

Prevalence of Depression and Related Factors among International Medical Students at Tehran University of Medical Sciences

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Abstract

Background: In accordance with DSM-5-TR, Depression is a common psychiatric disorder marked by persistent sadness, loss of interest, and impairment in everyday activities. Recent evidence shows that between 22% and 45% of international students experience depressive symptoms. There is limited information on the prevalence of depression among international medical students at the International Campus of Tehran University of Medical Sciences.

Objectives: To investigate the prevalence of depression among international medical students at the International Campus of Tehran University of Medical Sciences and to examine related factors.

Methods: A cross-sectional study was conducted at the International Campus of Tehran University of Medical Sciences in 2022, after obtaining approval for the proposal and permission from relevant authorities. A valid questionnaire was distributed to international medical students in the International Campus of Tehran University of Medical Sciences online. A total of 215 students completed the questionnaire, and their responses were entered into SPSS version 26 for descriptive and inferential analysis. Statistical methods used included Pearson correlation coefficient analysis, Student's t-test, and regression models.


Results: The age range of participants was 17 to 32 years, with a mean of 22.3 ± 2.74 , with 54% females and 46% males. One-third of the students were Indian (34.3%), and the remaining were Pakistanis (27.5%). Those first-born in their families were 42.8%, and most of the students' parents were still alive. Nearly half of the participants were in their first or second year of education, and 9.8% expressed little or no interest in the field of medicine, while about 40% expressed a great deal of interest. Over one-fifth of the participants experienced mild depression, and 16.7% recorded severe depression. The regression analysis revealed that none of the examined demographic and academic variables significantly affected depression scores. Even though the period of residence in Iran and study were associated with depression scores, they did not appear as critical predictors in the regression model.

Conclusion: The current study aligns closely with global research findings, indicating a significant prevalence of moderate and severe depression among international medical students. This highlights the need for authorities to prioritize the development and implementation of programs aimed at reducing depression among them.

Keywords: Associated factors; Depression; International medical students; Prevalence; Sociodemographic variables.

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Introduction:

According to the American Psychiatric Association (APA), depression is a complex disorder that manifests at physiological, behavioral, and psychological levels in individuals (1). While everyone experiences sadness occasionally, depression is characterized by profound feelings of hopelessness and sadness that persist for an extended period of time. It can disrupt daily activities and lead to physical symptoms like changes in weight, sleep disturbances, or fatigue (2). Depression is a complex psychiatric syndrome with diverse etiologies, rather than a single disease, and it manifests through a wide range of psychological symptoms (3). Depression is the leading cause of disability worldwide and ranks among the top 10 causes of the global burden of disease (4). It is considered the number one problem in the world among physical and mental illnesses (5). Research results show that people with depression have poor physical, social, and occupational functioning compared to healthy individuals. The extent to which depression affects the quality of life of these people depends on the severity of their depression (6, 7).

One of the most important events in a person's life is entering university at a young age. This event brings about many changes in a person's life and creates many tensions (8). Previous studies have identified the most important tensions as students' unfamiliarity with the university environment, separation and distance from the family environment, the nature of the field of study and interest in it, insufficient facilities, and adaptation to new conditions (9-11).

Depression and lack of adaptation are significant issues for students. The onset of depression at a young age is linked to a sharp decline in social, occupational, and academic performance (12). Additionally, students in medical and paramedical fields encounter unique challenges, including a higher number of practical units compared to other fields at the same level, a wide range of content, and intense stress from working with critically ill patients, particularly in critical care units (13-17). As a result, they are more vulnerable to feelings of despair and hopelessness (8).

Meanwhile, education in these fields has been established for international students in many countries, including Iran. International education benefits both international and domestic students by teaching them to accept differences in cultures and worldviews, thus improving intercultural interaction. International students also demonstrate excellent qualifications for employment around the world. Additionally, internationalization serves as an important source of national and institutional revenue (18). However, international students experience both positive and negative stressors that can increase their risk of developing mental disorders. Academic stressors, such as adjusting to a new educational system, being away from home, adapting to a new culture and language, and

facing difficulties with friendships and accommodations, as well as social stressors like not being able to access their favorite foods, are examples of the challenges they may encounter (18, 19). It is important to note that international students from every country face their own unique set of obstacles.

The current study aims to determine the prevalence of depression and related factors among international medical students at Tehran University of Medical Sciences in Iran.

Methodology

This is a cross-sectional study conducted after receiving approval from the International Branch of Tehran University of Medical Sciences and obtaining ethical approval. The study population included all medical students enrolled in various courses in 2022, with inclusion criteria being non-Iranian international students studying medicine at the International Campus of Tehran University of Medical Sciences and willingness to participate in the study. The exclusion criteria were being Iranian students.

The sample size was determined based on previous studies, with an alpha of 0.05% and a beta of 20%, or a test power of 80%, resulting in a sample size of 200 people. To ensure reliability, additional questionnaires were provided to students, with 215 people ultimately completing and returning the questionnaires online. Necessary coordination was made with International Unit officials to communicate with students and request their participation in the study. We utilized online methods of data collection to reach our determined sample size. An online questionnaire was formed using a secure survey platform (Google Forms). The questionnaire link was shared through the university's official contact channels. Participants were informed that consent would be obtained at the beginning of the survey. This online approach ensured access for all international students, regardless of their schedules, and allowed us to collect responses successfully while maintaining confidentiality.

In this study, the questions were used as a tool to determine demographic information such as age, nationality, gender, years of education, year of residence in Iran, number of siblings, and whether the parents are alive. The Beck Depression Inventory (BDI, BDI-1A, BDI-II), created by Aaron T. Beck and validated and proven reliable in several countries, was applied in this study with a reliability score over 0.8. This instrument consists of a 21-question multiple-choice self-reported questionnaire, widely noted as one of the most commonly used psychometric tests for evaluating the severity of depression. In its present form, the BDI-II is planned for individuals aged 13 and above, incorporating items that address depressive symptoms. Some of these items include feelings of

hopelessness, irritability, guilt, and punishment, as well as physical symptoms like fatigue, weight loss, and decreased interest in sexual activity. This instrument was revised before being made accessible to international students via online platforms. Following completion by 215 students, the responses were input into Excel software, then transferred to SPSS version 26 for descriptive and inferential analysis. Statistical methods employed included frequency and percentage calculations, mean and standard deviation calculations, Pearson correlation coefficient, student t-test, and regression modeling.

The T-test was used to compare mean depression scores across groups of international medical students (e.g., male vs female, or by year level). Regression analysis was used to identify the factors associated with depression scores. By entering demographic and academic variables into the regression model, we examined which factors had a significant predictive effect on the level of depression among the students.

Results

The study included 54% females and 46% males. One-third of the students were of Indian descent (34.3%), followed by Pakistani (27.5%), Lebanese (6.8%), Iraqi (20.8%), and Nigerian (2.3%) (Figure 1). Participants from other countries made up between 0.5% and 2.4%. Less than half (42.8%) were first-born children, and around a fifth were fourth-born. Most students had a living mother (98.6%) and father (94%). Nearly half of the participants were in their first (21.2%) and second (26.9%) years of study, with the remaining spreading evenly across the years. Nearly one-third (30.4%) had one sister, 27.1% had no sisters, and only 4% had more

than four sisters. More than one-third (34%) had one brother, 15.4% had no brothers, and only 5% had more than four brothers. The age range of the participants was between 17 and 32 years, with a mean of 22.3±2.74. The duration of residence ranged from at least one month to a maximum of 12 years, with a mean of 3.0±2.67. In terms of interest in the medical field, 9.8% expressed very little or little interest, while about 40% expressed a lot or a great deal of interest (Table 1).

Approximately one-third of the students were free from depression, while more than a fifth had moderate depression, and 16.7% had severe depression (Table 2). The relationship between demographic factors and the depression variable indicated that gender ($t=1.13$; $df=213$; $p=0.26$), age ($r=0.087$; $p=0.2$), mother's ($p=0.256$) and father's ($p=0.88$) survival, birth rank ($r=0.027$; $p=0.69$), number of sisters ($r=0.048$; $p=0.49$), and number of brothers ($r=0.024$; $p=0.73$) did not have a significant relationship with the students' depression score. However, the duration of residence ($r=0.144$; $p=0.041$) and the duration of education ($r=0.215$; $p=0.002$) had a significant relationship with the students' depression score.

Finally, a regression model was developed to examine the relationship between the identified factors and depression. The results showed that none of the demographic variables, including gender, age, duration of residence, number of siblings, parental status, birth rank, or education length, were statistically significant predictors of depression among international medical students (p -values > 0.05). Only the duration of residence in the country and the duration of education were found to be correlated with the depression score (See Table 3).

Table 2: Prevalence of depression among international medical students at Tehran University of Medical Sciences

Depression category / score	Number	Percent
No depression (1-10)	67	31.2
Mild (11-16)	37	17.2
Needs counseling (17-20)	27	12.6
Moderate (21-30)	48	22.3
Severe (≥ 31)	36	16.7
Total	215	100

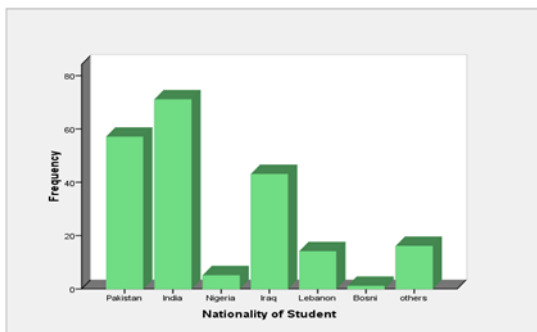


Figure 1: Nationality of international students

Table 1: Level of interest in the field of medicine among international medical students at Tehran University of Medical Sciences

Interest	Number	Percent
Very little	12	5.6
Little	9	4.2
Moderate	49	22.8
High	63	29.3
Very high	82	38.1
Total	215	100

Table 3: Regression model on demographic factors affecting depression in international medical students at Tehran University of Medical Sciences

Variables	B	P-value	95% Confidence Interval for B	
			Lower Bound	Upper Bound
(Constant)	26.24	0.083	-3.49	55.98
Gender	2.22	0.311	-2.09	6.53
Age	-0.20	0.706	-1.26	0.86
Duration of residence from country	0.29	0.581	-0.75	1.33
Number of sisters	-1.20	0.605	-5.79	3.38
Number of brothers	0.34	0.883	-4.17	4.84
Mother living status	-8.86	0.307	-25.95	8.22
Father living status	-3.15	0.499	-12.31	6.01
Birth rank	0.26	0.806	-1.82	2.33
Duration of education	1.38	0.088	-0.21	2.97

Discussion

The finding that nearly one-fifth of those included in the current study were experiencing severe depression indicates that there could be a significant problem of mental well-being issues among international medical students, which could be affecting their performance and quality of life. An international observational study involving 473 medical students from the United States, China, and a Middle Eastern country observed that the Middle Easterners had the highest prevalence of depression (41.1%), followed by China (14.1%), and finally the USA (3.8%). A higher proportion of students in the Middle East also had unmet mental health needs (50.8%) compared to China (34.8%) and the United States (32.8%). In the above study, the prevalence of depression was not significantly predicted by demographic factors, which aligns well with the present study. Nonetheless, the study indicated that the factors, which contributed to nearly 50% of the prevalence of depression, were the lack of physical activity, unmet mental health needs, stress, and emotional exhaustion (20). This provides an important implication that although the prevalence of depression was not significantly predicted by demographics, the factors that significantly influence the disparity are lifestyle and psychological stresses. This can be an important implication for the present study, explaining why the demographics were not significant.

A study of 163 international students in Spain revealed that they experience their unique life stresses and are thus particularly vulnerable to the symptoms of depression. Cognitive styles and levels of stress were significant of such symptoms (21). This supports the idea that international students, including those in Iran, may experience additional stressors related to cultural adaptation and academic pressure, which could exacerbate depressive symptoms.

Systematic reviews involving 29 research studies reported prevalence percentages that ranged from 6.0% to 66.5% for depression among European and English-speaking populations outside North America (22). This

variability can be attributed to the nature and conduct of the research, but the high prevalence indicates the widespread nature of the problem. These findings are supported by the present study, which takes into account an important new perspective.

More contemporary research indicates that familial factors such as birth order and sibling number could play a role in psychological factors such as depression and self-esteem (23). Although these factors were not statistically significant, the trend suggests they may still play a role, particularly given the large number of first-born students who may face stronger family expectations.

The demographics of the study group in the current study indicate that culture, the nuclear family, and the number of academic years completed could play an important role in the psychological well-being of the students despite the statistical non-significance of the model. For instance, the high number of Indians could be shown to influence the culture and adaptations of people from such cultures, while the high number of firstborn students could be shown to influence the psychological well-being of the students.

In one study, 450 students were surveyed, and there were high levels of stress, burnout (52%), and depression (40%), with the rates for the fourth-year students being higher than others (24). While the students surveyed were predominantly first and second year students, the fact that depression scores were higher as students stayed longer indicates that the risk of mental ill-health problems could be increasing.

In the meta-analysis conducted on medical students globally, it was observed that female students had shown higher levels of depression scores compared to their male counterparts (25). In the present study, gender was not found to be an important predictor, which could be attributed to the fact that the problems faced by students living and studying abroad were prevalent enough to overshadow the difference. Nevertheless, it cannot be missed that the proportion of females participating was higher. Although the length of education was not significant, it tended to be associated with elevated scores of depressions. Large-scale data from the American College Health Association (2022) indicated that international students who stayed longer experienced significantly lower levels of depressive symptoms, which implies that the adaptation process regarding duration reduces the risks of mental health problems (26). In the same manner, an international report emphasized that the length of residency is an important consideration for the well-being of students, and that students who stayed for a short period are prone to higher levels of stress and depression as a consequence of the struggles associated with the adjustment process (27). This indicates that while our findings did not achieve statistical significance, the observed trend is consistent with global evidence, reinforcing the importance of

considering adaptation and acculturation processes in future research.

Conclusion

The current study aligns closely with global research findings, indicating a significant prevalence of moderate and severe depression among international medical students. This highlights the need for authorities to prioritize the development and implementation of programs aimed at reducing depression among them.

Authors' declaration

We confirm that all the Figures and Tables in the manuscript belong to the current study. Authors sign on ethical consideration's Approval-Ethical Clearance: The project was approved by the research ethical committees of the School of Medicine, Tehran, University of Medical Sciences, according to the code number (1402-035) on (11-04-2023).

Conflict of Interest: None

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Data availability: Upon reasonable request, the corresponding author will make the data sets generated and/or analyzed during the current work available.

Authors' contributions

Study conception & design: (Mahdi Sh. Sabet & Nahid D. Nayeri). Literature search: (Sabet, Farnaz Khatami, Elnaz Asadollahi, Sepideh Samimi). Data acquisition: (Farnaz Khatami, Elnaz Asadollahi, Sepideh Samimi, Javad Rafie). Data analysis & interpretation: (Nahid D. Nayeri, Mahdi Sh. Sabet, Farnaz Khatami, Elnaz Asadollahi, Sepideh Samimi, Javad Rafie). Manuscript preparation: (Nahid D. Nayeri, Mahdi Sh. Sabet). Manuscript editing & review: (Nahid D. Nayeri, Mahdi Sh. Sabet).

AI Declaration: No artificial intelligence tools were used in the design, analysis, or writing of this manuscript.

References

1. Maj M, Stein DJ, Parker G, et al. The clinical characterization of the adult patient with depression aimed at personalization of management. *World Psychiatry*. 2020;19(3):269-93. <https://doi.org/10.1002/wps.20771>
2. Alan EK. *Encyclopedia of psychology*. Washington (DC): Am Psychol Assoc, Oxford University Press; 2000. https://openlibrary.org/books/OL50628M/Encyclopedia_of_psychology

3. Buch AM, Liston C. Dissecting diagnostic heterogeneity in depression by integrating neuroimaging and genetics. *Neuropsychopharmacology*. 2021;46(1):156-75. <https://doi.org/10.1038/s41386-020-00789-3>
4. Reddy MS. Depression: the disorder and the burden. *Indian journal of psychological medicine*. 2010 Jan;32(1):1-2. <https://doi.org/10.4103/0253-7176.70510>
5. Friedrich MJ. Depression is the leading cause of disability around the world. *Jama*. 2017;317(15):1517-. <https://doi.org/10.1001/jama.2017.3826>
6. Aguilar-Latorre A, Serrano-Ripoll MJ, Oliván-Blázquez B, et al. Associations between severity of depression, lifestyle patterns, and personal factors related to health behavior: secondary data analysis from a randomized controlled trial. *Frontiers in psychology*. 2022;13:856139. <https://doi.org/10.3389/fpsyg.2022.856139>
7. Hadjistavropoulos HD, Pugh NE, Hesser H, et al. Therapeutic alliance in internet-delivered cognitive behaviour therapy for depression or generalized anxiety. *Clinical psychology & psychotherapy*. 2017;24(2):451-61. <https://doi.org/10.1002/cpp.2014>
8. Mohtashamipour E, Mohtashamipour M, Shadlomashhadi F, Emadzadeh A, Hasanabadi H. The Survey of Pray and Depression Rate Relationship in Paramedical and Health Students of Mashad University. 2003.
9. Erturk S, Luu LAN. Adaptation of Turkish international students in Hungary and the United States: A comparative case study. *Int. J. International Journal of Intercultural Relations*. 2022;86:1-13. <https://doi.org/10.1016/j.ijintrel.2021.10.006>
10. Eryilmaz A, Deniz ME, Gülğün U, et al. Examination of university students' experiences regarding the university adaptation process. *Yıldız Journal of Educational Research*. 2023;8(1):11-27. <https://doi.org/10.14744/yjer.2023.017>
11. Zhong R, Chen Y, Wang D, et al. Study on cross-cultural adaptability of students of articulation program-Taking Chinese students studying abroad at Harding University in the US as an example. *Open Journal of Social Sciences*. 2020;8(12):56. <https://doi.org/10.4236/jss.2020.812006>
12. Gao Y, Hu D, Peng E, et al. Depressive symptoms and the link with academic performance among rural Taiwanese children. *International journal of environmental research and public health*. 2020;17(8):2778. <https://doi.org/10.3390/ijerph17082778>
13. Sowińska A, Pezoa Tudela R. Living with invisible medical disabilities: experiences and challenges of Chilean university students disclosed in medical consultations. *International Journal of Qualitative Studies on Health and Well-being*. 2023;18(1):2221905. <https://doi.org/10.1080/17482631.2023.2221905>

14. Shinagawa N, Inada T, Gomi H, et al. Challenges and experiences to develop a Japanese language course for international medical students in Japan: Maximising acquisition of Japanese language by applying adult learning theories. *The Asia Pacific Scholar*. 2022;7(1):3. <https://doi.org/10.29060/TAPS.2022-7-1/GP2655>
15. Steiner-Hofbauer V, Holzinger A. How to cope with the challenges of medical education? Stress, depression, and coping in undergraduate medical students. *Academic psychiatry*. 2020;44:380-7. <https://doi.org/10.1007/s40596-020-01193-1>
16. Claramita M, Prabandari YS, Graber A, Scherpbier AJ. Challenges of communication skills transfer of medical students in the cultural context of Indonesia. *Interdisciplinary Journal of Problem-Based Learning*. 2020;14(1):n1. <https://doi.org/10.14434/ijpbl.v14i1.28594>
17. Mato CN, Uzozike TC, Ijah RFOA, et al. Challenges and Opportunities of a Shared Medical Facility for the Training of Medical Students in Rivers State: Perspective of Stakeholders and the Medical Students. *British Journal of Healthcare and Medical Research*. 2023;10(1):104-119. <https://doi.org/10.14738/bjhm.101.13815>
18. Mostafa P, Nayera S. Challenges and Expectations of First Year International Medical Students in Egypt. *Educational Research and Innovation Journal*. 2024;4(12):1-12. <https://doi.org/10.21608/erji.2024.323645>
19. Murzalieva A, Saloni M, Bhamini P. Climatic challenges for indian students in the case of the international medical faculty students (Kyrgyzstan). *Scientific Collection «InterConf»*. 2023;(157):267-72. <https://media.neliti.com/media/publications/626267-climatic-challenges-for-indian-students-329d18ae.pdf>
20. Gold JA, Hu X, Huang G, et al. Medical student depression and its correlates across three international medical schools. *World journal of psychiatry*. 2019;9(4):65-77. <https://doi.org/10.5498/wjp.v9.i4.65>
21. Kretz S. *Cognitive Vulnerability and International Student Stress: A Test of the Diathesis-Stress Model of Depression in International Students in Spain*. The Ohio State University; 2013. <https://kb.osu.edu/server/api/core/bitstreams/e1f255f5-3102-50a8-8431-24a9cf88dfda/content>
22. Hope V, Henderson M. Medical student depression, anxiety and distress outside North America: a systematic review. *Medical education*. 2014;48(10):963-79. <https://doi.org/10.1111/medu.12512>
23. Fukuya Y, Fujiwara T, Isumi A, et al. Association of birth order with mental health problems, self-esteem, resilience, and happiness among children: results from a-child study. *Frontiers in Psychiatry*. 2021;12:638088. <https://doi.org/10.3389/fpsyt.2021.638088>
24. Youssef FF. Medical student stress, burnout and depression in Trinidad and Tobago. *Academic Psychiatry*. 2016;40:69-75. <https://doi.org/10.1007/s40596-015-0468-9>
25. Rotenstein LS, Ramos MA, Torre M, et al. Prevalence of depression, depressive symptoms, and suicidal ideation among medical students: a systematic review and meta-analysis. *Jama*. 2016;316(21):2214-36. <https://doi.org/10.1001/jama.2016.17324>
26. Chaliawala KS, Vidourek RA, King KA. Exploring the impact of depression, stress, and sleep disturbances on academic success in international college students. *Journal of International Students*. 2025;15(7):85-108. <https://doi.org/10.32674/x8d6rf31>
27. Ingraham S, Mason L. *Mental Health and Well-Being in International Education: Reflections on Providing Support for Students and Administrators*. Global Education Research Reports. Institute of International Education. 2023. <https://files.eric.ed.gov/fulltext/ED661456.pdf>

انتشار الاكتئاب والعوامل المرتبطة به بين طلاب الطب الدوليين في جامعة طهران للعلوم الطبية

الخلاصة:

الخلفية: الاكتئاب، كما يعرفه دليل DSM-5-TR، هو اضطراب نفسي شائع يتميز بالحزن المستمر وفقدان الاهتمام وضعف الأداء في الحياة اليومية. تظهر الأدلة الحديثة أن ما بين 22% و 45% من الطلاب الدوليين يعانون من أعراض الاكتئاب. هناك معلومات محدودة حول انتشار الاكتئاب بين الطلاب الطبيين الدوليين في الحرم الجامعي الدولي لجامعة طهران للعلوم الطبية.

الأهداف: دراسة انتشار الاكتئاب بين الطلاب الطبيين الدوليين في الحرم الجامعي الدولي لجامعة طهران للعلوم الطبية وفحص العوامل ذات الصلة. الطرق: أجريت دراسة مستعرضة في عام 2022، بعد الحصول على الموافقة على الاقتراح والإذن من السلطات المختصة. تم توزيع استبيان صالح على الطلاب الطبيين الدوليين في الحرم الجامعي الدولي لجامعة طهران للعلوم الطبية عبر الإنترنت. أكمل ما مجموعه (215) طالبا الاستبيان، وتم إدخال إجاباتهم في النسخة 26 من SPSS للتحليل الوصفي والاستدلالي. شملت الطرق الإحصائية المستخدمة تحليل معاملات الارتباط لبيرسون، اختبار t للطلاب، ونماذج الانحدار.

النتائج: كان الفئة العمرية للمشاركين من 17 إلى 32 سنة، بمتوسط 22.3 ± 2.74 ، 54% من الإناث و 46% الذكور. ثلث الطلاب كانوا هنودا (34.3%) وكانوا باكستانيين (27.5%). كان عدد البكر في عائلاتهم (42.8%) ومعظم أولياء أمور الطلاب لا يزالون على قيد الحياة. كان ما يقرب من نصف المشاركين في سنتهم الأولى أو الثانية من التعليم، و (9.8%) أبدوا اهتماما ضئيلا أو معدوما بمجال الطب، بينما أبدى حوالي 40% اهتماما كبيرا. أكثر من خمس المشاركين عانوا من اكتئاب متوسط، وأبلغ 16.7% عن اكتئاب شديد. أظهرت تحليل الانحدار أن أياً من المتغيرات الديموغرافية والأكاديمية التي تم فحصها لم يؤثر بشكل كبير على درجات الاكتئاب. على الرغم من أن كل من مدة الإقامة في إيران ومدة الدراسة كانا مرتبطين بدرجات الاكتئاب، إلا أنهما لم يظهرهما كمؤشرات مهمة في نموذج الانحدار.

الاستنتاج: تتفق هذه الدراسة الحالية بشكل كبير مع نتائج الأبحاث العالمية، التي تشير إلى انتشار ملحوظ للاكتئاب المتوسط والشديد بين طلاب الطب الدوليين. وهذا يُبرز ضرورة أن تُعطي السلطات الأولوية لتطوير وتنفيذ برامج تهدف إلى الحد من الاكتئاب بينهم.

الكلمات المفتاحية: الاكتئاب، الطلاب الطبيون الدوليون، انتشار، المتغيرات الاجتماعية والديموغرافية، العوامل المرتبطة