

Effect of Intervention on Boys Suffering from Depression in Allahabad City

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Abstract: A study to assess the effect of intervention on boys suffering from depression was carried out in Allahabad city with the following objectives 1) to ascertain the socio economic status of the sample, and 2) to assess the prevalence of depression in boys. 3) To plan and implement the intervention for depressed sample 4) to assess the effect of the intervention. For the present study a total sample of 180 (90 Boys + 90 Girls) children aged 6 to 12 years were selected through stratified random sampling from the four schools of the Allahabad city. Kuppusswami socioeconomic status scale (1962) revised in (2014) was used to assess the socio economic background of the respondents, to assess the depression level in children Center for Epidemiological Studies Depression Scale for Children (CES-DC) was used. From the results it was found that there is a high prevalence of depression among boys. The results of the study are indicative of taking serious steps in addressing the issue by counseling the children and their parents.

Keywords: Childhood Depression, Intervention

1. Introduction

Since decades, children have served as the symbol of peace, love, innocence, unity, purity and many other related concepts. There was an intentional effort, from the elders to keep the children away from their ways of life. They were more often unknown to the trials and tribulations that their parents have to go through. Children's life remains restricted to school, friends, home and certain recreational activities only. The concept of childhood appears to evolve and change their shape as lifestyle changes. Everyone believes that children should not have any problems and worries, life should be happy and trouble-free. Childhood is usually a mixture of happiness, wonder, and flexibility. It is generally a time when children play, learn, socialize, explore, in a world without much interference. Also, this helps them in learning about responsibilities without having to deal with adult interferences.

Nowadays in modern society due to increase in child related crimes, children have ceased to be the epitome of peace and mental harmony that they were thought to be in the earlier times. Children are affected by different kinds of mental and emotional complexities, unlike earlier kids. It is really a heart sprain fact that due to the drastic changes in the society today, even children are falling prey to the voice called depression. It is appalling but never the less it's true. More and more children are becoming victims of depression in the entire world.

As the society is adopting modern life, there is increase in the number of working mothers, family disputes, poor parenting practices, negative parent- child relationship, over exposure to media, loss of a dear ones, lack of confidence and inability to confide in others are some of the major causes of depression in children. The way children see conflicts between their parents resulting from the over demanding and stressed work and home schedules have different effects on their emotional and behavioral pattern. Children blame themselves for the conflicts between their parents. Parent's fighting or arguing leads to a child feeling threatened, or fearful that the family would split up.

Children exposed to everyday conflicts between their parent's conflicts that are non-violent, but frequent, intense and poorly resolved are at elevated risk for mental health problems, even when we consider poor parenting practices or genetic susceptibility factors passed on from parents to children, in explaining the effects of hostile relationships on children. Importantly, children may not actually be responsible for their parent's relationship problems but, they feel or perceive that they are responsible while experiencing negative psychological outcomes **Harold (2013)**.

Children in families with low income are more likely to be depressed than those in higher income families. In low-income families, children did not get proper attention and care from their parents and family, and most of the time parents are not aware about the psychological problems with their children, that's why parents cannot give proper attention to their children. They reside in more disadvantaged neighborhoods with higher levels of crime, exposing them to physical and social environmental conditions that may adversely influence their mental conditions.

2. Materials and Methods

Allahabad city of Uttar-Pradesh was selected purposively because the researcher was familiar to this city so that the data could properly collect. The sample universe of the study consisted of 90 boys between the age group of 8-12 years through stratified sampling, 30 each from upper, middle and lower socio-economic status from the schools of Allahabad. On the bases of need of the study an action research design was adopted.

Intervention package

The intervention package was prepared to decrease the depression level of boys. The package used in the study was an integration of one activity booklet.

Activity booklet- An activity booklet was developed for children with depression in which contained activities like rate yourself, positive traits, your feelings, recognize own

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feelings, express emotion in a healthy way, see yourself, management of emotions, correct thinking errors, were prepared with an attempt to develop skills and competencies in children. To reduce stress factors, to increase positive activities, to impose a structure on daily life, to promote and raise awareness of the available resources, to train in social competences, to learn solving problem strategies, to modify the negative patterns of perception and interpretation, and to increase self confidence and self esteem.

Tools Used

Kuppaswami Socio Economic Status Scale (1962) revised in 2012 was used to assess the socioeconomic status of the boys.

Depression scale: In order to assess the level of depression of the selected respondents, the Center for Epidemiological Studies Depression Scale for Children (CES-DC) was used. Center for Epidemiological Studies Depression Scale for Children (CES-DC) is a 20 item self-report depression inventory with possible scores ranging from 0 to 60. Higher scores indicate increasing levels of depression. The CES-DC is an objective and empirical test. Individuals can score 0-60 on the CES-DC.

Data Analysis: The data was scored, tabulated, analyzed using statistical techniques like frequency and percentage, Mean, Standard Deviation, ‘t’ Test.

3. Result and Discussion

Table 1: Distribution of boys in reference to their level of depression across three socio economic groups.

Level of Depression	Boys (N=90)					
	Lower SES (n=30)		Middle SES (n=30)		High SES (n=30)	
	F	P	F	P	F	P
Normal	4	13.33	16	53.33	10	33.34
Mild	11	36.67	3	10.00	7	23.33
Moderate	12	40.00	6	20.00	9	30.00
Severe	3	10.00	5	16.67	4	13.33
Total	30	100.00	30	100.00	30	100.00

Table 1 and Fig 1 indicates the distribution of boys in reference to their level of depression across three socio economic groups that among the boys of lower socio economic group maximum (40) percentage of boys were suffering from moderate level of depression, whereas 36.67 per cent boys had mild level of depression in them, 13.33 per cent of the boys had a normal level of mental health, rest 10 per cent boys were falling in the category of severe level of depression. It is clear from the above distribution that in the lower socio economic group maximum numbers of boys were suffering from moderate level of depression.

In the category of middle socio economic group maximum (53.33) percentage of the boys had normal mental health, whereas 10 per cent boys were suffering from a mild level of depression, 20 per cent boys had a moderate level of depression in them and rest 16.67 per cent boys had a severe level of depression in them. It is clear from the distribution

that in the category of middle socio economic group maximum number of boys had normal mental health.

In the category of high socio economic group 33.34 per cent of the boys had normal mental health, whereas 23.33 per cent boys were suffering from a mild level of depression, 30 per cent boys had moderate level of depression and rest of 13.33 per cent boys had severe level of depression in them. It is clear from the distribution that maximum numbers of boys belonging to high socio economic group were suffering from moderate level of depression.

Above table revealed that in most cases boys were suffering from moderate and mild levels of depression belonged to lower socio economic group which could be attributed to their suppressive family conditions and disadvantaged neighborhoods with higher levels of crime, exposing them to suboptimal physical and social environmental conditions that may adversely influence their mental health.

Above table also revealed that in the middle socio economic group most boys had normal mental health which means they do not show any sign of depression the reason could be that in middle socio economic groups parents and families are often more concern about the well-being of children. Parents give time to their children and pay attention to boys activities, doing that the boys can share their feelings with the parents. **Goodman (1999)** found that socio economic status was related to depression and self-rated overall health. Children belonged to middle socio economic status were found more healthy (physically and mentally) than children who belonged to lower SES.

Table also showed that in middle socio economic group a good number of boys also showed moderate and severe levels of depression. Boys from middle socio economic group are at greater risk than wealthier children for poor cognitive, behavioral and health outcomes because the middle socio economic groups families put more pressure on their children to perform well in all the areas, so these expectations creates pressure on children, which hamper their mental well being. Above table revealed that most of the boys from the high socio economic group showed normal mental health which means they do not have any sign of depression in them, the reason for such indications could be that in high socio economic families parents fulfill the demands of their children and they give the luxurious facilities to their children, which leads to a good mental health. On the other hand table also revealed that in high socio economic group some boys were suffering from mild, moderate and severe levels of depression, the reason is this the boys in families with high socio economic status showed high levels of depression is because their parents thrust unnecessary pressure on them to succeed and majority of the children are unable to fulfill their parent's demands this pressure hampers the mental well-being of the children. Similar study was conducted by **Melissa et al. (2008)** who found family socio economic status was significantly associated with depressive symptoms in children.

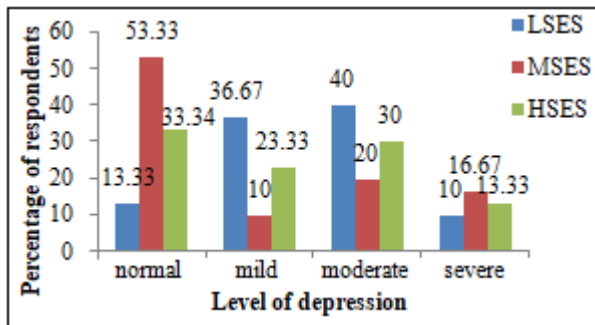


Figure 1: Distribution of boys on the basis of their socio economic groups with reference to their level of depression.

Table 2: Distribution of boys across socio economic groups before and after intervention with reference to their level of depression

Level of Depression	Boys (N=78)											
	Lower SES (n=27)				Middle SES (n=25)				High SES (n=26)			
	BI		AI		BI		AI		BI		AI	
	F	P	F	P	F	P	F	P	F	P	F	P
Mild	11	40.74	3	11.11	3	12.00	1	4.00	7	26.92	1	3.84
Moderate	12	44.44	7	25.92	6	24.00	3	12.00	9	34.62	2	7.69
Total	27	100	27	100	25	100	28	100	26	100	26	100

Table and figure no. 2 shows the distribution of boys, before and after intervention based on different socio economic strata with reference to their level of depression that after intervention, in lower socio economic group after intervention 11.11 percent boys showed mild level of depression (before intervention, it was 40.74 percent). Whereas 25.92 percent boys showed moderate level of depression after intervention (before intervention, it was 44.44 percent). Results indicated that effective intervention was observed among the boys suffering from mild and moderate level of depression. The symptoms of mild and moderate level of depression in boys were decreased after intervene in the program based activity.

In middle socio economic group after intervention among the boys, it was observed that 4 percent boys showed symptoms of mild level of depression (before intervention it was 12 percent). In the category of moderate level of depression 12 percent boys showed moderate level of depression (before intervention, it was 24 percent). Effective intervention was also observed among the boys suffering from mild and moderate level of depression belonged to middle socio economic group. The symptoms of mild and moderate level of depression in boys were decreased after the intervention program.

Decreased percentage was also observed in high socio economic group after intervention, 3.84 percent boys showed symptoms of mild level of depression (before intervention, it was 26.92 percent), whereas 7.69 percent boys showed moderate level of depression after intervention (before intervention, it was 34.62 percent). In high socio economic group effective intervention was also observed among boys suffering from mild and moderate level of depression. The symptoms of mild and moderate level of depression in boys were decreased after the intervention program.

The data from the above table showing that the decreased level of depression in all three socio economic groups after intervention, the symptoms of mild and moderate level of depression in school going boys were decreased. This shows that the planned intervention was effective to reduce the depression level of boys in all the socio economic groups. The intervention program contained relaxation techniques, changes in a thought process, scheduling pleasant activities, etc., which helped in preventing the initial episodes of depression and reducing the negative thoughts. It appears from the results that the planned activities helped them a lot to reduce the levels of depression. It also teaches the child how to cope with overwhelming feelings if they happen again. Similar results were reported by Pinquart et al., (2007) who stated in his interventional study on depressed patients that the patients who attended more than six therapy sessions significantly fewer symptoms of depression after intervention treatment than those who attended 3-6 session.

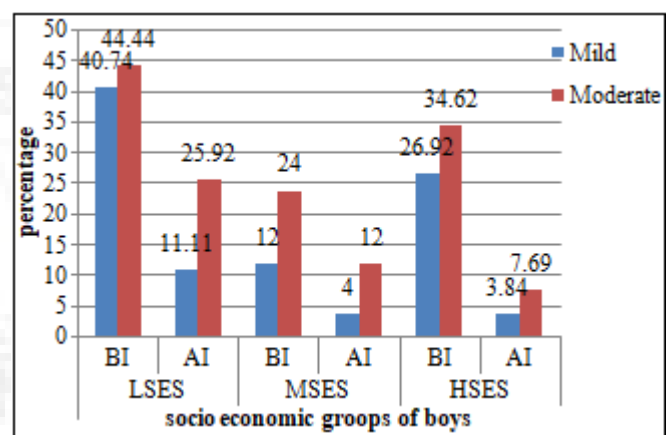


Figure 2: Distribution of boys belonging to three socio economic group before and after intervention.

Table 3: Comparison of depression level of boys belonging to lower socio economic group before and after intervention

Level of Depression	Lower Socio economic group				t-cal	T tab at 0.05%
	BI		AI			
	Mean	S.D	Mean	S.D		
Normal	7.25	0.95	8	0.86	3.18*	2.08
Mild	16.36	1.43	13.67	1.15	6.38**	2.14
Moderate	23.33	2.53	21.4	2.3	3.86*	2.09

Above table and figure no.3 shows the comparison of depression level of boys belonging to lower socio economic group before and after intervention that in lower socio economic group a significant improvement was observed in the category of normal mental health of boys as ('t' cal 3.18) was higher than the 't' tabulated 2.08 at 5 percent probability level showing a significant improvement in the normal mental health of boys. The conducted intervention was effective to reduce the depression level of boys.

In the category of mild level of depression after intervention a significant improvement was observed as 't' calculated ('t' cal 2.46) was higher than the 't' tabulated at 5 percent probability level showing a significant improvement in the mild level of depression.

In the category of moderate level of depression after intervention there was a significant improvement in the

category of moderate level of depression ('t' cal 2.86) as 't' calculated was higher than the 't' tabulated at 5 percent probability level showing a significant improvement in the mild level of depression.

The mean value of boys in the category of normal level of mental health shows increase (8) from before intervention (7.25) and in the category of mild level of depression the mean value was decreased (13.67) before intervention it was (16.36), in the category of moderate level of depression the mean value was also decreased (21.4) from before intervention it was (23.33). The intervention programme to decrease the level of depression in boys showed a significant improvement among all the levels of depression.

It is clear that after intervention a significant result was found in low socio economic groups in the case of boys. After intervention maximum boys showed normal mental health which means boys did not show any signs of depression. In the category of mild and moderate level of depression, (the mean values were increased) which shows that the numbers of boys were decreased which means that the intervention program was properly adopted by the boys belonged to lower socio-economic group. The conducted intervention program to reduce the prevalence of depression in children was effective, similar interventional study conducted by **Asarnow (2001)** who found the significant effect of intervention that immediately after the intervention among all the treated 69 children showed decrease levels of depressive symptoms and better mental health compared to 73 non treated children.

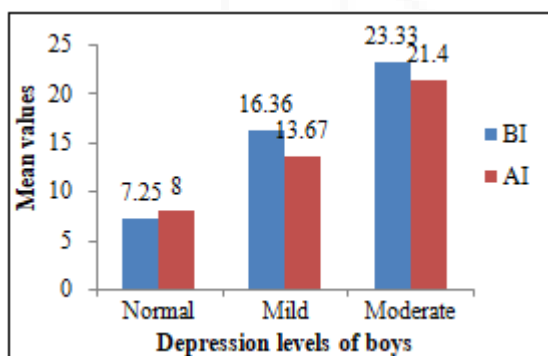


Figure 3: Mean values of depression level of boys belonging to lower socio economic group before and after intervention

Table 4: Comparison of depression level of boys belonging to middle socio economic group before and after intervention.

Level of Depression	Middle Socio economic group				t-cal	T tab at 0.05%
	BI		AI			
	Mean	S.D	Mean	S.D		
Normal	7.68	1.19	7.8	1.23	2.44*	1.725
Mild	16.67	1.52	15	10.6	2.67	2.92
Moderate	23.33	3.72	22	3.0	2.052	2.015

Above table and fig.4 shows the comparison of depression level of boys belonging to middle socio economic group before and after intervention that in the middle socio economic group a significant improvement was observed in the category of normal mental health of boys as 't' cal (2.44) was higher than the 't' tabulated 1.725 at 5 percent

probability level showing a significant improvement in the normal mental health of boys.

In the category of mild level of depression after intervention there was a non significant result was found in the category of mild level of depression as 't' cal 2.67 was lower than the 't' tabulated 2.92 at 5 percent probability level showing a non significant improvement in the category of mild level of depression.

In the category of moderate level of depression after intervention there was a non significant result was found in the category of mild level of depression as 't' cal 2.052 was lower than the 't' tabulated 2.015 at 5 percent probability level showing a non significant improvement in the category of moderate level of depression.

The mean value of boys in the category of normal level shows increase (7.8) from before intervention (7.68) and in the category of mild level of depression the mean value was decreased (15) before intervention it was (16.67) in the category of moderate level of depression the mean value was also decreased (22) before intervention it was (23.33).

It is clear from the table that in the category of normal level of mental health there was a significant result was found. In the category of mild level of depression the mean value shows decrease (15) from before intervention (16.67) but the difference found was not statistically significant. In the category of moderate level of depression the mean value shows decrease (22) from before intervention (23.33) but the difference found was not statistically significant.

It is clear from the above table that after intervention there was a significant result was found in the normal level of mental health of boys. After intervention maximum boys showed normal level of depression which means boys did not show any signs for depression. In the category of mild and moderate level of depression the mean values of boys were decreased but result was not statistically significant after intervention which shows that conducted intervention program was effective to reduce the prevalence of depression in children, similar interventional study conducted by **Tompson (2001)** who found the significant effect of intervention program among the children who showed decrease levels of depressive symptoms.

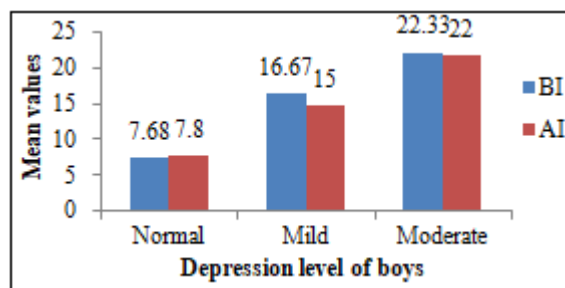


Figure 4: Mean values of depression level of boys belonging to middle socio economic group before and after intervention

Table 5: Comparison of depression levels of boys belonging to high socio economic group before and after intervention

Level of Depression	High Socio economic group				t-cal	T tab at 0.05%
	BI		AI			
	Mean	S.D	Mean	S.D		
Normal	5.5	0.97	6.91	1.37	4.765**	1.717
Mild	15.85	1.57	14.0	9.8	7.312***	1.943
Moderate	21.67	2.5	20.5	2.12	4.769**	1.86

Above table and figure no .5 shows the comparison of depression level of boys belonging to high socio economic group before and after intervention that in the high socio economic group there was a significant improvement was observed in the category of normal level of boys depression as 't' calculated (4.765) was higher than the 't' tabulated 1.717 at 5 percent probability level showing a highly significant improvement in the normal mental health of boys which means that the intervention programme to reduce the levels of depression was effective and was properly adopted by the boys belonged to middle socio economic group.

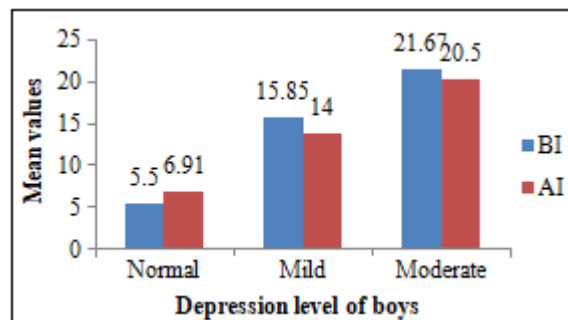
In the category of mild level of depression after intervention there was a significant improvement in the category of mild level of depression as 't' calculated ('t' cal 7.312) was higher than the 't' tabulated 1.943 at 5 percent probability level. It is clear from the table that the intervention programme to reduce the levels of depression was effective and was properly adopted by the mildly depressed boys belonged to middle socio economic group.

After the intervention there was a significant improvement found in the category of moderate level of depression as 't' calculated ('t' cal 4.769) was higher than the 't' tabulated 1.86 at 5 percent probability level. It is clear from the table that the intervention program to reduce the levels of depression was effective and was properly adopted by the moderately depressed boys belonged to middle socio economic group.

The mean value of boys in the category of normal level shows increase (6.91) from before intervention (5.5) and in the category of mild level of depression the mean value was decreased (14) before intervention it was (15.85) in the category of moderate level of depression the mean value was also decreased (20.5) before intervention it was 21.67. It is clear from the table that the intervention programme to reduce the level of depression in boys showed a significant improvement.

It is clear that after intervention there was a significant result was found in high socio economic groups in the case of boys. After intervention maximum boys showed normal level of depression which means boys did not show any signs for depression. In the category of mild and moderate level of depression the numbers of boys were decreased after intervention which shows that conducted intervention program was effective to reduce the prevalence of depression in children. **Gold et al (2004)** conducted a study to assess the effect of intervention on depression on 188 sample, the analysis revealed that the activities of intervention programme had a medium to large positive effect (ES = .61) on clinically relevant outcomes that was

statistically highly significant ($p < .001$) and statistically homogeneous.

**Figure 5:** Mean values of depression level of boys belonging to high socio economic group before and after intervention

4. Conclusion

It can be concluded from the present study that there is a high prevalence of depression among boys. The results of the study are indicative of taking serious steps in addressing the issue by counseling the children and their parents. Effective communication and good parent child relationship can also improve beneficial in reducing the prevalence of depression among boys.

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