Incidence of Depression Among Sixth Class of Secondary School Students

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ABSTRACT

To identify level of depression for sixth class of secondary school. To identify the effect of depression learning status. To determine the reason that lead to depression. A cross sectional study was conducted from 11th December, 2014 up to 10th march, 2015 in order to study incidence of depression among sixth class of secondary school students in al-najaf city. The study was carried out in the secondary schools (Khaurnq, Sidrat Almuntaha, Kufa, Najaf, Muslim Ibn Aqil, Sheikh al mufeed , aminh al sadeer, al ameer, Lathiqia) at AL-Najaf city. a questionnaire format was designed and constructed by researchers to achieve objective the study . the questionnaire format consisted of two parts the part 1 socio demographic characters sheet consist of 4 items which include age ,gander ,parents occupation ,parents education level, residence. Part 2 include 10 items related to depression, not at all 1, several day 2 ,more than half the 3, nearly every day 4. A randomized sample of 150 students were collected from 10 secondary schools with range 15 students from each school. The present study found that the depression scale of more than half the days were increased and highest within the secondary sixth class students at age <= 18 years while the lowest depression scale more than half the days highly significant differences. The depression scale within the males sample was higher than females with high significant. The study shows there was no significant difference of depression scale within other socio-demographic characteristic. The study should be conducted on large population within more duration time of interviewing to have the best and accurate results. Using a health education program within the questionnaire format during student's interview

Keywords: Incidence of, Depression, Among, Sixth Class, Secondary, School Students

INTRODUCTION

Depression is a common mental disorder, characterized by sadness ,loss of interest or pleasure feelings of guilt or low self-worth ,disturbed sleep or appetite , feelings of tiredness and poor concentration [1].Depression is the most common disorders among mental illnesses [2]. According to a WHO publication in 2012, 350 million people suffer from depression worldwide. Depression leads to the highest total number of years lost due to disability (YLD[3]. In low-and-middle-income countries, an estimated 43.2 millions of years (YLD) are lost due to disability because of depression, contributing to 9.1% of total YLD. The adolescent age group is at the highest risk for developing depression[4]. It is estimated that in this age range, 20% have some type of psychological disorder10 and the most common disorder is depression [5]. In the United States, the prevalence rate of depressive disorders among 13-18 years old is 5.9% for girls and 4.6% for boys [6]. At any given time, it is estimated that worldwide one-out-of-13 adolescents has major depression [7]. Close to an estimated 7% of adolescents with depression attempt suicide 8.With the advent of puberty, the prevalence rate of major depressive disorders increases. The proposed reason for this is that adolescence is an important developmental time period accompanied with rapid biological and social change [9].

Important of study:

Depression is a major cause of morbidity worldwide lifetime prevalence varies widely, from 3% in Japan to 17% in the US. In most countries the number of people who would suffer from depression during their lives falls within an 8_12% range. In North America the probability of having a major depressive episode within any year-long period is 3_5% for males and 8_10 % for females [10].

Adolescent girls appear to have more risk factors for depression than boys, such as an earlier onset of puberty, introspective styles of problem-solving, concerns about body image, higher risk of sexual abuse, and pressure to conform to a more limited range of social roles, about 1% to 2% of pre-pubertal children and about 5% of adolescents suffer from clinically significant depression at any one time [11].

Statement of problem:

Incidence Of Depression Among Sixth Class Of Secondary School Students In AL-Najaf city.

The study aims :

1- To identify level of depression for sixth class of secondary school.

2- To identify the effect of depression learning status.

3- To determine the reason that lead to depression**.**

Methodology:

A cross sectional study was conducted from 11th December, 2014 up to 10th march, 2015 in order to study incidence of depression among sixth class of secondary school students in al-najaf governorate.

Setting of the study:

The study was carried out in the secondary schools Khaurnq, Sidrat Almuntaha, Kufa, Najaf, Muslim Ibn Aqil, Sheikh al mufeed , aminh al sadeer, al ameer, Lathiqia at AL-Najaf governorate.

The sample of the study: A randomized sample of 150 students were collected from 10 secondary schools with range 15 students from each school.

RESULTS AND DISCUSSION

Table 1: Observed Frequencies and Percentages for Demographical Characteristics.

Category		Frequency	Percentage %
Age Groups	<= 18	96	64.0
	19 – 20	47	31.3
	21 Up	7	4.7
Residence	Rural	21	14.0
	Urban	129	86.0
Educational Level of Mother	Unable to read and write	25	16.7
	Able to read and write	30	20.0
	Primary School graduate	30	20.0
	Intermediate School graduate	26	17.3
	Secondary School graduate	15	10.0
	Institution and College graduate	24	16.0
Educational Level of Father	Unable to read and write	8	5.3
	Able to read and write	17	11.3
	Primary School graduate	18	12.0
	Intermediate School graduate	30	20.0
	Secondary School graduate	32	21.3
	Institution and College graduate	45	30.0
Occupational status of Mother	Employee	26	17.3
	Un employee	121	80.7
	Housewife	3	2.0
Occupational status of Father	Employee	100	66.7
	Un employee	6	4.0
	Retired	44	29.3
No. of student in the class	<= 20	5	3.3
	21 – 28	13	8.7
	29 – 37	90	60.0
	38 Up	42	28.0
Average of Monthly income	Sufficient	55	36.7
	Sufficient to some extent	68	45.3

	Insufficient	27	18.0
Dose the student repeated the stage	Yes	59	39.3
	No	91	60.7
Gender	Male	94	62.7%
	Female	56	37.3%
Total		150	100%

This table shows that the vast majority of the study sample [64%] with age equal /less than [18] years , about [62.7%] were males and the remaining were females, [60.7%] of them were not repeated the stage, and [66.7%] of their fathers were employed.

Table 2: Distribution of depression scale among the study students (150).

Age Group		Depression Scale				Total	Sig.
		Not at all	Several days	More than half the days	Nearly every day		
<= 18	No.	0	15	60	21	96	X^2=30.703
	%	0.0%	62.5%	71.4%	51.2%	64.0%	C.C=0.412
19 - 20	No.	0	6	22	19	47	P-
	%	0.0%	25.0%	26.2%	46.3%	31.3%	value=0.000
21 Up	No.	1	3	2	1	7	High Sig.
	%	100.0%	12.5%	2.4%	2.4%	4.7%	
Total	No.	1	24	84	41	150	
		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

This table reveals there was relationship between age group and depression ,

P-value=0.000 , C.C=0.412 , X^2=30.703

Table 3: Distribution of depression scale among the study students (150).

gender		Depression Scale				Total	Sig.
		Not at all	Several days	More than half the days	Nearly every day		
Males	No.	1	8	51	34	94	X^2=16.753
	%	100.0%	33.3%	60.7%	82.9%	62.7%	C.C=0.317
Females	No.	0	16	33	7	56	P-value=0.001
	%	0.0%	66.7%	39.3%	17.1%	37.3%	High Sig.
Total	No.	1	24	84	41	150	
		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

This table reveals there was relationship between gender and depression,

P-value=0.001, C.C=0.317, X^2=16.753

Table 4: **Distribution of depression scale among the study students (150).**

Residence		Depression Scale				Total	Sig.
		Not at all	Several days	More than half the days	Nearly every day		
Urban	No.	1	17	75	36	129	X^2=6.512
	%	100.0%	70.8%	89.3%	87.8%	86.0%	C.C=0.190
Rural	No.	0	7	9	5	21	P-value=0.132
	%	0.0%	29.2%	10.7%	12.2%	14.0%	Not Sig.
Total	No.	1	24	84	41	150	
		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

This table depicts that no relationship between residence and depression,

P-value=0.132 , C.C=0.19,0 , X^2=6.512

Table 5:Distribution of depression scale among the study students (150).

Dose the student repeated the stage		Depression Scale				Total	Sig.
		Not at all	Several days	More than half the days	Nearly every day		
Yes	No.	1	12	26	20	59	X^2=6.693
	%	100.0%	50.0%	31.0%	48.8%	39.3%	C.C=0.207
No	No.	0	12	58	21	91	P-value=0.082
	%	0.0%	50.0%	69.0%	51.2%	60.7%	Not Sig.
Total	No.	1	24	84	41	150	
		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

This table depicts that no relationship between the student repeated the stage and depression, **P-value=0.082 , C.C=0.207 , X^2=6.693.**

Table 6:Distribution of student number in the class within the depression scale :

No. of student in the class		Depression Scale				Total	Sig.
		Not at all	Several days	More than half the days	Nearly every day		
<=20	No.	0	0	2	3	5	X^2=8.11
	%	0.0%	0.0%	2.4%	7.3%	3.3%	C.C=0.226
21 - 28	No.	0	1	7	5	13	P-value=0.523
	%	0.0%	4.2%	8.3%	12.2%	8.7%	Not Sig.
29 - 37	No.	0	17	49	24	90	
	%	0.0%	70.8%	58.3%	58.5%	60.0%	
38 Up	No.	1	6	26	9	42	
	%	100.0%	25.0%	31.0%	22.0%	28.0%	
Total	No.	1	24	84	41	150	
		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

This table depicts that no relationship between No. of student in the class and depression.

P-value=0.523 , C.C=0.226 , X^2=8.11

Throughout the course of the present study, as shown in table[1] which refers to statistically distribution of the observed the frequencies, percentages of some related demographical characteristics variables for all the studied sample, our results agree with another study conducted by (12). who found that [91.3%] aged equal/less [18] years, [58.5%] were male, and [74.1%] of their fathers were employed. Association of depression with age group: Our study results as shown in table[2] agrees with another study carried by [13]. showed that depression was significantly associated with age .Association of depression with gender: Our study results as shown in table[3] agrees with another study done by [14.]Association of depression with repeating the stage: Our study results as shown in table[5] disagrees with a study carried by [15].

CONCLUSION

According to the present study findings, the researcher can make the following conclusions:

1-The present study found that the depression scale of more than half the days were increased and highest within the secondary sixth class students at age $<= 18$ years while the lowest depression scale more than half the days highly significant differences.

2- The depression scale within the males sample was higher than females with high significant.

3-The study shows there was no significant difference of depression scale within other socio-demographic characteristics.

RECOMMENDATIONS:

The researcher recommendation to:

1-The study should be conducted on large population within more duration time of interviewing to have the best and accurate results.

2-Using a health education program within the questionnaire format during student's interview.

REFERENCES:

1. Bradley ,K.L., McGrath, P.J., Brannen, C.L., & Bagnell, A.L. (2010) Adolescents' attitudes and opinions about depression treatment. Community mental health Jouernal, 46(3).242-251.

2. Patel V. Is depression a disease of poverty? Regional Health Forum WHO.

3. MacPhee AR, Andrews JJ. Risk factors for depression in early adolescence. Adolescence. Fall 2006;41(163):435-466.

4. Lopez AD, Mathers CD, Ezzati M, Jamison DT, Murray CJL. Measuring the Global Burden of Disease and Risk Factors, 1990-2001. 2006

5. Thapar A, Collishaw S, Pine DS, Thapar AK. Depression in adolescence. Lancet. Mar 17 2012;379(9820):1056-1067

6. Richardson LP, Katzenellenbogen R. Childhood and adolescent depression: the role of primary care providers in diagnosis and treatment. Curr Probl Pediatr Adolesc Health Care. Jan 2005;35(1):6-24.

7. Ralph E. Depression in Children and Adolescents: Ensuring a healthy start. Promoting a bright future. 2004

8. MacPhee AR, Andrews JJ. Risk factors for depression in early adolescence. Adolescence. Fall 2006;41(163):435-466.

9. Rao U, Hammen CL, Poland RE. Risk markers for depression in adolescents: sleep and HPA measures. Neuropsychopharmacology. Jul 2009;34(8):1936-1945.

10. Kessler, R.C., Avenevoli, S.,& Merikangas, K.R. (2001). Mood disorders in children and adolescents: An epidemiological perspective. Biological Psychiatry,49(12) 1002-1014

11. Costello EJ, Erkanli, A., & Angold, A. Is there an epidemic of child or adolescent depression? Journal of Child Psychology and Psychiatry, and Allied Disciplines. 2006;47(12):1263-1271.

12. LI Khasakhala, DM Ndetei, V Mutiso, AW Mbwayo, M Mathai; The prevalence of depressive symptoms among adolescents in Nairobi public secondary schools: association with perceived maladaptive parental behavior, 2012, p:108.

13. Rani Mohanraj , Karunanidhi Subbaiah; Prevalence of depressive symptoms among urban adolescents in South India, 2010, p:39

14. Armine Vardanyan, MPharm, MPH Candidate; Risk factors and prevalence of adolescent depression in Yerevan, Armenia , 2013, p:15-16.

15. Said Bodur, Hasan Kücükkendirci; Prevalence of Depressive Symptoms in Turkish Adolescents, 2009, p:204.