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Prevalence of Depressive Syndrome among Secondary Level Students of New Baneshwor, Kathmandu

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ABSTRACT

Background: Depression is a leading cause of disability, affecting more than 264 million people worldwide. Depression is a serious mental disorder among adolescents. It is associated with an increase in family problems, academic difficulties, substance abuse and absenteeism.
Purpose: The aim of the study was to measure the prevalence of depression among adolescent of college in Kathmandu district and determine the association of depression with selected demographic variables.
Methods: A descriptive cross-sectional design was used. A total of 437 adolescents were purposively selected from a college in New Baneshwor area of Kathmandu district.
Results: Of the total adolescent students, one fourth (25.9%) were suffering from some types of depression. Among 25.9%, 4.6 % of them had mild mood disturbance and 5.5% had borderline clinical depression and 14.2% of the adolescents had moderate depression and very few (1.6%) of the adolescents were found to have severe depression. There was a statistically significant association between faculty of study and depression, family members relationship and depression and peer relationship and depression ($p<0.05$).
Conclusion/Implications for Practice: Although based on a cross-sectional study, the findings suggest that out of the total students, about one fourth of them were suffering from mild to severe level of depression. The findings of this study can be helpful in structuring the trainings and motivational sessions in high schools, raising mental health awareness among teachers and students, socializing and reducing the stigmas, emphasizing healthy family and peer relationship and providing family-centered mental health education.

Keywords: Adolescent, Association, Beck Inventory Depression, Depression, Level of Depression, Prevalence

INTRODUCTION

The term "adolescence" comes from the Latin word adolescere which means "to grow into adulthood". It has been illustrated that adolescence begins with the onset of puberty and ends with an assumption of adult responsibilities; as also stated by Laufer (1965), that adolescence begins in biology and ends in culture. [1]

Adolescence is a crucial period for developing and maintaining social and emotional habits important for mental well-being. These include adopting healthy sleep patterns, regularly exercising, developing coping, problem-solving, and interpersonal skills; and learning to manage emotions. Supportive environments in the family, at school and in the wider community are also important. [2]

Poor awareness about the symptoms of psychiatric disorders, myths, and stigma related to it, the lack of knowledge of treatment availability and benefits of

treating compound the problem. Promoting positive mental health among adolescents can nip some of these problems in the bud itself. For adolescents who already have mental health disorders, screening, early intervention, and treatment can help lessen the impact of the disease on their lives. [3]

Depression is a common illness worldwide, with more than 264 million people affected. At its worst, depression can lead to suicide, close to 800,000 people die due to suicide every year. Suicide is the second leading cause of death in 15-29 years old. [4]

Depression and anxiety are the most common mental health problems among adolescents. [5,6] It is estimated that about 20% of adolescents have some type of psychological disorder and the most common disorder is depression. Adolescents are at greater risk of mental health conditions due to their living conditions, stigma, discrimination or exclusion, or lack of access to quality support and service. Depression is associated with an increase in family problems, academic difficulties, substance abuse and absenteeism. These problems can become chronic or recurrent leading to substantial impairments in an individual's ability to take care of his or her everyday responsibilities. [7] It is predicted that by 2030, depression is expected to be the largest contributor to disease burden. [8] Promoting psychological well-being and protecting adolescents from adverse experiences and risk factors are critical for well-being during adolescence and adulthood. [2] Thus, the purpose of the study is to measure the prevalence of depressive syndrome among secondary level students of New Baneshwor.

METHODS

A descriptive cross-sectional study was conducted among 437 purposively selected adolescents of age group 14- 19 years in New Baneshwor area of Kathmandu district after taking permission from school and students. Data was collected using self-administered questionnaire. The instrument used to measure depression was Beck Depression Inventory (BDI-II). The Beck Depression Inventory is a 21-item self-report rating inventory that measures characteristics attitudes and symptoms of depression. Information related to socio-demographic factors was also obtained from the participants. The filled questionnaires were checked for correctness and completeness and coded serially. The collected data was entered into Epi-data 3.0 and data analysis was carried out in SPSS version 22.

RESULTS

Among 437 adolescents, more than half (62%) of the respondents were of age group 16-17 years. Furthermore, more than half of the respondents were male (59.3%). More than half (59%) of the respondents were from the faculty of science. Majority (73.9%) of the students were from class twelve. And most of them (93.4%) followed Hinduism.

Likewise among ethnic groups, one third (31.8%) of the respondents were Brahmin and least (2.1%) of the respondents were Dalits. Majority (72.3%) of the respondents were from nuclear family and most of the respondents (96.8%) parent's marital status revealed that they were living together. Within the study population, majority (87.2%) of them were satisfied with their parents' economic status in comparison with their friends.

Information related to the parent's educational and occupational status was also obtained from the respondents. It was also found that about one third (38%) of the respondent's father were involved in business and majority (64.1%) of the respondent's mother were a homemaker (housewife). About half (50.1%) of the respondent's father had education up to secondary level. On the other hand, less than half (41%) of the respondent's mother had completed education up to secondary level. Furthermore, it was found that nearly half (41.6%) of the respondents were living with their parent's and about 9.2% stayed

with their relatives.

Table 1: Health Status of the Respondent (n=437)

Variable	Frequency	Percentage
Perception about own health		
Excellent	142	32.5
Good	254	58.1
Okay	37	8.5
Poor	3	0.7
Very Poor	1	0.2
Suffering from any kind of health- related problem		
Yes	31	7.1
No	294	67.3
Don't Know	112	25.6

Table-1 highlights that among the adolescents, more than half (58.1%) of them perceived they had good health. Majority (67.3%) of the adolescents did not have any health problems. However, about one fourth (25.6%) were not aware of the health problems, and 7.1% were experiencing health problems such as headache, skin problems, gastrointestinal disorder, respiratory disease, heart problems etc.

Table 2: Social status of Respondents (n=437)

Variable	Frequency	Percentage
Involvement in Social or Political activities		
Yes	133	30.4
No	304	69.6
Leisure Time Activities		
Outing with friends	104	23.8
Staying at home	205	46.9
Visiting new places	124	28.4
Gossiping	4	9
Relationship with family members		
Extremely Satisfied	288	65.9
Satisfied	115	26.3
Ok	26	5.9
Dissatisfied	6	1.4
Extremely Satisfied	2	0.5
Relationship with friends and peer groups		
Extremely satisfied	176	40.3
Satisfied	187	42.8
Ok	60	13.7
Dissatisfied	11	2.5
Extremely dissatisfied	3	0.7

This table shows that among the study population, majority (69.6%) of the respondents did not involve in social or political activities. Nearly half (46.9%) of them used to spend the leisure time by staying at home. More than half (65.9%) of the respondents were extremely satisfied and 0.5% were extremely dissatisfied with their relationship with family members. Less than half (42.8%) of the respondents were satisfied and (0.7%) were extremely dissatisfied with their relationship with friends and peer groups.

Table 3: Educational factors of the Respondent (n=437)

Variable	Frequency	Percentage
Satisfied from education		
Extremely satisfied	110	25.2
Satisfied	215	49.2
Ok	82	18.8
Dissatisfied	22	5.0
Extremely dissatisfied	8	1.8
Satisfied with teacher's relationship		
Yes	372	85.1
No	65	14.9
Unable to balance the leisure time and study		
Yes	231	52.9
No	206	47.1
Overburden with the study		
Yes	165	37.8
No	272	62.2
Getting stressed due to the increased class workload		
Yes	229	52.4
No	208	47.6
Feel of getting lower grade than anticipation		
Yes	245	56.1
No	192	43.9

Table-3 shows that among 437 students, nearly half (49.2%) of the respondents were satisfied and 1.8% were extremely dissatisfied with education. Majority (85.1%) of the respondents were satisfied with the relationship with teachers and more than half (52.9%) of the respondents were unable to balance the study and leisure. 37.8% of the respondents were overburdened with the study whereas more than half (52.4%) of the respondents were stressed due to the increased class workload. More than half (56.1%) of the respondents had a feeling of getting a lower grade than expected.

Table 4 : Prevalence of depression (n=437)

Depression	Frequency	Percentage
No	324	74.1
Yes	113	25.9
Total	437	100

Table-4 shows that almost one fourth (25.9%) of the respondents were suffering from some type of depression such as mild mood disturbance, borderline clinical depression; moderate depression and severe depression.

Table 5: Level of Depression among Adolescence (n=437)

Level	Frequency	Percentage
Normal	324	74.1
Mild Mood Disturbance	20	4.6
Borderline Clinical Depression	24	5.5
Moderate Depression	62	14.2
Severe Depression	7	1.6
Total	347	100

Table-5 shows that among 437 respondents, 74.1% had no depression (normal). Among 25.9% who had depression, about 4.6 % of the respondents experienced mild mood disturbance and 5.5% of the respondents suffered from borderline clinical depression and 14.2% of the respondents suffered from moderate depression. Similarly, least of the respondents 1.6% suffered from severe depression.

There was a statistically significant relationship between depression and faculty of study (p=0.031), relationship with family members (p=0.017), relationship with friends and peer groups (p=0.036), and relationship with teachers (p=0.005).

DISCUSSION

The study aimed to assess the prevalence of depression among adolescents. The level of depression was categorized as normal, mild, moderate, severe and extremely severe. Of the total students, almost one fourth (25.9%) were suffering from some types of depression and 74.1% were normal or no depression. Among 25.9%, 4.6 % of the respondent are at mild mood disturbance and 5.5% of the respondent suffer from borderline clinical depression,14.2% of the respondent suffer from moderate depression and least of the respondents (1.6%) suffered severe depression whereas in the study by Goel Nikhil et.al. (2017), the overall prevalence of depression was 38%. Depression was found among 36.6% male students and 40% of all female students, 34.2% among 12–14 years age group, 39.3% among 15–16 years age group and 53.3% among 17–19 years age group. [9]

Arul and Thirunavukarasu (2015) in South India reported the prevalence of depression among school going adolescents at higher secondary school as 25%. [10]

In the study, findings revealed that there is statistically significant association between faculty of study and depression (p=0.031). Results showed statistically significant association between relationship with family members and depression (p=0.017) This result is supported by the study conducted by Al-Kaabi N, et.al (2017) among 823 respondents that revealed there was significant associations between relationship with family members and depression i.e. parent-adolescent relationships: characterized by high warmth and involvement may protect youth from adjustment problems. [7] The study showed that bad relationships with parents were significantly related to depression among adolescents and as those with bad relationships with parents are 9.4 times more likely to have depression. Similarly, in the study (Bhandari, 2017) showed that there is significant association between parents- adolescent relationship. [11]

The study showed significant association between relationship of peer groups and depression (p=0.036). It is supported by the study conducted in Lodha.et.al (2016) showed significant association (p=0.011). [12] Similar results were found in the study (Al-kaabi N, et.al (2017) showed significant association between peer relationship and depression (p=0.01). [7] The present study shows significant association between relationship with teacher and depression (p<0.005). Similarly, it is supported by Al-kaabi N, et.al (2017), that showed a significant association between depression and relationship with teacher (p<0.001). [7]

This study did not show a significant relationship between age and depression and this is in agreement with Al-kaabi N, et.al (2017) which did not find any increase in prevalence of depression with age. [7] While (Masjedi, 2018) and other studies that found significant relationship between age and depression. This finding should be interpreted with caution, as this was because

the participants are in secondary grade and they are of similar ages. [13]

This present study showed there was no significant association between sex and depression but many studies have observed females to be significantly more depressed than males. It is supported by Jha k.k et al, Masjedi, Lodha and Al-kaabi N, et.al that there was significant association between sex and depression. Furthermore the present study showed no significant association between family type and depression. While there was significant association between family type and depression in Lodha.et.al. Students from joint family were less depressed (40.1%) compared to those from nuclear family (63.3%, P ≤0.001). [12] There was no association between religion and depression in this study. However, contrast results were found in the study (Jha K.K., et.al) that revealed there is significant association impact upon the depression (p<0.001). [14]

CONCLUSION

The study concludes that out of the total students, one fourth of the students were suffering from mild to severe level of depression. Science students were more likely to be depressed than management students. The study showed depression having a statistically significant association with parent relationship and depression likewise peer relationship and depression.

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Authors' Contributions

Study conception and design: Suraksha Subedi, Himani Singh Thakuri
Data collection: Himani Singh Thakuri
Data analysis and interpretation: Suraksha Subedi ,Himani Singh Thakuri
Drafting of the article: Suraksha Subedi, Suvash Nayaju
Critical revision of the article: Suraksha Subedi, Sanjeev Kumar Shah, Suvash Nayaju

REFERENCES

1. Laufer M. Assessment of adolescent disturbances. The application of Anna Freud's diagnostic profile. Psychoanal Study Child. 1965;20:99–123. doi:10.1080/00797308.1965.11823227.
2. World Health Organisation. Adolescent mental health. WHO. https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health?fbclid=IwAR2pMwqU5uEt7igLITWV2bhvxrFeWnroc-lbtNE-dvCluG5br6kLDyMGeEs. Accessed 4 Jul 2020.
3. Mangal A, Thakur A, Nimavat K, Dabar D, Yadav S. Screening for common mental health problems and their determinants among school-going adolescent girls in Gujarat, India. J Fam Med Prim Care. 2020; 9:264. doi:10.4103/jfmpc.jfmpc_732_19.
4. World Health Organisation. Depression. WHO. https://www.who.int/news-room/fact-sheets/detail/depression. Accessed 4 Jul 2020.
5. Ahmad A, Khalique N, Khan Z, Amir A. Prevalence of psychosocial problems among school going male adolescents. Indian J Community Med. 2007;32:219. doi:10.4103/0970-0218.36836.
6. World Health Organisation. WHO | Depression and Other Common Mental Disorders. WHO. 2017. http://www.who.int/mental_health/management/depression/prevalence_global_health_estimates/en/. Accessed 4 Jul 2020.
7. Al-Kaabi N, Abdel Aziz Selim N, Singh R, Almudahka H, Salem M. Prevalence and Determinants of Depression among Qatari Adolescents in Secondary Schools. 2017.
8. World Health Organisation. DEPRESSION: A Global Crisis. 2012. https://www.who.int/mental_health/management/depression/wfmh_paper_depression_wmhd_2012.pdf?Ua=1. Accessed 4 Jul 2020.
9. Goel N, Aggarwal R, Choudhary P, Jain RB. Prevalence of Depression among School Going Adolescents in Rural Block of Haryana. Ann Heal Heal Sci. 2017;4:86.
10. Jayanthi A, Thirunavukarasu M. Prevalence of depression among school going adolescents in south India | Request PDF. Int J Pharm Clin Res. 2015;7:61–3. https://www.researchgate.net/publication/281996717_Prevalence_of_depression_among

_school_going_adolescents_in_south_India. Accessed 4 Jul 2020.
11. Bhandari M. Anxiety and depression among adolescent students at higher secondary school. BIBECHANA. 2016;14:103–9.
12. Rama SL, Seema P, Surbhi M, Priyanka N, Naman S, Pal DK, et al. Prevalence of depression amongst higher secondary school adolescents in Bhopal Madhya Pradesh. Natl J Community Med. 2016;7:856–8. http://www.njcmindia.org/home/abstrct/951/November%0Ahttp://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=cagh&AN=20173128975%0Ahttp://oxfordsfx.hosted.exlibrisgroup.com/oxford?sid=OVID:caghdb&id=pmid:&id=doi:&issn=0976-3325&isbn=&volume=7.
13. Fallahi M, Masjedi K. Prevalence Depression among Adolescents in North of Iran. 2018.
14. Jha KK, Singh SK, Nirala SK, Kumar C, Kumar P, Aggrawal N. Prevalence of depression among school-going adolescents in an Urban Area of Bihar, India. Indian J Psychol Med. 2017;39:287–92. doi:10.4103/0253-7176.207326.

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