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A Descriptive Study to Assess the Level of Depression and Coping Strategies among Adolescence in Selected College

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Abstract: ***Depression is one of the most common psychiatric disorder. Everyone feels sad in one or other time in his/her life. Depression is a broad and heterogeneous diagnosis. Central to it is depressed mood and/or loss of pleasure in most activities. A chronic physical health problem like cancer can cause and exacerbate depression. Pain, functional impairment and disability associated with cancer can greatly increase the risk of depression. This will adversely affect outcome of cancer treatment including shortening of life expectancy. When a person has both depression and a chronic disease like cancer, functional impairment is likely to be greater than if a person has depression or cancer alone".[1] Depressive Disorder is characterized by depressed mood or loss of interest or pleasure in usual activities. Evidence will show impaired social and occupational functioning that has existed for at least two weeks. [2] The secretary-general of World Association of social psychiatry has declared India having the highest rate of major depression i.e. about 10 million depressed people.[3] A study was conducted based on interviews with nearly 90,000 subjects across 18 countries with different income levels found that the average life time rates of depression were found to be 14.6 percent in 10 high-income countries, and 11.1 percent in eight low and middle-income countries".[4] A study titled "A descriptive study to assess the level of depression and coping strategies among adolescence in selected college." Has been carried out as a partial fulfilment required for being awarded the degree of the Master of science in Nursing under the Maharashtra University of Health sciences, Nashik Maharashtra.***

Keywords: Depression, coping strategies, adolescence, college

1. Background of the Study

An estimated 3.8% of the world's population suffers from depression, with 5.0 % of adults and 5.7% of individuals over 60 years of age being affected. Almost 280 million individuals worldwide suffer from depression. Depression is distinct from common mood swings and fleeting emotional reactions to problems in daily life. Depression may develop into a significant medical illness, especially if it is recurrent and of moderate to severe degree. The affected person may experience severe suffering and perform poorly at job, in school, and in the family. Suicide can result from depression at its worst. Every year, around 700,000 people die by suicide. For people aged 15 to 29, suicide is the fourth most common cause of death. [5]

Globally, it is estimated that 1 in 7 (14%) 10–19 year-olds experience mental health conditions *(1)*, yet these remain largely unrecognized and untreated.

Adolescents with mental health conditions are particularly vulnerable to social exclusion, discrimination, stigma (affecting readiness to seek help), educational difficulties, risk-taking behaviours, physical ill-health and human rights violations. [6]

2. Introduction

Depressive Disorder is characterized by depressed mood or loss of interest or pleasure in usual activities. Evidence will show impaired social and occupational functioning that has existed for at least two weeks. [2]

The secretary-general of World Association of social psychiatry has declared India having the highest rate of major depression i.e. about 10 million depressed people. [3]

A study was conducted based on interviews with nearly 90,000 subjects across 18 countries with different income levels found that the average life time rates of depression were found to be 14.6 percent in 10 high-income countries, and 11.1 percent in eight low and middle-income countries".[4]

A major depressive disorder, sometimes known as depression, is a serious medical condition that frequently affects people's feelings, thoughts, and behaviours. Thankfully, it is also curable. Sadness and/or a loss of interest in previous hobbies are symptoms of depression. It can impair your ability to perform at work and at home and cause a number of mental and physical issues. [7]

In any given year, depression is thought to afflict one in 15 adults (6.7%). In addition, 16.6% of the population will experience depression at some point in their lives. Although it can strike at any moment, depression typically first manifests itself in late adolescence to mid-life. Depression is more common in women than in males. According to some research, one-third of women will go through a significant depressive episode at some point in their lives. When first-degree relatives (parents, children, or siblings) also have depression, there is a significant degree of heritability (about 40%).[8]

Objectives:

Primary Objectives

- To assess the level of depression among adolescents in selected college.
- To assess the coping strategies among adolescents in selected college.

Secondary Objectives

- To associate the depression among adolescents in selected college and their demographic variables.
- To associate the coping strategy among adolescents in selected college demographic variables.
- To correlated the level of depression and coping strategies among adolescents in selected college.

3. Materials and Method

The study was undertaken to assess the level of depression and coping strategies among adolescents in selected college. This study was based on the quantitative research approach. The study subject was adolescents in selected college. Which consist of 130 subject selected by Non-probability convenient sampling technique.

The tools used for data collection was Beck Depression Inventory Scale (BDIS) and Modified brief coping scale. A descriptive research design was administered by using Beck Depression Inventory Scale (BDIS) and Modified brief coping scale. The conceptual framework was modified by Von Bertalnffy General System Model. The data was obtained to describe the sample characteristics including age, gender, types of family, religion, occupation of parents, monthly income of parents & Source of knowledge.

The content validity of the tool was done by 11 experts. Reliability was established by. The reliability SPSS by using Parallel form method of reliability, it is found to be r=0.79 and hence beck depression inventory scale and modified brief coping scale are reliable and valid. On the basis of objective and hypothesis data were analysed by using various statistical tests such as frequency, percentage, mean, standard deviation, and chi square test used for association of level of depression and chi square test was used for association of coping strategies . The level of Significance set for testing the hypothesis was at $p<0.05$. A Beck Depression Inventory Scale (BDIS) and modified brief coping scale had been used to evaluate the level of depression and coping strategies among adolescents. There are 21 items in Beck Depression Inventory Scale (BDIS) and 27 items in Modified brief coping scale. A blue print was prepared.

Pilot study was conducted on subject by structured questionnaire in selected college. The investigator selected 13 samples by using non-probability convenient sampling technique. The investigator conducted the pre-test to assess the level of depression and coping strategies among adolescents in selected college.

After the pilot study, main study was conducted in similar setting but different college. Descriptive research design was used to evaluate the level of depression and coping strategies. 130 subjects were selected for the study by using Non-probability convenient sampling technique. In this study the data were gathered by using Beck Depression Inventory Scale (BDIS) and Modified brief coping scale. The data were analysed by using descriptive and inferential statistics on the basis of objectives and hypothesis of the study. The investigator introduced himself and obtained consent form from the subject in selected college.

Chi Square test and correlation coefficient was used for data analysis and presented in the form of graphs, tables and diagrams.

4. Data Analysis and Interpretation

Organization of the Findings

The analysis and interpretation of the observation are given in the following

- **Section A:** Data on demographic variables among adolescents in selected college.
- **Section B:** Assessment of level of depression and coping strategies among adolescents in selected college.
- **Section C:** Association of level of depression and coping strategies among adolescents in selected college with their selected demographic variables.
- **Section D:** Association of coping strategies among adolescents in selected college with their demographic variables.
- **Section E:** Correlation between level of depression and coping strategies among adolescents in selected college.

Statistical Analysis

SECTION A

Distribution of Adolescents in Relation to Their Demographic Variables

This section deals with distribution of subjects in selected college with regards to their demographic variables. A convenient sample of 130 subjects was drawn from the study population, who were in selected college.

Table 1: Distribution of subjects in relation to their demographic characteristics, n=130

Demographic Variables	Frequency (n)	Percentage (%)
1) Age(years)		
a) 14-16 years	0	0
b) 16-18 years	46	35.4
c) >18 years	84	64.6
2) Gender		
a) Male	25	19.2
b) Female	105	80.8
c) Transgender	0	0
3) Type of family		
a) Joint	56	43.1
b) Nuclear	37	28.5
c) Separated	37	28.5
d) Extended	0	0
4) Religion		
a) Buddhist	7	5.4
b) Hindu	91	70.0
c) Muslim	17	13.1
d) Christian	15	11.5
e) Other	0	0
5) Occupation of parents		

a) Private Job	24	18.5
b) Govt Job	17	13.1
c) Self Employed	42	32.3
d) Homemaker	4	3.1
e) Other	43	33.1
6) Monthly family income (Rs)		
a) 5000-10000 Rs	54	41.5
b) 10001-15000 Rs	8	6.2
c) 15001-20000 Rs	26	20.0
d) ≥20001 Rs	42	32.3
7) Knowledge regarding depression and coping strategies		
a) Yes	92	70.8
b) No	38	29.2
8) Source of knowledge regarding depression and coping strategies		
a) Newspaper	2	2.2
b) Magazine	1	1.1
c) College Teachers	8	8.7
d) Social media and internet	64	69.6
e) Other	17	18.5

Table No. 1 shows the percentage-wise distribution of subjects with regard to their demographic characteristics. A convenient sample of 130 subjects was drawn rom the study population, who were from the selected college. The data was obtain to describe the sample characteristics including age, gender, type of family, religion, occupation of parents, monthly income of family, knowledge and source of knowledge regarding depression and coping strategies.

Section B

Assessment of Level of Depression and Coping Strategies among Adolescents in Selected College

This section deals with the assessment of level of depression and coping strategies among subjects in selected college. The level of depression is divided under following heading of these ups and down considered as normal, mild mood disturbance, borderline clinical depression, moderate, severe and extreme depression respectively

Table 2: Frequency and percentage wise distribution of level of depression among adolescents, n= 130

Level of depression score	Score Range	Level of Depression	
		Frequency (n)	Percentage (%)
These ups and down considered as normal	1-10	41	31.54
Mild mood disturbance	11-16	25	19.23
Borderline clinical depression	17-20	14	10.77
Moderate Depression	21-30	30	23.08
Severe Depression	31-40	16	12.31
Extreme Depression	>40	4	3.08
Minimum score		0	
Maximum score		42	
Mean depression score & SD		17.72 ± 11.37	
Mean % depression Score & SD		28.13 ± 18.06	

The above table no. 2 shows that 31.54% of subjects from selected college had normal depression, 19.23% had mild mood disturbance, 10.77% had borderline clinical depression, 23.08% had moderate depression and 12.31% of subjects had severe depression.

Table 3: Frequency and percentage distribution of coping strategies among adolescents, n= 130

	N	Minimum	Maximum	Mean	Std. Deviation	Median
Overall Coping Strategy Score	130	30	88	62.43	13.25	65
Problem Focused	130	9	28	19.18	4.67	19
Emotional Focused	130	16	40	26.64	5.08	27
Avoidant Coping	130	10	24	16.59	2.75	17

From the above table no. 3 overall mean coping strategy score was 62.43±13.25, median coping strategy score was 65 and range of coping strategy score was 30-88. Problem focused mean coping strategy score was 19.18±4.67, median coping strategy score was 19 and range of coping strategy score was 9-28. Emotional focused mean coping strategy score was 26.64±5.08, median coping strategy score was 27 and range of coping strategy score was 11-44. Avoidant coping mean coping strategy score was 16.59±2.75, median coping strategy score was 17 and range of coping strategy score was 10-24.

Section C

Association of Level of Depression among Adolescents in Selected College in Relation to Demographic Variables

This section has deals with association of level of depression among adolescents in selected college in relation to demographic variables as age in years, gender, type of family, religion, occupation of parents, monthly family income, knowledge and source of knowledge.

Hence it is interpreted that age in years, gender, type of family, monthly family income, knowledge and source of knowledge of subjects is statistically not associated with their knowledge. Religion and occupation of parents is statistically associated with their knowledge score.

Section D

Association of Coping Strategies among Adolescents in Selected College with Selected Demographic Variables

This section has deals with association of coping strategies among adolescents in selected college in relation to demographic variables as age in years, gender, type of family, religion, occupation of parents, monthly family income, knowledge and source of knowledge.

Hence it is interpreted that age in years, gender, type of family, monthly family income, occupation, knowledge and source of knowledge of subjects is statistically not associated with their knowledge. Religion is statistically associated with their knowledge score.

Section E

Correlation Between Level of Depression and Coping Strategy among Adolescents in Selected College.

Table 4: Correlation between level of depression and coping strategy among adolescents in selected college, n=130

Variable	Mean	SD	r- value	p-value
Depression Score	11.72	11.37	0.372	0.0001 S, p<0.05
Coping Strategy Score	62.43	13.25		

Data presented in the table no. 4 shows the correlation between the level of depression and coping strategy score among subjects in selected college. Correlation was found with the help of Pearson's Correlation Coefficient and students unpaired 't' test is applied at 5% level of significance. Significant positive correlation was found between depression score and coping strategy score (r=0.372, p=0.0001).

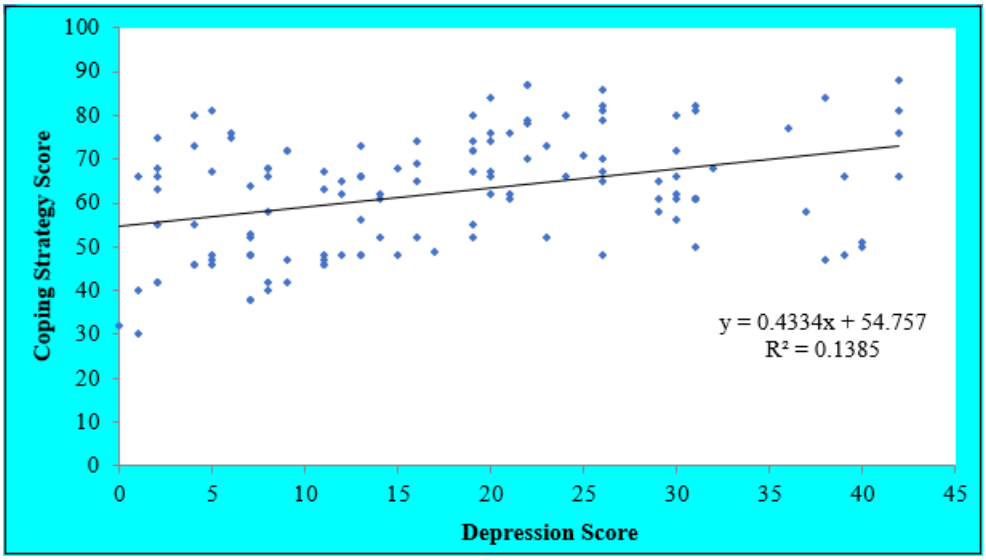

Figure 1: Correlation between level of depression and coping strategy among adolescents from selected college

The assessment of level of depression and coping strategies among adolescents in selected college shows that, 31.54% of adolescents from selected college had normal depression, 19.23% had mild mood disturbance, 10.77% had borderline clinical depression, 23.08% had moderate depression and 12.31% of adolescents had severe depression. Minimum depression score was 0 and maximum depression score was 42. Mean depression score was 17.72±11.37and mean percentage of depression score was 28.13 ± 18.06.

5. Discussion

Depression is one of the most common psychiatric disorders. Everyone feels sad in one or other time in his/her life. Depression is a broad and heterogeneous diagnosis. Central to it is depressed mood and/or loss of pleasure in most activities. A chronic physical health problem like cancer can cause and exacerbate depression. Pain, functional impairment and disability associated with cancer can greatly increase the risk of depression. This will adversely affect outcome of cancer treatment including shortening of life expectancy. When a person has both depression and a chronic disease like cancer, functional impairment is likely to be greater than if a person has depression or cancer alone.

Depressive Disorder is characterized by depressed mood or loss of interest or pleasure in usual activities. Evidence will show impaired social and occupational functioning that has existed for at least two weeks. The secretary-general of World Association of social psychiatry has declared India having the highest rate of major depression i.e. about 10 million depressed people.

A study titled **"A DESCRIPTIVE STUDY TO ASSESS THE LEVEL OF DEPRESSION AND COPING STRATEGIES AMONG ADOLESCENTS IN SELECTED COLLEGE."** has been carried out as a partial fulfilment required for being awarded the degree of the Master of Science in Nursing under Maharashtra University of Health Sciences, Nashik Maharashtra.

A Quantitative research approach with descriptive research design was used in this study. Study setting was selected college of Maharashtra. The population for the present study included adolescents' students from selected college. The investigator developed the conceptual framework based on Von Bertalanffy General System Model. The samples were adolescents' from selected college of Maharashtra.130 samples were selected using Non-probability convenient sampling technique. The tool was Beck Depression Inventory Scale **(BDIS)** &Modified Brief Coping Scale.

The findings of the pilot study were analyzed. The pilot study helped the investigator to improve the tool and it provide better insight and clarity regarding the different aspects of the study. To ensure content validity, all validated tools were

submitted to 10 experts from the field of Psychology and psychiatric nursing. The Beck Depression Inventory Scale (BDIS) and Modified brief coping scale was used to assess the level of depression and coping strategies among 13 adolescents in selected college.

After the pilot study main study was conducted in the similar setting but different college. The investigator obtained permission from the Principal of college to conduct the main study. The main study was started by choosing 130 subjects by using non probability convenient sampling technique in the selected college.

The assessment of level of depression and coping strategies among adolescents in selected college shows that, 31.54% of adolescents from selected college had normal depression, 19.23% had mild mood disturbance, 10.77% had borderline clinical depression, 23.08% had moderate depression and 12.31% of adolescents had severe depression. Minimum depression score was 0 and maximum depression score was 42. Mean depression score was 17.72±11.37and mean percentage of depression score was 28.13 ± 18.06.

Association of level of depression among adolescents in selected college in relation to demographic variables shows that age, gender, type of family, monthly family income, knowledge and source of knowledge regarding depression and coping strategies respectively is found statistically not associated with their knowledge score. Religion, occupation of parents, is statistically associated with their knowledge score.

Association of coping strategies among adolescents from selected college in relation to their age in years, Gender, occupation of parents, type of family, monthly family income, knowledge and source of knowledge regarding depression and coping strategies respectively is found statistically not associated with their knowledge score. Religion is statistically associated with their knowledge score.

The correlation between level of depression and coping strategy score among adolescents in selected college. Correlation was found with the help of Pearson's Correlation Coefficient and student's unpaired 't' test is applied at 5% level of significance. Significant positive correlation was found between depression score and coping strategy score (r=0.372, p=0.0001).

6. Conclusion

After the detailed analysis, this study leads to the following conclusion that, the status of level of depression and coping strategies is revealed, so they can conduct an educational programme and use different methods of education to improve their knowledge. It helps the investigators to develop appropriate health education tools for educating the health care workers regarding depression and coping strategies. This study emphasizes nurse to impact knowledge related to level of depression and coping strategies among the adolescents, it would help to create awareness about depression and coping strategies.

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