdallah and Gabr (2014), 63.6% of university students conveyed having depression with the prevalence of these psychological problems being moderate to severe or extremely severe. Earlier researches reported that the rate of depression was high among university students than general population (Ibrahim et al. 2013). Bukhari et al. (2015) conducted a study with 331 university students to determine the prevalence of depression as a function of socioeconomic status. They discovered that 15.1% were depressed, 22.7% were mildly sad, 33.5% were moderately depressed, and 28.7% were severely depressed. The findings also revealed that upper middle socioeconomic statuses had a higher risk of depression than other socioeconomic statuses. Similarly, Shamsuddin et al. (2013) conducted a study among Malaysia University students and their result indicated that 27.5% students developed moderate depression and 9.7% was severe or extremely severe. In their study, Kelly et al. (2008) proposed that women experience depression more than men. Bitsika et al. (2010) studied differences between the sexes in anxiety and depression among Australian university students and proposed that females were shown to be more depressed than males.

Furthermore, Pappas (2020) assumed that individuals with lower socioeconomic background have a greater risk of mental health; even so, poverty has been connected to death and high disease rates in many research findings, despite of whether the reason of death was contagious or non-infectious maladies, (Kaplan et al., 2007; Oguntayo et al., 2018). In their study Agberotimi et al. (2020) were to look at the association among respondents' socioeconomic background and psychological conditions during the pandemic period of covid-19 in Nigeria. According to the results, depression frequency was two-thirds (62%) greater in the standard income socioeconomic background than in the above standard income and below standard income groups (22.8 % and 20.2 %). Similarly, Freeman et al. (2016) found association between low socio-economic status (SES) and higher prevalence of depression. Lorant and colleagues (2003) discovered through a meta-analysis that low-income persons and the elderly had increased probabilities of being depressed, and that education and income had a dose-response relationship. Again, in a longitudinal study Koster et al. (2006) observed that older persons with the lower grades of education or income had a 50% greater probability of depression compared to individuals with the higher socioeconomic position.

Conversely, hope has been associated to fewer depression symptoms and increased adaptive coping behaviors (Chang & DeSimone, 2001). Hope is a positive psychology framework that includes objectives, agency thinking, and routes, and has been linked to psychological and physical well-being, as well as psychosocial effects. According to Dufault and Martocchio (1985), hope is a process of confidence in planning for a good, realistic, and personally significant future and that involves uncertain expectations. Bernard (1999)

defined hope as one of the qualities of humans' that help him to overcome deprecation, follow his objectives and lessens the intolerability feeling of future. Snyder (1994) stated that, hope is the sense of success resulting from the interaction between pathways and agency. Hope has three components: objective, pathways and agency. Where, objective is the outcome that the subject seeks to achieve through the pathways when there is enough motivation to achieve. Again, pathways involve one's beliefs in one's ability to produce workable routes to desired goals, and agency involves one's beliefs in one's ability to initiate or sustain action toward a desired goal. Fredrickson (2009) proposed that hope comes automatically when critical situation occurs to reveal the individuals innovative coping strategies. In 1994, Charles R. Snyder advocated that hope be considered as a cognitive skill that demonstrates a person's ability to motivate and maintain motivation to achieve a goal. Snyder (1994) emphasized the link among mental willpower and hope and stated that there was a significant discrepancy among hope and optimism which formerly contained a tangible road to a better future. This resembled with the findings of Eric Berne (1974), Berger, (1973). Hope is associated with improvement of academic and athletic achievements better physical and psychological wellbeing, self-esteem and interpersonal connections (Rand & Cheavens, 2012). Lazarus and Launier (1978) reported that hope has a great potential for viewing stressful events as challenges rather than threats, therefore lowering the severity and preventing the spread of stress. Hopeful people are less reactive to stressful conditions (Chang & DeSimone, 2001). Hope has an effect to improve depression, hopelessness, and anxiety (Klausner et al., 1998). It has been demonstrated that hope has a negative relationship with depression that is generally stable over time and constant across circumstances (Arnau et al. 2007; Snyder et al., 1991; Thimm et al. 2013). In fact, among undergraduate students, higher levels of hope have been observed to predict lower levels of depression symptoms (Arnau et al., 2007). Alvi et al., 2018 wanted to see if there was a gender and age difference in the level of hope and they reported that men are more hopeful than women. Rajandram and colleagues (2011) concluded that hope was adversely connected with depression. Studies revealed that adolescences with a high amount of hope function greater in education, athletics, healthcare, problem resolution, and psychological health (Samavi et al., 2012). Ciarrochi et al. (2007) similarly found that high scores of hopes were related to psychological well-being and self-compassion, self-esteem, life satisfaction and optimism. Again Joseph Ciarrochi (2015) found that compared with boy, girls began with a greater amount of hope. Change (1998) found that students with high hope expressed much better academic achievement than those with low hopes. Michael (2000) conducted a study and the result of the study indicates that persons with low hope are predisposed to self-doubt and unpleasant ruminations, which make it difficult to pay attention to the right stimuli for both receiving and producing knowledge. Feldman and Snyder (2005) conducted a study where they proposed that higher hope is intimately associated to a deeper sense of meaning in life.

Rationale of the Study

One of the most difficult times in a person's life is while they are going through a crucial transition from adolescence to adulthood. Psychological problems of University students are at greater risk and it was reported that they had severe mental health problems like depression than the general population (Denovan & Macaskill, 2017; Gaspersz et al., 2012). Diabetes, heart disease, cancer, Parkinson's disease, alcohol use, self-harming behaviors, and suicidal ideation are just a few of the illnesses that people with depression might develop. The worst-case scenario is that depression can also result in suicide (Serras, 2010; Buchanan, 2012; Arria, 2009). Recently it has been discovered that COVID-19 causes considerable psychopathology in persons (Lee & Crunk, 2020; Zubayer et al. 2020). During

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the pandemic, epidemiologic studies in Bangladesh have showed that the COVID-19 pandemic has generated mental health difficulties (Ahmed et al., 2020b; Mamun et al., 2020). Individual hope also was adversely connected with depression (Rajandram, 2011; Arnau, 2018). Again, individuals with high level of hope were more likely to adapt with life's obstacles than the counter parts and used appropriate coping strategy to face of crisis situations (Lee & Gallagher, 2018) and high scores of hope were related to psychological well-being (Ciarrochi et al., 2007).

This is because of their potential to give back to the society, as well as in the country, it is significant for them to study on their mental problem. Most of the studies on depression and hope have been undertaken in western culture. A few studies had been conducted in Bangladesh only considering prevalence and sex and found higher rate of depression than previous during this pandemic periods (Banna et al., 2020; Faisal et al., 2021; Islam et al., 2020). But the author failed to consider the other factors which might influence on depression and hope among the students. The present author feels that it is essential to investigate the relationship of depression and hope as regarding the sex and socio-economic status of the university students under controlled conditions. After completing the work the findings of the study will contribute to increase our awareness in mental health. These findings will help to understand about the impact of sex and socio-economic status on depression and hope of the university students. By knowing the findings teachers, guardians, researchers, psychologists, clinical psychologists, and policy maker will able to take necessary steps for controlling the impact.

Objective of the Present Study

The specific objective of the present study is:

1. To assess the condition of depression and hope among the students of Rajshahi University in terms of sex and socioeconomic status.
2. To investigate whether there is a relationship among depression and hope of the students of Rajshahi University.

Hypotheses of the Study

Considering above objectives and reviewing the available literature in detail the following hypotheses were formulated.

- H1: Female students would have higher depression than male students.
- H2: Female students would have lower hope than male students.
- H3: Depression would differ significantly as a function of socio-economic status of the students.
- H4: Hope would differ significantly as related to socio-economic status of the students.

METHODOLOGY

Design

The study involved a 2X3 factorial design consisting of sex and socioeconomic status of the university students. The effect of sex and socioeconomic status was observed to assess the level of depression and hope of the students in Rajshahi University.

Sample

The study was conducted on 300 (150 male and 150 female) students of Rajshahi University where the total students of Rajshahi University were selected as target population. The

respondents were aged from 19 to 27 years. The sample was randomly selected from eight departments among fifty-nine departments of Rajshahi University. All of them were the students of different sessions of honors and masters classes.

Measuring Instruments

In this study the following instruments were administered for data collection:

1. Bangla version of Depression Scale (Uddin & Rahman, 2005).
2. Bangla adaptation of Trait Hope scale (Joarder & Khan, 2015).
3. Personal Information form (gender, age, marital status, department, education year, socioeconomic status, current residence, and contract numbers).

- 1. Description of the Depression Scale:** Bangla version of depression scale was developed by Zahir Uddin and Dr. Mahmudur Rahman (2005) which was consisted with 30 items in Likert format. The response options has five option these are, “1= not all applicable”, “2= not applicable”, “3= uncertain”, “4= a bit applicable” and “5= totally applicable”. For all the 30 items the highest possible score is 150 that indicate severe depression and the lowest possible score is 30 that indicates mild depression. The scale was divided into four levels according to the score. Depending on the score, the scale was split up into four categories that ranges were minimal= 30-100, mild= 101-114, moderate= 115-124, and severe= 125-150. With regard to the current depression scale, the adaptive translation reliability was 0.67. Test-retest reliability was $r = 0.599$ and the split-half reliability was $r = 0.7608$ and each's reliability was reliable. Concurrent validity was used to measure the validity of the depression scale. The obtained scores of the current depression scale were strongly correlated with the psychiatrist's evaluation of depression ($r = .377$) and the patients' self-rating of depression ($r = .558$) in terms of concurrent validity, where $F = 85.386$, and $p < .01$. It demonstrated the depression scale's extremely high concurrent validity.
- 2. Description of the Trait Hope Scale:** The adapted Bangla version of the Trait Hope scale was adapted by Joarder and Khan (2015) that was originally developed by Synder et al. (1991). The scale was consisted of 12 items and divided into two sub scales: i) Agency and ii) Pathway. Each of the sub-scale has four items and the remain four items are fillers. All of the measure's items were organized into a Likert scale with eight alternatives ranging from certainly false to definitely true. Score were allocated for each response on each item: where 1=definitely false, 2=mostly false, 3=somewhat false, 4=slightly false, 5=slightly true, 6=somewhat true, 7=mostly true and 8=definitely true. The Agency sub-scale score was calculated by adding items 2,9,10, and 12, that is ranged from 4 to 32. High score indicate more agency thinking, whereas a lower score indicates less agency thinking. The Pathway sub-scale score was calculated by adding items 1, 4, 6, and 8, that is ranged from 4-32. High score of this sub-scale indicates higher degree of pathway thinking and lower scores indicate lower levels. The remaining items 3, 5, 7, and 11 are not taken into account when calculating the score. The total Hope Scale score, which ranges from 8 to 64, was calculated by adding the four agency and four pathway components. Stronger scores indicate high level of hope of the person and lower score indicate the low level of hope of the person. Reliability was determined by parallel form and test-retest reliability technique. The parallel form reliability ($r = .91$, $\alpha = .01$) and test-retest reliability ($r = .84$, $\alpha = .01$) reveals the reliability of the scale. The reliability coefficients were supported by the adaptation reliability coefficients of Shehni-Yailagh et al. (2012) and Ahmet et al. (2012). Both the parallel and test-retest reliability coefficients were highly significant.

Procedure

The data were collected from eight different departments out of fifty-nine departments of Rajshahi University with the permission from the chairman of every department. Then researcher had met with selected students, established necessary rapport and expressed the purpose of the present study. The respondents were also informed by the researcher that all information collected in this survey would be kept secure and utilized exclusively for research objectives. Firstly, they were asked to fill up personal information. Then they were required to read all the items of the scale attentively and respond attentively by giving tick mark in the appropriate box of scales. In case of Trait Hope Scale respondents were instructed to write a numerical number from 1-8. They were instructed to fill up all the items and not to omit any item. They were also told that there was no time limitation of response but were requested to fill their answer as soon as possible, and was no right or wrong answer. If they were not clear about any questions, they were allowed to ask the researcher and researcher will try to give all the possible clarification.

After completing the task by the respondents, researcher collected the questionnaires and checked them. At last, the researcher thanked them for their kind co-operation. All the data were collected within three month. Moral and ethical issues in this study in this study were deliberately taken care of.

RESULTS

According to the research objective the data were analyzed and compared by employing t-test and ANOVA through IBM SPSS version 26. Before applying inferential statistics for the significant assumption normality test was computed through SPSS which all are shown in the followings table consecutively:

Table No.1 Descriptive Statistics and test of normality for depression, and hope score of the students

Measured Variable	<i>M</i>	<i>SD</i>	Skewness Statistics	Skewness Z	Kurtosis Statistics	Kurtosis Z
Depression Scale Score	105.61	12.91	-.253	- 1.79	-.204	-0.73
Hope Scale Score	46.00	9.11	-.050	-0.35	-.401	-1.42

Table 1 indicates that Z value of skewness and kurtosis of depression score is - 1.79 and - 0.73, and Z value of skewness and kurtosis of hope score is -0.35 and -1.42 respectively.

This does not exceed the value of +1.96 standard deviation which indicate the depression and hope score are normally distributed among the population.

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Figure 1: Graphical representation of normality of the depression, and hope scores of the students

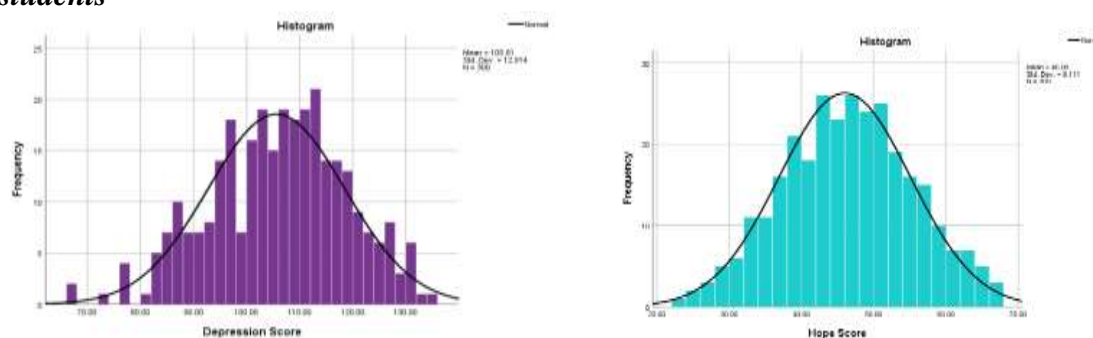


Table No. 2 Mean differences of Depression in relation to the sex of the respondents

Measured Variable	Types of Respondents	N	Mean	SD	df	t	P
Depression	Male	150	103.86	13.00	298	2.37	.02
	Female	150	107.37	12.62			

The above table 2 shows that the mean of depression of male and female students is 103.86 and 107.37 respectively. The standard deviation (SD) of male and female students is 13.00 and 12.62. The degrees of freedom (df) is 298 and the calculated value of ‘t’ is 2.37 which is significant at 0.05 level. This result indicates that there is a significant difference of depression between male and female students.

Table No. 3 Mean differences of Hope relation to the sex of the respondents

Measured Variable	Types of Respondents	N	Mean	SD	df	t	P
Hope	Male	150	44.88	9.08	298	2.14	.03
	Female	150	47.12	9.03			

The above table (3) reveals that the mean of hope of male and female students is 44.48 and 47.12 respectively. The standard deviation (SD) of male and female students is 9.08 and 9.03. The degrees of freedom (df) is 298 and the calculated value of ‘t’ is 2.14 which is significant at 0.05 level. This result indicates that female shows significantly high level of hope as compared to male students.

Table No. 4 One way ANOVA of Depression Score of the Students as regarding to their Socio-economic Status

Measured Level	Sources of Variation	Sum of Squares	df	Mean Squares	F	P
Depression	Between Groups	18480.98	2	9240.49	87.45	.000
	Within Groups	31384.17	297	105.67		
	Total	49865.15	299			

The above result indicated that the mean square of between groups is 9240.49 and the mean square of within groups is 105.67. The degrees of freedom (df) of between groups and within groups is 2 and 297 respectively. The calculated value of ‘F’ is 87.45 and p is <0.01. This result has been indicated the significant difference in depression among the three respondent groups.

Table No. 5 Mean differences of Depression among three respondents groups

Types of Respondents	N	Mean	SD	df	t	P
Lower Class VS Middle Class	51	118.08	8.49	212	7.30	.000
	163	107.41	9.28			
Lower Class VS Higher Class	51	118.08	8.49	11.59	135	.000
	86	94.81	12.75			
Middle Class VS Higher Class	163	107.41	9.28	8.91	247	.000
	86	94.81	12.75			

Table 5 represent that the mean of depression of lower class and middle-class students is 118.08 and 107.41 respectively. The standard deviation (SD) is 8.49 and 9.28. The degrees of freedom (df) is 212 and the calculated value of ‘t’ is 7.30 which is significant at 0.01 level. This result indicated that there is a significant difference between the lower- and middle-class students. On the other hand, mean of depression of lower class and higher-class students is 118.08 and 94.81, SD= 8.49 and 12.75, df= 135 and the calculated value of ‘t’ is 11.59 which is significant at 0.01 level. This result reports that lower class students have high depression than higher class. Again, the mean of depression of middle class and higher-class students is 107.41 and 94.81 respectively. SD= 9.28 and 12.75, df= 247 and ‘t’= 8.91 which is significant at 0.01 level. This result has been showed that there is significant difference between the middle- and higher-class students.

Table No. 6 One way ANOVA on Hope Score of the Students as regarding to their Socio-economic Status

Measured Variable	Sources of Variation(SV)	Sum of Squares (SS)	df	Mean Squares(MS)	F	P
Hope	Between Groups	1443.91	2	721.96	9.17	.000
	Within Groups	23374.09	297	78.70		
	Total	24818.00	299			

The above table presented that the mean square of between groups and within groups is 721.96 and 78.80. The degrees of freedom (df) is 2 and 297 respectively. The calculated value of ‘F’ is 9.17 and p is<0.05. This result has been indicated the significant difference in hope among the three respondent groups.

Table No. 7 Mean differences of Hope among three respondent groups

Types of Respondents	N	Mean	SD	df	t	P
Lower Class VS Middle Class	51	41.49	9.39	3.36	212	.001
	163	46.28	8.71			
Lower Class VS Higher Class	51	41.49	9.39	4.15	135	.000
	86	48.14	8.86			
Middle Class VS Higher Class	163	46.28	8.71	1.59	247	.113
	86	48.14	8.86			

Table 7 reveals that the mean of hope of lower class and middle class students is 41.49 and 46.28, SD= 9.36 and 8.71, df= 212 and ‘t’= 3.36, p< 0.05. This result indicates that there is a significant difference between the lower and middle class students. Again, the mean of hope of lower class and higher class students is 41.49 and 48.14, SD= 9.39 and 8.86, df= 135, ‘t’= 4.15 and p<0.05. This result is indicates that higher class students reported significantly high hope than lower class. On the other hand the mean of hope of middle class and higher class

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students is 46.28 and 48.14, SD is 8.71 and 8.86, $df= 247$, $t' = .113$ which is not significant at 0.05 level. This result indicates that middle class students have high hope as compare to higher class which is not significantly differed.

DISCUSSION

The purpose of the study was to examine the depression and hope of the university students as function of their sex and socio-economic status. 300 respondents were randomly selected from different departments of Rajshahi University for the study (150 were male and 150 were female). Depression Scale developed by Uddin and Rahman (2005), and bangla adaptation (Joarder and Khan, 2015) of Trait Hope scale were administered for data collection. t-test and one way ANOVA were employed through SPSS version 26 to analyze the data. Four hypotheses were formulated to test this study. Before discussing the result, normality test were calculated in table 1. The table 1 revealed that Z value of skewness and kurtosis of depression score is -1.79 and -0.73 , and Z value of skewness and kurtosis of hope score is -0.35 and -1.42 respectively. This did not exceed the value of $+1.96$ standard deviation. Which indicated that the depression, and hope score were normally distributed among the population (Mardia, 1974).

The first hypothesis of the study stated that “Female students would have higher depression than male students”. The result of the t-test was presented in table 2 revealed that there was $N=300$; Mean= 103.86 and 107.37 respectively. SD was 13.00 and 12.62, $df= 298$; the calculated value of t' was 2.37; and $p<0.05$. This result indicated that the female students had significantly higher depression than male students. This findings was consistent with the previous findings of Banna et al. (2020); Mazza et al. (2020); Kelly et al. (2007); Sharpley and Melhem (2010), Nazroo (2010) which confirmed the hypothesis.

The second hypothesis of the study stated that “Female students would have lower hope than male students”. The table-3 revealed ($N=300$; Mean= 44.48 and 47.12 respectively; SD= 9.08 and 9.03; $df= 298$; $t= 2.14$ and $p<0.05$) that female students had significantly high hope than male students which did not confirm the hypothesis. Though the result was consistent with the findings of Joseph Ciarrochi (2015); and Fujita et al. (1991) who stated that female have higher hope than male but contradicted with Alvi et al. (2018) who found lower hope in female. Thus the results did not provide confirmation to the hypothesis. The researcher argued that gender differences are decreasing day by day. Women are participating on competitive world and similarly compete with men. They also got social support from family and society. During this pandemic period many women started online business and gave support their family. The improvement of ones affects the others. These factors might be the reason for which female achieved higher hope at this crisis period.

The third hypothesis of the study stated that “Depression would differ significantly as a function of socio-economic status of the students”. The result of one-way ANOVA presented in table 4 clearly showed ($F=87.45$; $df= 2$ and 297 ; and $p< 0.05$) significant impact of socio-economic status on depression. In order to analyze the significant difference on depression among three groups of socio-economic status, t-test was employed. The results of t-test were presented in table 5 that showed that depression of low socio-economic students were significantly higher than middle class students (Mean=118.08 and 107.41; SD=8.49, 9.28; $t=7.30$) and higher class students (Mean=118.08 and 94.81, SD= 8.49, 12.75; $t=11.59$). Again, depression of middle class students was significantly high than higher class students (Mean=107.41 and 94.81, SD= 9.28, 12.75; $t=8.91$). These result showed that there was a significant differences among the three respondents groups and the result was consistent

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with the previous findings of Agberotimi et al. (2020); Steptoe et al. (2007); Freeman et al. (2016); Kosteret al., (2006); Lorant et al. (2003).

Fourth hypothesis of the study stated that “Hope would differ significantly as related to socio-economic status of the students”. The result of one-way ANOVA presented in table 6. The table 6 clearly showed (*F=9.17; df= 2 and 297; and p< 0.01) significant impact of socio-economic status on hope. In order to analyze the significant difference on hope among three groups of socio-economic status, t-test was employed. The results of t-test were presented in table 7 that showed that hope of middle socio-economic students were significantly higher than lower class students (Mean=41.49 and 46.28; SD=9.39, 8.71; t=3.39) and hope of high socio-economic students were significantly high than lower class students (Mean=41.49 and 48.14, SD= 9.39, 8.86; t=4.15). On the other hand, no significant relationship of hope had been found between middle and higher class students (Mean=46.28 and 48.14, SD= 8.71, 8.86; t=8.91). Those who brought up in a middle class family are more practical in real world. They might achieve more capacity to cope up with various unfavorable situations than that of the students of lower class as well as upper class family which may be the reason behind the findings. Again, students from higher class become hopeful because they got every necessity things as they need so it become easy for them to cope with any crises situation. This may be the cause that is why no significance had found between students of middle and higher classes.

Limitation and Further Direction of the Study

Though the present study was tried to conduct with sound methodology and sampling procedure, it was not free from limitations. The study was relied on self-report measures and not face to face interview session. Despite of these limitations, the findings of the study have been able to bring out the current state and able to create awareness about of depression, and hope of the Rajshahi University students in terms of sex and socio-economic status. Considering the limitations the further research will need to conduct the investigation in broad category.

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