Social–Support System and Depression among Adolescents in Haryana

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Abstract: *Social support is a range of interpersonal relationships that have an impact on the individual's functioning, and generally includes support satisfaction. The present study was undertaken on 460 adolescents i.e., 112 adolescents studying in university and 348 adolescents studying in school of 11th and 12th standard of Hisar district of Haryana state. The age range was 16 to 17 years. Social Support Questionnaire (SSQ) developed by Sarson et al., (1987) was used to assess the social – support and Children Depression Inventory (CDI) developed and standardized by Kovacs (2003) was used to assess the depression status. Results of the study highlighted that more than half of adolescents (56.8%) enrolled in schools received good social – support and were also satisfied to higher level from the social – support and university students were slightly more depressed as compare to school adolescents.*

Keywords: Social – support, Depression, Negative mood, Interpersonal problem, Ineffectiveness, Anhedonia, Negative self – esteem

1. Introduction

During the last decades, social and psychological research has shown the importance of social contacts and social support in promoting psychological well-being. Although it could be assumed that supportive relations with peers, family and important others are even more crucial for social and emotional development of youths. Social support and depression covary: the availability of others decreases depression and the absence of that availability is associated with increased depression. Social support is a major coping resource in times of stress by mediating the effects of previous undesirable life events. Social support both directly and indirectly affects depressive symptoms and significantly mediates the effects of undesirable life events. Social support offered by parents, peers and teachers plays an important role in the emotional well-being of children and young people.

The quality and support of the social network thus plays a significant role in reducing mental health problems during adolescence. Emotional support from others can help buffer adolescents against the potential negative effects of stress and thereby reduce depression. Social network includes family, peers, elders, and other family members, from whom adolescents could seek support. The present study therefore was taken to find out the extent of social – support and depression among adolescence and the role of social – support as a buffer against depression.

2. Methodology

The study was conducted in Hisar district of Haryana state purposively selected due to easy accessibility. The study was planned on two groups of adolescents, one having transition from school to university atmosphere and another continuing their 11th and 12th in the same school atmosphere. To draw the rural sample, three villages namely Neoli Kala, Behbalpur and Mangali were randomly selected having schools admitting both girls and boys. All the adolescents studying in 11th and 12th standard falling in the age group 16 – 17 years from both selected colleges of university were included in study to represent urban sample. In total 348 adolescents (132 male and 216 female) from rural and 112 adolescents (52 male and 60 female) from urban area constituted the sample for present study.

3. Tools

Social Support Questionnaire (SSQ) developed by Sarson *et al.,* (1987) was used to assess the social – support perceived by adolescents. It consists of six statements for calculating number of people from which adolescents perceive social – support and six items for calculating degree of satisfaction. Children Depression Inventory (CDI) developed and standardized by Kovacs (2003) was used to assess the depression status. Children Depression Inventory consisted of 27 items within five dimensions i.e., negative mood, interpersonal problems, ineffectiveness, anhedonia and negative self – esteem.

4. Data Analysis

SPSS Programme was run to analyze the data. Independent sample t- test and ANOVA and correlation was used to examine the social – support and depression among adolescents on the basis of residential area.

5. Results and Discussion

Personal profile of respondents

Personal profile refers to the information with regard to school and university adolescents' with personal variables. Table highlights that mean age of adolescents studying in in university and school was 16.58±06.43 years and 16.66±06.44 years respectively, whereas, the mean age of total sample was16.58±06.43 years. Gender distribution in

case of total sample reveals that more than half (60.2%) respondents were females. Table further reveals that mean academic achievement of adolescents enrolled in universities were better academic achievers (M = 76.61±16.52) than school going adolescents (M = 61.88±09.75). Almost similar distribution was observed across adolescents enrolled in school and university with regard to their academic class i.e., 11th (48.7%) and 12th (47.8%) respectively.

Table 1: Personal profile of adolescents across educational institute

S.No.	Educational institutes / Personal variables	School (n=347)	University (n=113)	Total (n=460)
1	Adolescent's age (mean)	16.66±06.44	16.58±06.43	16.58±06.43
2	**Sex**			
	Male	131 (37.80)	52 (46.00)	183 (39.80)
	Female	216 (62.20)	61 (54.00)	277 (60.20)
3	**Ordinal position**			
	1st born	116 (33.40)	38 (33.60)	154 (33.50)
	2nd born	96 (27.70)	41 (36.30)	137 (29.80)
	Up to 4	111 (32.00)	33 (29.20)	144 (31.30)
	>4	24 (06.90)	01 (00.90)	25 (05.40)
4	**Academic achievement (mean)**	61.88±09.75	76.61±16.52	65.01±12.98
	Academic achievement			
	Poor (3rd division)	32 (09.20)	14 (12.40)	46 (10.00)
	Average (2nd division)	89 (25.60)	06 (05.30)	95 (20.70)
	High (1st division)	226 (65.10)	93 (82.30)	319 (69.30)
5	**Academic class**			
	11th	169 (48.70)	54 (47.80)	223 (48.50)
	12th	178 (51.30)	59 (52.20)	237 (51.50)
6	**Attending coaching classes**			
	No	255 (73.50)	110 (97.30)	365 (79.30)
	Yes	92 (26.50)	03 (02.70)	95 (20.70)

Note: Figures in parentheses indicate percentages

Social – support status of adolescents across educational institute

Presented in table 2 are the results pertaining to social – support status of adolescents separately for university and school samples. Data from table highlights that more than half of adolescents (56.8%) enrolled in schools received good social – support. The reason behind this may be that school adolescents were still residing in their previous familiar locality, friendship circle and family, hence perceived more social – support. From total sample, almost half (48.6%) adolescents got good quality social – support.

Table 2 also highlight that almost all adolescents (95.1%) who were studying in school were satisfied at higher level from the social – support against university adolescents (92.9%). The results of the present study get strength from research by Weathers *et al.,* (2010) who also revealed that the group means for the number of social supports indicated the mean for the high communication competent group was 17.2, the mean for the moderate communication competent group was 11.6, and the mean for the low communication competent group was 11.2.

Table 2: Social – support status of adolescents across educational institute

S. No.	Educational institutes / Social – support	School (n=347)	University (n=113)	Total (n=460)
	Social Support Questionnaire Number (SSQN) (Mean)	6.72±2.12	4.82±2.08	6.25±6.26
1	**Quantity of social – support**			
	Poor (6 – 22)	36 (10.40)	36 (31.90)	72 (15.70)
	Average (23 – 38)	114 (32.80)	50 (44.20)	164 (35.70)
	Good (39 – 54)	197 (56.80)	27 (23.90)	224 (48.60)
	Social Support Questionnaire Satisfaction (SSQS) (Mean)	5.76±0.62	5.78±0.52	5.77±0.59
2	**Quality of social – support**			
	Poor (13– 21)	09 (02.60)	01 (00.90)	10 (02.20)
	Average (22 – 29)	08 (02.30)	07 (06.20)	15 (03.30)
	Good (30 – 36)	330 (95.10)	105 (92.90)	435 (94.50)

Note: Figures in parentheses indicate percentages

Depression status of adolescents across educational institute

Glimpse of table 3 revealed depression status of adolescents across educational institute. Results unfolds that 44.10 per cent adolescents had average negative mood feelings. Educational institute wise comparison show that 45.50 percent school students reported average negative mood symptoms against their counterparts i.e., university students (39.80%). Regarding the interpersonal problems, the data

highlights that almost equal respondents from school (31.10%) and university samples (31.90%) had average level of interpersonal problems. Looking at the data related to anhedonia, it was seen that majority of the respondents in all three groups i.e., total sample had problems of anhedonia at various levels i.e., average (47.80%), slightly above average (17.40%) and much above average (12.40%). The clinical symptoms of depression were observed in 17 per cent of adolescents. University students were slightly more

depressed as higher percentage of university students (22%) had above average and much above average of depression symptoms against school students (15%). The results of present study are in line with finding of Punia *et al.,* (2013) who found that out of the total sample 1/4th of the respondents displayed depressive symptoms (23.7 %) and the rest *i.e*., 76.3 per cent were non – depressed as they were in average category of depression.

Table 3: Depression status of adolescents across educational institute

Educational institutes Aspects of depression	School (n=183)	University (n = 277)	Total (n=460)
Negative mood			
Much below average (35 to below 39)	27 (07.80)	14 (12.40)	41 (08.90)
Slightly below average (40 – 44)	82 (23.60)	27 (23.90)	109 (23.70)
Average (45 – 55)	158 (45.50)	45 (39.80)	203 (44.10)
Slightly above average (56 – 60)	42 (12.10)	13 (11.50)	55 (12.00)
Much above average (61 and above)	38 (11.00)	14 (12.40)	52 (11.30)
Interpersonal problems			
Much below average (35 to below 39)	03 (00.90)	-	03 (00.60)
Slightly below average (40 – 44)	139 (40.10)	47 (41.60)	186 (40.40)
Average (45 – 55)	108 (31.10)	36 (31.90)	144 (31.40)
Slightly above average (56 – 60)	30 (08.60)	10 (08.80)	40 (08.70)
Much above average (61 and above)	67 (19.30)	20 (17.70)	87 (18.90)
Ineffectiveness			
Much below average (35 to below 39)	164 (47.30)	26 (23.00)	190 (41.30)
Slightly below average (40 – 44)	36 (10.40)	11 (09.70)	47 (10.20)
Average (45 – 55)	117 (33.70)	44 (38.90)	161 (35.00)
Slightly above average (56 – 69)	18 (05.20)	19 (16.80)	37 (08.00)
Much above average (61 and above)	12 (03.50)	13 (11.50)	25 (05.40)
Anhedonia			
Much below average (35 to below 39)	18 (05.20)	04 (03.50)	22 (04.80)
Slightly below average (40 – 44)	61 (17.60)	20 (17.70)	81 (17.60)
Average (45 – 55)	176 (50.70)	44 (38.90)	220 (47.80)
Slightly above average (56 – 60)	59 (17.00)	21 (18.60)	80 (17.40)
Much above average (61 and above)	33 (09.50)	24 (21.20)	57 (12.40)
Negative self – esteem			
Much below average (35 to below 39)	56 (16.10)	12 (10.60)	68 (14.80)
Slightly below average (40 – 44)	22 (06.30)	15 (13.30)	37 (08.00)
Average (45 – 55)	222 (64.00)	63 (55.80)	285 (62.00)
Slightly above average (56 – 60)	26 (07.50)	11 (09.70)	37 (08.00)
Much above average (61 and above)	21 (06.10)	12 (10.60)	33 (07.20)
Depression			
Much below average (35 to below 39)	22 (06.30)	06 (05.30)	28 (06.00)
Slightly below average (40 – 44)	80 (23.10)	16 (14.20)	96 (20.90)
Average (45 – 55)	193 (55.60)	66 (58.40)	259 (56.30)
Slightly above average (56 – 60)	28 (08.10)	10 (08.80)	38 (08.30)
Much above average (61 and above)	24 (06.90)	15 (13.30)	39 (08.50)

Note: Figures in parentheses indicate percentages

6. Conclusion and Recommendations

- Implications of the study are that for mental health of the adolescents and enhancing their positive mental states, family can plays a great role.
- Adolescents from a warm and supportive family environment, with high levels of organization, cohesion, and expressiveness, as compared with adolescents from a stressful family environment, characterized by high conflict and control, can adopt more positive mental states.
- Family support was found to be negatively associated with adolescents' depression, therefore, communication

gap between family members should be taken care which we generally do not notice in our day to day lives.

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