

Mental Health and Women College Students

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In the present contemporary times mental health problems are of concern. Issues like stress, anxiety, depression and even suicide have increased many folds among the general population and more specifically among the youth. The present study focuses on women college students and their stress levels and addresses the need to promote mental health awareness and intervention programmes. Fifty-nine women college students and four mental health professionals were interviewed to understand the mental health issues among the youth and to develop strategies to promote mental health programme.

[Keywords : Mental health, Physical health, Stress, College students]

1. Introduction

1.1 Case-1

A 21-year-old girl finishing her graduation was expected to comply with the family's tradition that girls need to get married when their education is over. This family would have wanted that she gets married after school but as times are changing, graduation

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was allowed. The family felt anyway that she would not be working after marriage and it is important that she takes care of her husband's house and family. This girl was little overweight so there was pressure on her to lose weight. The girl regularly rejected proposals as she did not want to get married. No one in the family realized but the girl was under stress and strain. Finally, she succumbed to her mental pressure and ended her life by hanging from the ceiling fan of her room.

1.2 Case-2

A 20-year-old college student, having very high aspirations of being economically independent. This girl works hard with her studies and at every vacation does an internship so that she has a good curriculum vitae (CV). This girl overthinks and gets very anxious. She has developed a sleep problem, sleeping only 3 to 4 hours only in the morning. She is unable to discuss her problem with her family and friends. She was always irritable and thus losing her friends too.

Both these cases show that the girls were not able to handle the external pressures on them. Cases similar to these has been on the rise. The youth today exhibit social behaviours that disrupt their daily functioning like sleep issues, unhealthy eating habits, too much of screen time, low interactions with family members, a reduced time of physical meeting with their friends and physical activities for recreation. These also contribute to impacting their mental health. In fact, there is a two- way relationship between sleeping, eating habits and mental health issues. Sleeping and eating problems both could be the cause and the effect of mental illness (Fernandez-Mendoza and Vgontzas, 2013; Farhangi et al., 2018). There are also increasing incidents of aggression in the form of road rage and crime committed by youth. Substance abuse is also on the rise. The major causes of these behaviour can be attributed to the decrease in the tolerance level, rise in self-centred and individualistic behaviours and also high expectations and feelings of deprivation. There is a shift from the earlier society to the present, where people are turning towards violence (towards oneself or to others) as a coping mechanism (Rueve and Welton, 2008). These occurrences strongly point towards the deteriorating mental health of individuals in the society.

The present society is witnessing an epidemic of mental health issues that has particularly engulfed the youth-the condition being

even more challenging for women. World Health Organization (WHO) states there are approximately 450 million people suffering from mental health issues around the world. Mental and behavioural disorder contributes to 12 percent of global burden on diseases. Depression, anxiety and substance abuse contribute to the major mental health issues globally (Murray and Lopez, 1996). National Mental Health Survey of India of 2016 estimate the current prevalence of mental disorders in the age group of 18-29 years at 7.39 percent (Chadda, 2018). There is high prevalence of self-harm among the youth in India leading to suicide deaths (Aaron et al., 2004).

International forums are opening up to the mental health concerns in the world. At the World Economic Forum, 2020 an Indian Bollywood actress Deepika Padukone who was diagnosed with clinical depression in 2014 spoke about her own journey with mental illness and her personal battle attached to this issue. She has set up an organization called Live, love, laugh foundation for creating awareness and encouraging dialogue on issues like stress, anxiety and depression. Initiatives like these address the issue of stigma around mental illness that prevents the society to talk and seek help for mental health issues. The burden of mental illness in India is humongous, the biggest challenge is that there is a huge deficit in mental health professional, there are only one psychiatrist for every 100,000 people (Thirunavukarasu & Thirunavukarasu, 2010).

It is crucial to have positive mental health to sustain as a healthy society. Mental health, just like physical health, is not primarily seen as the absence of illness, rather, mental health is the positive sense of well-being among individuals. It is not fixed at a particular time, it is a continuous situation and is influenced by life experiences, home, work and societal environment. It can be observed that mental, social and behavioural health problems may interact so as to adversely affect behaviour and well-being. Substance abuse, violence and abuses of women and children on the one hand and health problems such as heart disease, depression and anxiety on the other, are more prevalent and more difficult to cope with. Conditions of high unemployment, low income, limited education, stressful work conditions, gender discrimination and unhealthy lifestyle give rise to mental disturbance. Instances which cause greed, unhealthy competition, anger, jealousy, frustration could lead to individuals reacting in harmful ways. The ability to control one's emotion, and

respond to situations often acts as a primary indicator of a healthy mind.

2. What is Mental Health?

WHO in 2002 defines Mental Health as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”.

Mental health is a foundation for wellbeing and effective functioning for an individual and for a community. Improving mental health must be a priority for low- and middle-income countries as well as the economically advantaged nations and people. If we want the individuals to do well, we need to improve mental health. Both, mental and physical health is required for the overall health of an individual. Infact, mental, physical and social functioning are interdependent for a healthy individual.

While WHO defines health as a complete state of wellbeing, Jahoda (1958) explains mental health into three aspects. The first component is ‘Self actualisation’ whereby the individuals are allowed to fully exploit their potential. The second component is ‘sense of mastery’ by the individual over their environment. Lastly, ‘autonomy’ is an individual’s ability to identify, confront and solve problems.

Mental illness refers to different mental health disorders that affect the thinking and behaviour of individuals. Some of the mental illness widely prevalent in our societies are depression, anxiety disorders, eating disorders, addictive behaviours. A number of individuals are reported to have mental health issues (Thirunavukarasu & Thirunavukarasu, 2010). If these mental health concerns affect the daily functioning of the individual then it is diagnosed as mental illness. Mental illness affects the daily life of the individuals and it can be treated or managed by counselling and if problem is severe then a psychiatrist consultation and medication would also be essential.

3. Dimensions of Mental health

It is important to understand the dimensions of mental health. Mental health has two dimensions, these are :

Positive mental health is considered as a resource. It is essential to subjective wellbeing and to individual's ability to perceive, comprehend and interpret their surroundings, to adapt to them or to change them if necessary, to communicate with each other and have successful social interactions. Healthy human abilities and functions enable us to experience life as meaningful, helping individuals to be among other things, creative and productive members of the society.

Mental ill-health is about mental disorders, symptoms and problems. Mental disorders are defined in the current diagnostic classifications mainly by the existence of symptoms. Mental symptoms and problems also exist without the criteria for clinical disorder being met. These subclinical conditions are often a consequence of persistent or temporary distress. They too are a burden to individuals, families and societies (Lavikainen et al., 2000).

Positive mental health refers to the individual having a positive sense of wellbeing. Resources such as self-esteem, optimism, sense of mastery and coherence, satisfying personal relationships and resilience or the ability to cope with adversities. These qualities enhance the person's capacity to make a meaningful contribution to their families, community and the society. Positive mental health can be understood as basic for the well-being and smooth functioning of human beings in their families and communities. So, mental health is not just being mentally fit but also to be in a good state of well-being. Somehow positive mental health is considered as a luxury in today's troubled times. It is important to understand that it is basic for the overall health of all individuals. Now international and national organizations like WHO, World Bank and in India the present National health policy 2014, Mental health care Act, 2017 are prioritizing the need to address mental health needs in the developing and the developed countries across the globe. Government agencies, non-government organizations, corporate sectors and individuals need to emphasize that neither mental or physical health can exist on their own. Everyone needs to comprehend that health as a whole is the upkeep of both physical and mental health. Health as a whole is a state of balance of the individual's self, other groups that he or she interacts with and the social environment around them.

4. The Rationale of the Study

The topic of mental health and mental illness have been neglected over a long period of time. It is only over the last two

decades there has been a shift in giving importance to mental health concerns (Friedli, 2002). This neglect could be attributed to the stigma and the lack of awareness to mental health and mental illness issues. Now the shift is mainly because there is a paradigm shift focusing that physical and mental health go hand in hand. WHO also clarifies that health means physical, mental and social wellbeing. There is a need to address mental health issues as there is an enormous rise in mental health problems world-wide. Murray and Lopez (1996) forecasted that by 2020, depression will make up to the second largest disease burden across the globe.

Youth in India like in any country is an asset or resource, that can build up the nation. In India thirty four percent of our population fall in the youth category. This age is also very vulnerable and need direction and support. Singh and Gopalkrishna (2014) reported that 10 to 30 percent of the youth are affected by health impacting behaviour that can be avoided. Some of them are nutritional disorders, substance abuse, risky sexual behaviour, stress and common mental disorders.

Women college students are in a very precarious age. This age group experiences major physical, physiological, psychological and behavioural changes. The majority of them are eager to get educated and be economically independent. Only a small percentage get family support for higher education and employment, as marriages in India are still conducted in the early years of life. Sixty percent of women in India marry before eighteen years (the legal age of marriage). The average age of marriage is 22.3 years but in the interior villages the age of marriage is even lower (Powell, 2017). Chatterjee et al. (2018) reports that theories of human capital show that increase in education among women results in increase labour force but in India it doesn't hold true. Thus, there is a lot of stress and strain on them to settle in life by getting married but women want to be economically independent. The self-generated pressure to have a job and be independent and the pressures of the family and society to conform to a traditional gender role creates mental tensions.

The present study is to understand the mental health among the college students and their perceived stress. The study will also examine the intervention that can be provided to women college students to help them cope with the stresses and strains.

5. Research Methodology

The present study was a descriptive study. The objectives of the research study were to examine the stress and the mental health among the college students and to draw out a mental health programme for the college students. The sample were collected using simple random method. Students were selected from a college in Delhi. The 59 women college students were interviewed to understand the stress they experience and how they felt about their mental health. One standardized scale was administered on the respondents to examine the perceived stress and interviews were conducted to understand their mental health well-being. A total of four social worker, counsellor and psychologists were interviewed who were working with college students, to plan out a mental health intervention programme for college students.

6. Results

6.1 Socio-economic Background

The fifty- nine respondents of the present research study were third year women students of graduation course from a Delhi college. Their mean age was 20 years. Majority (90%) of them belonged to Hindu religion, rest were Muslims. Majority (79.6%) of the respondents were from nuclear families, 16.9% had joint families and two respondents came from single parent families. Delhi colleges attract students from pan India. Majority (61%) of the respondents were from Delhi, while 8.47% were from Uttar Pradesh. The others came from the states of Bihar, Haryana, Madhya Pradesh, Himachal Pradesh, Dehradun, Kerala and even Nepal. The educational status of the fathers of the respondents showed that 20 fathers had studied up to graduation and post-graduation. Another 35 had just done their schooling. While 4 of the students mentioned that their fathers had not got any formal education. Majority (35) of the students reported that their mothers had gone to school. Another 12 mothers had done their graduation or post-graduation. Rest of the 12 mothers were illiterate. One-third (20) of the respondents reported that their fathers were engaged in government or private jobs. More than half (31) respondents said their fathers had their own petty business. While 8 fathers were involved in farming. Forty-three of the mothers were house makers, fifteen were employed in government

or private jobs and one mother had her own business of a tailoring shop. Majority (26) of the respondent's family income was less than Rs. 50,000/- per month. Twenty-one respondents reported of a family income of Rs. 51000/- to 100,000/- and twelve families had a monthly family income of more than one lakh rupees.

6.2 Stress among Women College Students

The student's stress was examined by Perceived Stress Scale by Sheldon Cohen. The stress levels calculated by the scale shows that majority (50) of the students exhibit moderate stress and five percent of the students would be considered to perceive high stress levels. This scale helped study the perceptions and feelings of the students to observe what the students are going through? The respondents reported of uncertainty of their future (job and marriage), relationship issues, financial situation at home, self-esteem, body image as their major stressors.

6.3 Mental Health

The respondents were investigated on how optimistic they feel about their future and one-fifth of them rarely feel so. College students at college times are said to be free of responsibility and live a carefree life but that seems a myth here, as 25% of the respondents rarely feel relaxed. Respondents followed hobbies like reading, movies, music, cooking, dancing as their coping mechanisms to beat the stress in their lives. Some (12) of the respondents also reported of sleeping, eating junk food and indulging in substance abuse to releasing their tensions. Majority (75%) of the respondents have friends and family to share their anxiety but one-fourth of them do not share their feelings, problems and desires to anyone. More than 30% of the respondents reported of not feeling loved by anyone. These indicate that the respondents need attention and care. There is a need for mental health promotion programme at college levels to help the students address their mental health issues.

6.4 Factors associated with Mental Health

The four respondents that were interviewed were mental health professionals one was a social worker and a psychologist, the other two were counsellors. They all were working with women college students. They reported that students in colleges are full of energy and dreams for a bright future. They want to be a change agent to their

families and to the society they belong to. The women students were ambitious and they wanted to be different from their mothers, as they wanted to be more advanced in education and economic status than the women in their communities. The respondents reported that for women students to achieve their goals they need to have good mental health as that would help them progress in their journey of life.

The respondents highlighted that the factors that are associated to positive mental health among women college students are positive self-esteem, the feeling of being loved and cared for, family support, togetherness, physical health, protective environment against abuses and discriminations. Ethnographic studies have reported that human beings living in difficult situations like in Mumbai slums face problems of migration, displacement, poor living conditions, demolition of housing, homelessness and communal and ethnic disharmony. These affect their mental health. Hopelessness, demoralization, addiction, distress, anger, depression, hostility and violence can be attributed to their experiences and problems (Parker, Fernandes and Weiss, 2003).

According to Patel et al. (2009) the factors associated to mental ill-health are deprivation and poverty. Lack of education, income, access to basic amenities put persons at higher risk of mental disorder. Affective disorder, panic disorders, anxiety disorders, specific phobia and substance use disorder is highest among illiterate and unemployed individuals (Deswal et al., 2012). Pillai et al. (2009) suicidal ideation is reported to have relation to female gender, working conditions, decision making, physical and sexual abuse. Other reasons that contribute to mental ill-health are prolonged stress and pain, living alone, break in steady relationships. Work, school and family environment also play a detrimental effect on mental disorders (Manoranjitham et al., 2010).

The mental health professional respondents reported that action can be taken to promote mental health for women college students at their individual, community and societal level. At the immediate community level, mental health promotion strategies should focus on enhancing individuals' empowerment and participation and can target a range of environment settings, such as the college, home, and the community around them. These strategies primarily seek to strengthen factors that protect mental health, lessen risk factors for poor mental health and/or address the social determinants of mental

health. At the larger societal level, strategies focus on addressing the social determinants of mental health and must involve work across a range of sectors and policy areas, such as transportation, housing, recreational facilities, safe roads, employment facilities, social protection, good grievance redressal systems. An understanding of mental health is extremely important and promoting mental health must be the central focus at macro levels and micro levels. The aim of mental health promotion is to increase and enhance positive mental health and to prevent mental ill-health by protecting women college students like all individuals in the whole society from mental health problems.

7. Discussion

The study brings out the need to address mental health concerns of the women college students. The study also interacted with four mental health professionals working with college students. These professionals helped to understand how to address the mental health issues of the students.

7.1 Programmes for Mental Health Promotion

Mental health promotion is to be taken more seriously so as to reduce mental ill-health and to improve positive mental health of the women college students. Positive mental health of an individual can be promoted by addressing three major factors that are :

- Providing to the need of love, belonging and relationship.
- Providing to the basic needs of an individual like food, housing, education and the opportunity to work and earn a living.
- Protection against violence, discrimination and isolation.

In a large developing country like India, we are faced with many social problems. We are still struggling to provide the basic needs to our populations. Thus, mental health is still not a priority. But mental health is becoming more and more important in this individualistic, materialistic and highly commercialized society. The intervention is required at various levels in the society.

These interventions have to be strongly supported by the government, the police system, advocates, employers, education institutions and trained practitioners. The intervention can be broadly classified into macro and micro levels.

7.2 Macro Level Intervention

The number of mental health professionals like psychiatrists, psychologists, counsellors in India are disproportionate in comparison to the gigantic nature of the cases at hand. There is a need to train the non-psychiatrist health care providers like psychologists, social workers and counsellors who can work with a larger population and address the not so serious mental illnesses. Mental health promotion programme for women college students in a country like India have to be extensive-covering requirements like education, housing, nutrition and physical health, economic securities, reduction in substance abuse and community support systems.

7.3 Increasing the Education Levels among the Women College Students

Lack of education limits the individual's personal, social and economic development. Even though India promotes free education for all till the age of 14 years, still there exists large percentage of our population that doesn't have access to proper education. Ethnographic researches have shown that increasing educational level can have direct benefits in promoting mental health. Better education increases intellectual competencies and job prospects and reduces social inequalities and lowers depression (Mundy & Verger, 2015). The '*Beti Bachao Beti Padhao*' programme of the Government of India is working hard to promote the girl child and provide education among the girls in schools across the country. More efforts need to be translated at the ground level for women ensuring education at college levels.

7.4 Improving Housing Facilities

Improving housing reduces poverty and inequalities and improves physical and mental health among the women college students in a country like India. Research studies have highlighted the high rate of crime against women in slum clusters. In India there are innumerable cases of crime reported when women who do not have toilets in their homes, go to the fields in the dark to pass urine. Better housing would give a secure and safe environment to the women (Thomson et al., 2013).

7.5 Improving Nutrition among the Women Youth

Young women's nutritional status has been poor due to discriminatory cultural patriarchal practices in India. The men are

served food first in majority of the houses. The women are pressurized by society to maintain a particular body shape and size. Rao et al. (2010) study reports of the inadequate and under utilization of health facilities and the wide spread anaemia among young women in India. Poor nutrition among women begins at infancy and continues throughout her life (Desai, 1994). There is need to educate young women on balanced diet and how to improve nutritional intake.

7-6 Community Support Systems

Community intervention by building sense of ownership and responsibility among community members will help the mental health programme. Community support systems help the individual, the families, the colleges and the community at large to identify and handle mental health issues among women college students. Women needs to be protected from the evils of the society like sexual abuses, discrimination and violence against women that is prevalent in all strata's of the society. Acts of physical, verbal violence steals the freedom of women to actively participate in the community. A safe and crime free community will allow the women to advance in her life goals for social and economic independence and empowerment.

7-7 Micro Level Intervention

At micro level we must reach out to the micro systems like families, colleges and neighbourhoods. Families, peer and college teachers must address mental issues with sensitivity. If any mental health issue that is observed to be persistent and unmanageable, medical help must be consulted. That is, if any case of prolonged sadness, nervousness, behaviour change, anxiety, highly emotional outburst or detachment or aloofness is observed, family members needs to be sensitive and need to address it. Psychological help from a counsellor, psychologist or psychiatrist should be consulted if the problem persists. Any suicidal ideation should not be taken lightly and immediate attention or referral should be sought, to address the issue.

Family members need to spend time together and there must be open communication opportunities at home and in colleges. Individuals must have people to interact with, to share and communicate to. All colleges must have a counsellor, so that the students can seek help. Awareness on mental health issues at individual, family, college and community levels is the need of the

hour. Family could be sensitive to mental ill health manifestations like anxiety and depression issues, psycho-somatic conditions like stomach pain, headaches, fatigue, breathlessness and sleep issues.

8. Conclusion

The present research study throws light on the stress levels of the women college students and the different stressors that are barriers in their growth and development. Majority of the respondents exhibited stress; thus, it is important to address this issue by promoting awareness and preparing intervention programmes. The mental health issues are aggravated by the social environment that the individual lives in. It is important to have strong social support systems for every individual. The environment must be non-discriminatory, safe and protected for all individuals so that everyone has the chance to grow and develop. Individuals with mental health problems are in need of care and understanding and if the problem persists professional help must be taken.

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