

RELATIONSHIP BETWEEN SOCIO-DEMOGRAPHIC FACTORS AND DEPRESSION AMONG SCHOOL GOING ADOLESCENTS OF MANIPUR

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Abstract: The aim of the present study was to find out the relationship between socio-demographic factors and depression among school going adolescents of Manipur. **Objectives:** To study the relationship between socio-demographic characteristics and depression of the study samples. **Results:** Socio demographic factors such as, educational qualification (p-value = 0.735), place of residence (p-value = 0.557), types of family (p-value = 0.586), family monthly income (p-value = 0.056), and religion (p-value = 0.609) were found to insignificant relationship between depression whereas other factors stream of subject (p-value = 0.028), habits of using drugs (p-value = 0.002) and history of substance related disorder in the family (p-value = 0.000) were found to have significant relationship with respect to depression indicating that adolescents who opted science were more prone to have depression than arts students. **Conclusion:** The present study attempted to find out the relationship between socio-demographic factors and depression among school going adolescents. The Socio demographic factors such as educational qualification, religion, place of residence, types of family, and family monthly income were found to have no relationship with respect to level of depression. Whereas, factors such as stream of subject, habits of using Drugs and history of substance related disorder in the family were found to have relevant association with respect to depression. The finding suggested that science students were more depressed than the arts students. Adolescent having habits of using drugs were more depressed then those adolescents who did not expose to any drug use.

Index terms: Depression, School going Adolescents, Socio-demographic factors

INTRODUCTION

It is a disorder that is defined by certain emotional, behavioral and thought patterns. Petersen and colleagues (Petersen, A.C., et al, 1993) defined adolescent depression at three levels: (1) depressed mood, (2) depressive syndrome, and (3) clinical depression. Depressed mood is sadness at various times in response to an unhappy situation. Depressive syndrome is experiencing anxiety with other symptoms such as feeling sad, lonely, unloved and worthless. Clinical depression is manifestation of five or more depressive symptoms lasting continuously for two weeks and impairing current functioning. Depression is under recognized among adolescents because depressive symptoms are considered a familiar part of adolescent experience (Steinberg, L.D., 2008). Depressed mood that is stable across at least 3 years of adolescence is indicative of adult depression and other psychological difficulties (Devine, D., et al, 1994). Studies conducted using community and school samples of adolescents have shown depression as the most common psychiatric disorder among adolescents (Lewinsohn, P.M., et al, 1993 and Reynolds, W.M., 1992) and have shown varying estimates due to differences in methods, and criteria used to diagnose depression. Studies in the last decade have shown the rates of depression in adolescents to range from 8% to above 20% (Steinhausen, H.C., et al, 2000 and Gorenstien, C., et al) and associated with suicide, other psychiatric co-morbidity, academic failure, poor peer relationships, substance abuse and severe depression during adulthood.

Psychiatric morbidity among school samples of adolescents was found in about 29% of girls and 23% of boys with depression being the most common disorder. In another study 10, 15% of school adolescents screened with Beck Depression Inventory (BDI) scored for depression. A study that specifically assessed depression reported a prevalence of 3% in 13-19 year old school going adolescents (Chakraborty, N., et al, 2001 and Nair, M.K., et al, 2004). Moreover, depression during adolescence is associated often with suicide; a phenomenon that is also on the rise among adolescents in India in recent times (Sanjeev, L., et al, 2004 and Aaron, R., et al, 2004).

OBJECTIVES

- 1) To study the relationship between socio-demographic characteristics and depression of the study samples

METHODOLOGY

Descriptive research design was adopted in the present study and had employed a quantitative research approach. The study design provided information about the presence and strength of associations between variables. The primary data was collected from the participants through self-administered questionnaire.

Inclusion Criteria

- Age – 16 -19 years
- Gender – Both male and female
- Adolescents who are willing to participate and able to give assent

Exclusion Criteria: History of head injury, Mentally Retarded, person who were bed- ridden or Severe Mental problem.

Sampling Procedure

Stratified random sampling technique was adopted in the present study. The entire schools in Imphal West District were divided into two strata i.e. Government and Private Higher Secondary Schools. In Imphal West Districts, there are 10 Government Higher Secondary School and 42 Private Higher Secondary Schools. From each stratum, 5 schools were selected randomly. Secondly, a list of schools in each stratum were prepared (sampling frame) and select 153 students from each stratum through simple random sampling technique. Finally, it comes 306 students, the required sample size. The classification was given below.

Sl. No.	Type of School	No. of School Selected	No. of Student selected
1	Government	5	153
2	Private	5	153
Total		10	306

Tools Used

1. **Semi Structured Performa:** Semi-structured performa was used to obtain the socio-demographic characteristics of the study samples. Respondents were asked to provide details such as name, age, gender, religion, marital status, type of family, place of residence, educational qualification, occupation, monthly income, habits of using drugs, etc.
2. **Beck Depressive Inventory (Beck, et al, 1961):** The Beck Depression Inventory (BDI) is a 21-item, self-report rating inventory that measures characteristic attitudes and symptoms of depression. Internal consistency for the BDI ranges from 0.73 to 0.92 with a mean of 0.86. The BDI demonstrates high internal consistency, with alpha coefficients of 0.86 and 0.81 for psychiatric and non-psychiatric populations respectively.

Procedures

For the present study required permission was taken from the concerned authority and the research programme was explained thoroughly that the research was taken up mainly to identify the relationship between socio-demographic factors and depression among school going adolescents. Efforts were made to approach all the adolescents who had fulfilled the inclusion criteria. Maintaining confidentiality was explained to each potential participant. All the participants were asked to sign the assent form if they agree to participate in the study. Once the assent form was obtained, the interview was proceeding in a private location at the school premises. Then, Semi structure Performa for collecting socio-demographic data and Beck Depressive Inventory for identifying level of depression was administered.

RESULTS AND DISCUSSION

Socio demographic factors such as, educational qualification, place of residence, types of family, family monthly income, religion, stream of subject, habits of using drugs and history of substance related disorder in the family were analysed in this section.

Table No.1
Mean and S.D. of Depression with Educational Qualification

Educational Qualification	Mean	S.D.	f-value	p-value	Remark
11th standard	11.49	10.18	0.115	0.735	Insignificant
12th standard	11.88	9.10			
Total	11.63	9.77			

Table No.1: This table showed the mean score of depression over the two categories of educational qualification. The mean score of 12th standards was 11.88 and that of 11th standard was 11.49. However, when applied ANOVA test revealed no significant relationship between depression and education qualification as manifest by p-value = 0.735.

Table No.2
Mean and S.D. of Depression with Place of Residence

Place of Residence	Mean	S.D.	f-value	p-value	Remark
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Rural	11.97	9.92	0.345	0.557	Insignificant
Urban	11.31	9.64			
Total	11.63	9.77			

Table No. 2: It was observed from the table that the mean score of depression over the two categories of place of residence i.e. Rural (mean score = 11.97) and urban (mean score = 11.31) were almost equal and the ANOVA test revealed no significant relationship between depression and place of residence (p-value = 0.557). This finding was supported by a study conducted on the prevalence of depression among secondary school children in Selangor, indicated that no significant depressive symptoms between rural and urban school children (Ramli, M., et al, 2008).

Table No.3
Mean and S.D. of Depression with Type of Family

Type of Family	Mean	S.D.	f-value	p-value	Remark
Joint Family	11.90	9.76	0.298	0.586	Insignificant
Nuclear Family	11.29	9.81			
Total	11.63	9.77			

Table No.3: School going adolescents belonging to joint family (mean = 17.40) were having more mean score of depression (mean = 11.90) than the adolescents belonging to nuclear family (mean = 11.29) however, statistical analysis revealed no significant relationship between depression and type of family as manifest by p-value = 0.586. However, a contradictory study done by Nagendra, K., et al, 2012 summarized that students from joint family were less depressed compared to those from nuclear family.

Table No.4
Mean and S.D. of Depression with Family Monthly income

Family Monthly income	Mean	S.D.	f-value	p-value	Remark
Up to Rs. 10000	12.86	10.81	2.901	0.056	Insignificant
Rs.10001 - 25000	11.73	9.68			
25001 and Above	9.63	7.73			
Total	11.63	9.77			

Table No.4: The highest mean score of depression over the three categories of monthly income belongs to income group up to Rs. 10,000 with a mean score of 12.86 followed by income group of Rs. 10,001 – 25,000 with a mean score of 11.73 and a least by Rs. 25,001 and above with a mean score of 9.63. However when applied ANOVA test there was no significant relationship found between depression and family monthly income (p-value =0.056). This finding was contradicted to a study conducted by Ramli, M., et al, 2008 indicated that those from lower socio-economic groups had higher depressive symptoms than the other middle and higher income groups.

Table No.5
Mean and S.D. of Depression with Religion

Religion	Mean	S.D.	f-value	p-value	Remark
Hindu	12.06	10.037	0.609	0.609	Insignificant
Christian	9.80	8.309			
Muslim	11.29	10.076			
Meitei	11.86	9.678			
Total	11.63	9.777			

Table No.5: The highest mean score of depression among the four different categories of religion belongs to Hindu with a mean score of 12.06 followed by Meitei with a mean score of 11.86, next with Muslim with a mean score of 11.29 and a least by Christian with a mean score of 9.80. However, when applied ANOVA test, revealed no significant relationship between the religion and depression as evident by p-value = 0.609.

Table No.6
Mean and S.D. of Depression with Stream of Subject

Stream of Subject	Mean	S.D.	f-value	p-value	Remark
Science	12.56	10.23	4.873	0.028	Significant
Arts	10.01	8.71			
Total	11.63	9.77			

Table No.6: It was perceived from the table that the mean score of depression over the two categories of stream of subject were varied. The mean score of science and arts were 12.56 and 10.01, respectively. When statistically applied ANOVA test the variation revealed significant relationship between depression and stream of subject as manifest by p-value = 0.028. This finding

suggested that school going adolescents who select science as their stream of subject had more depressive symptoms than the adolescents who select arts as their stream of subject. But in case of a study conducted by Vandana, S., 2014 concluded that arts student were more depressed as compared to science and commerce students and which was contradicted to the present findings.

Table No.7
Mean and S.D. of Depression with Habits of Using Drugs

Habits of Using Drugs	Mean	S.D.	f-value	p-value	Remark
Yes	17.04	12.18	9.676	0.002**	Significant
No	11.09	9.35			
Total	11.63	9.77			

Table No.7: It was witnessed from this table that the mean score of depression over the two categories of habits of using drugs were varied. School going adolescents who exposed to drug use (mean = 17.04) were having higher mean value than the adolescents who did not expose to drug use (mean = 11.09). ANOVA test revealed significant relationship between depression and habits of using drugs (p-value = 0.002). This finding revealed that school going adolescents who were having habits of using drugs were more depressed than those adolescents who did not exposed to drug use. Students who took alcohol had significantly higher levels of depression than their peers Ramli, M. et al, 2008. Another study by Jose, P.E., et al, 2011 also revealed that high score in depression among adolescents were associated with the consumption of tobacco and alcohol. A contradictory study by Leonie, C., et al, 2006 concluded that depressive states and substance use in adolescents can vary considerably overtime, and were closely but rather synchronically related.

Table No.8
Mean and S.D. of Depression with History of Substance Related Disorder in the Family

History of Substance Related Disorder in the Family	Mean	S.D.	f-value	p-value	Remark
Yes	15.88	12.61	22.604	0.000**	Significant
No	10.08	7.99			
Total	11.63	9.77			

Table No. 8: The mean score of depression of adolescent having and not having history of substance related disorder in the family were 15.88 and 10.08, respectively. When analyzed ANOVA test the variation showed significant relationship between depression and the history of substance related disorder in the family as manifest by p-value = 0.000. This finding suggested that adolescents whose family members exposed to drug use were more prone to develop depressive symptoms than those adolescents whose family members did not expose to any substance related disorder. A study conducted by Ali, D., et al 2011, concluded that there is no relationship between family members exposed to drug use and the level of depression and which was contradicted to the present study.

CONCLUSION

The present study helps in better understanding of the relationship between socio-demographic factors and depression among school going adolescents of Manipur. The Socio demographic factors such as educational qualification, religion, place of residence, types of family, and family monthly income were found to have no relationship with respect to level of depression. Whereas, factors such as stream of subject, habits of using Drugs and history of substance related disorder in the family were found to have relevant association with respect to depression. The finding suggested that science students were more depressed than the arts students. Adolescent having habits of using drugs were more depressed than those adolescents who did not expose to drug use and as well as adolescents whose family members exposed to drug use were more prone to develop depressive symptoms than those adolescents whose family members did not expose to any types of drug use.

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