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DETERMINANTS OF DEPRESSION IN FEMALE ADOLESCENTS AND YOUTH



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ABSTRACT... Introduction: Adolescents and youth are the main human resource for a nation. Depression is a grave yard for hopes and prosperity making the generation sad, inactive, and having suicidal thoughts. Thus every effort should be made to create awareness and eliminate depression from our youth. **Objective:** To find out the psychosocial determinants of depression in female adolescent and youth. **Design:** Case control study. **Place and duration:** Lahore cant urban area, from March, 2007 to July, 2007. Material and methods: It was a community based case control study. Total 400 young females were selected. 200 cases of depression and 200 in the control group. An interview schedule including a structured, pre-tested and bilingual questionnaire was used after taking consent. SPSS and Epi info were used for data analysis. Chi square test was applied. **Results:** In this study the depression in adolescent and young females had statistically significant relationship with unemployment, underage marriage, early child bearing, infertility, violence, sexual harassment(p<0.05). The family history of psychiatric ill ness in first degree relatives had no statistically significant association with depression in these females (p>0.05). Conclusion: The statistically significant psychosocial determinants of depression in young and adolescent females should be rectified by creating awareness in the society.

Key words: Adolescent, youth, depression.

INTRODUCTION

Pakistan currently has one of the largest cohorts of young people in its history, with approximately twenty five million adolescents and youth between the ages of 15 and 24¹. Adolescents and youth are the present

resource and future leadership of Pakistan as they are important for social, political, and economical development and stability of the country. National programs aimed at addressing adolescents and youth tend to be narrowly defined and based either on policies

developed by the Ministry of Women's Affairs or on programs implemented by the Ministry of Education and Youth Affairs Division¹. These programs have largely been formulated as a reaction to problems related to young people, such as child labor, low levels of education and malnutrition .e.g. in a national study it is observed that 48.2% of working adolescents never enrolled in school and 31% adolescent females and 66% males were physically abused². Depression in adolescents involves more social and interpersonal difficulties which directly lead to self-esteem problems. Adolescents are more likely to idealize suicide as a solution to feelings of helplessness. Researchers found that depressed adolescents developed in depressed adults having serious social adjustment problems³. socially isolate themselves when Adolescents depressed out of feelings of guilt. Dramatic behaviors such as aggression and an obsession or fascination with death often accompany their depression. Adolescent problems that correlate with low self-esteem include depression, unsafe sex, criminal activity, and drug abuse. The suicide rate in teenagers has quadrupled in the last quarter century making it the 3rd leading cause of adolescent death in the USA⁴. In Utah, it is the number one cause of death for individuals 15 -25 years. A high school with a population of 2,000 students can expect 50 attempted suicides per year4. And yet adolescent and youth depression and other affective disorders continue to be an area primarily ignored by the parents, teachers and health care providers⁵. Many studies have documented the fact that females are more predisposed to depression, suicidal thoughts and suicide attempts than are males. For example, roughly 1 in 10 adolescent females report engaging in some form of suicide attempt, while 1 in 25 adolescent males report doing the same⁶. Thus there is a dire need to find out the factors causing depression in young females.

Young people are facing life with critical decisions about themselves, their families and their community because they are under going a transition to adulthood with more responsibilities towards their society. If an adolescent or youth has depression this will lead to economic burden to himself, the family as well as the country. Although

many studies have been done on education and nutritional aspects but no study on depression in this age group has been done in Pakistan.

The purpose of the study was to find out the determinants of depression in females of this most productive age including unemployment, under age marriages, early child bearing, infertility, physical violence, sexual harassment and psychiatric family history in first degree relatives.

In our society there are various social taboos and gender role variations restricting females to discuss their issues like depression. As the females enter in puberty the out side world become limited and opportunities get reduced to them due to gender discrimination and social pressures. The efforts and decisions made to improve the lives of adolescent and young females are mainly influenced by their home environment, social attitudes and family experiences. Thus this study was a bold step to provide us the insight in the real problems faced by our young females in our society, thereby providing the government, non-governmental organizations, donars and other partners working for the prosperity of the nation with the evidence needed to develop appropriate policies and programs that should address the unique and diverse needs of Pakistani young females to make their lives better.

MATERIAL AND METHOD

It was a community based case control study done in Loni Mandi Sadar Lahore cant, where a sizeable majority comprised of middle-lower socioeconomic class having monthly income less than Rs 10,000. In our study following operational definitions are used:

Depression is defined as episodes of unexpected sad mood more than 2 weeks and suicidal thoughts. Adolescent is defined as 15-19 years of age. Youth is defined as 20-25 years of age. Under age marriage is defined as marriage before 18 yrs. Early child bearing is defined as pregnancy before 18 years. Infertility is defined as having no child for two years after marriage with out any contraceptive method. Violence and sexual

harassment is defined as offensive behavior or action of physical or sexual abuse.

The area which was surveyed was comprised of more than 1500 housing units. 1000 families were approached within the community and 235 cases of depression in female adolescent and youth were identified. Thirty five were excluded due to the exclusion criteria. Thus 200 were the cases of depression in adolescent and young females in our study. Females in same age group and socioeconomic class who do not have the symptoms of depression were selected as control group. Thus total 400 young females were selected for the study. The included females were 15-25 years old. Those who were diagnosed cases of depression and taking anti depressants were also included in the study. Any female having chronic illness or addiction was excluded from the study. In this study depression in female adolescent and youth was a dependent variable and independent variables were unemployment, underage marriage, early child bearing, infertility, violence, sexual harassment, family history of psychiatric illness in first degree

relatives. Duration of the study was from March, 2007 to July, 2007.

An interview schedule was designed to collect information about determinants of depression. A pretested, structured and bilingual questionnaire was used after taking consent and all information was kept confidential.

SPSS version 13 and Epi-info were used for data analysis. Chi-square test was applied to the data.

RESULTS

Out of total 400 adolescent and young females, two hundred and forty were the unemployed or non-working ladies while one hundred and sixty were the employed or working ladies. Depression was more in non-working ladies i.e. 40% in unemployed females as compared to 10% in working ladies. (Tablel) Significant relationship was present between unemployment and depression in females. (p<0.05).

Table-I. Distribution of determinants in two groups							
Determinant Unemployed	Depression		No depression		Total		
	160	40%	80	20%	60%		
Employed	40	10%	120	30%	40%		
Under age marriage	80	20%	40	10%	30%		
Others	120	30%	160	40%	70%		
Early child birth	80	20%	40	10%	30%		
Others	120	30%	160	40%	70%		
Infertility	32	8%	8	2%	10%		
Others	168	42%	192	48%	90%		
Violence and sexual harassment	40	10%	8	2%	12%		
Others	160	40%	192	48%	88%		
Psychiatric family history	16	4%	8	2%	6%		
Others	184	46%	192	48%	94%		

One hundred and twenty females had been the victim of under age marriages (30%) and depression was present in 20% of these females. Others included unmarried females and those who got married after 18 yrs of age (70%). Depression was 30% in them (Table I). Thus a significant relationship was found between under age marriages and depression in adolescent and young

females. (p=0.0000127) (Table II).

Depression was present in eighty females having early child bearing as compared to forty females who had no depression in the same situation. (20% and 10% respectively).

Determinants	OR	95% CI	Chi-square	p-value
Unemployment	0.17	0.1-0.27	66.67	<0.05
Under age marriages	2.67	1.67-4.28	19.05	<0.05
Early child birth	2.67	1.67-4.28	19.05	<0.05
Infertility	4.57	1.95-11.09	16	<0.05
Violence and sexual harassment	6	2.61-14.33	24	<0.05
Psychiatric family history	2.09	0.82-5.46	2.84	>0.05

Others included females having no child and those who were older than 18 yrs and have children. Among them 30% had depression. (Table I). Thus a significant relationship was present between early child bearing and depression. (p<0.05) (Table II).

In forty females (10%) infertility was present and thirty two were depressed (8%) as compared to eight females (2%) who were not depressed. (Table I). Thus a significant relationship was present. (p=0.00006) (Table II).

In the study forty eight females were the victim of violence and sexual harassment. (12%). Forty were depressed while eight had no depression. (10% and 2%). (Table I) Significant relationship was found. (p=0.000). (Table II).

Family history of psychiatric illness was present in twenty four females and sixteen had depression(4%). No significant relationship was found. (Tablell).

DISCUSSION

According to international researchers about 5% of adolescents suffer from depression symptoms such as persistent sadness, falling academic performance and a lack of interest in previously enjoyable tasks⁷. In our study 15.8% of adolescent and young females in middle lower socioeconomic class had depression. In international research, depression is considered when symptoms such as suicidal thoughts and loss of interest in social activities for a period of at least two weeks is present8. In our study we have considered the same parameters to identify the cases of depression. In many researches depression is found more in middle-lower socioeconomic class⁹ thus we have approached this class in our study. In our study employed or working females are having less depression as compared to nonworking. (p<0.05). This difference is due to the fact that they are more independent economically and they have more creative work to perform. Our results are same as in international studies on this issue¹⁰.

In another study, under age marriage was discussed as a constant source of frustration and depression. A study

done in Gaza revealed that 30% of female married minors contemplated suicide due to depression¹¹. In our study significant relationship was found between depression and under age marriages. (p<0.05). Under age marriages also increase the risk of early child bearing and according to our study a significant association was present between depression in adolescent and female youth and early child bearing.(p<0.05).

Some authors have paid attention to the fact that symptoms of depression like health problems, loss of self-esteem, feeling sad, threat, sexual distress, guilt, anxiety, frustration, emotional distress and marital problems are all associated with infertility¹². We found a significant relationship between depression in young females and infertility in our study.(p<0.05).

In our study 12% females were the victim of physical violence and sexual harassment and statistically significant adolescent and young females had depression in this group.(p=0.000). In an international study on females, a self-report of sexual abuse was found to be independently associated with suicidal ideation, suicide attempts, other forms of self-injury, depression, feelings of hopelessness and family dysfunction. Females with high levels of distress associated with sexual abuse had roughly three times the risk of depression. More than half of the sexually abused males (55%) and nearly a third (29%) of the sexually abused females attempted suicide due to depression¹³.

Although genetic factors and family history are blamed for depression in most of the research works but in our study no significant relationship was found¹⁴. This is due to the fact that restricted environment and social atmosphere in our country had more bad effect on the mental health of the females than on males with more freedom of thoughts and movement. The genetics was not significant in female depression in our society.

Depression can lead to serious short and long term problems including a breakdown in family and personal

relationships as well as poor academic and work performance¹⁵. Moreover depression has also been linked to alcohol and drug abuse, eating disorders, and implicated in cases of youth suicide¹⁶. The extent and magnitude of the mental health problem in adolescent is not fully known and require intensive and extensive investigation so I recommend for other researchers to explore these aspects in adolescent and youth in Pakistan which are still unrevealed.

CONCLUSION

The study would help to create awareness among health professionals to understand the major determinants of depression in young females, and the most appropriate way of policy making to solve the problems like unemployment, under age marriages, early child birth, infertility, physical violence and sexual harassment so that our females could actively participate in national development.

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