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Depression In Adolescents In Relation To Parenting, Sibling Status And Types Of Schools

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Abstract

The present study attempted to explore the effects of parenting, sibling status and type of schools on Depression in Adolescents. Depression is a psychological disorder that affects a person's mood, Changes, physical functions and social interaction. A sample of 240 adolescents were taken from different institutions of Bangalore, Karnataka. The age range from 15-18 years. Analysis of variance was used to analyse the data. Results indicated that parenting influence depression in adolescents. Sibling status also influences significantly depression in adolescents. Type of schools influence significantly depression in adolescents. Parenting, Sibling status and type of schools mutually interact in determine depression in adolescents. Depression in adolescents is a public health issue among adolescents and demonstrates the importance of considering parenting. Understanding family-related depression risk factors can help to predict and prevent depression among adolescents.

Key Words: Depression, Parenting, Sibling Status, Type of Schools

Introduction

The health of the adolescents is of great importance for the future of societies. In this context, the depression is a sensitive measure of psychological and social state. Depression is unspoken to be an illness that generally comes and goes, that is more probable at certain stages of the life cycle, and with some types driven by genetic and biological factors and other types is being more a response to major life events.

Depression in adolescents

Depression is a serious psychological illness, the effects of which are widespread. Depression is a mood disorder, characterized by sadness and dejection, decreased

motivation and interest in life, negative thoughts, with such physical symptom as sleep disturbances, loss of appetite, and fatigue (Atkinson and Atkinson; Smith, Bern, and Hokes, 2000). Onset of depression is occurring earlier in life today compared to that in past decades (NIMH, 2003). Early onset depression often reoccurs and continues into adulthood. Depression is a type of mood disorder defined in the DSM-IV-TR (American Psychiatric Association, 2000). Major depressive disorder is most usually mentioned to as depression and is considered by depressed mood, loss of interest, sadness, change of appetite, somatic complaints (e.g., aches and pains), psychomotor changes (e.g., agitation), diminished energy and fatigue, a sense of worthlessness or guilt, reduced concentration, and suicidal ideation. In addition, a trademark characteristic specific to depression is anhedonia: the incapability to feel pleasure. In some instances, sadness is often substituted with irritability in children and adolescents. Melancholia, psychosis, and suicide attempts are often originate less in children and adolescents (Birmaher, Ryan, Williamson, Brent, Kaufman, Dahl, Pere & Nelson, 1996). Equally, psychomotor retardation, delusions and hypersomnia are more normally found in adolescents and adults than in children (Dozois & Westra, 2004). As per diagnostic and Statistical Manual of Mental Disorder (DSM-IV-TR; APA, 2000) depressive symptoms contain feeling sad or empty, markedly diminished interest or pleasure in activities, weight gain or loss, insomnia or hypersomnia, psychomotor agitation, fatigue, anxiety, stress, feelings of worthlessness, diminished ability to think or concentrate, and recurrent thoughts of death (American Psychological Association, 2000). Depression as a disorder is usually defined using the DSM-IV TR diagnostic criteria for major depressive disorder and for dysthymia. Major depressive disorder characterized by one or more major depressive episodes accompanied by additional symptoms such as sleep disturbances and /or thoughts of suicide. Depression is associated with suicidal behaviour. Lewinsohn, Rohde, and Seeley (1993b) found that 10 percent of depressed boys and 4 percent of depressed girls had a past suicide attempt. Depression in adolescence has also been found to predict succeeding depression in adulthood (Harrington, Fudge, Rutter, Pickles, & Hill, 1990). Kovacs et al. (1984) in a longitudinal study originate that as many as 40% of those with depression may suffer a reoccurrence within five years. The first episode of depression frequently occurs in mid to late adolescence (Hanunen, 2001) and has been shown to predict future adjustment problems in many areas including academic functioning and substance abuse (Rohde et al, 1996), school dropout (Kandel & Davies, 1986), marriage (Kandel & Davies, 1986), unemployment status (Chiles, Miller, & Cox, 1980), and delinquent behaviour (Kandel & Davies, 1986). Bhandary, Upmanyu and Goyal (2002) reported that majority of adolescents feel demoralized and hopeless though not necessarily depressed in the clinical sense. According to Ramachandran, Saraa and Arunagiri (1982) family, sex, low social class, widowed state, unemployed condition, low educational level, nuclear family, living alone, and high incidence of physical illness were associated with depression. Fergusson and Woodward (2002) studied 1,265 children for a 21-year period and establish significant adjustment issues in the legion that developed

depression during adolescence. These adolescents were more at risk for evolving anxiety disorders, substance abuse problems, nicotine addiction, decreased academic functioning, and higher rates of recurring unemployment and recurrent depressive episodes than the non-depressed adolescents. In other words, it can be said that low self-efficacy belief leads to more feelings of depression among adolescents. It has been suggested by Joiner, (2000) that many variables like as stress, seeking negative feedback, seeking assurance, and avoidance of interpersonal conflict are connected with adolescent depression. Research has shown that depression affects women more often than men (Hammen, 2002). This disparity demands the attention of researchers as women attempt to obtain a position equal to that of men in society.

The impact of depression also has enormous costs on society given that depression is the most common presenting concern in the mental health community (Dozois & Westra, 2004). Depression is among the most common of all psychiatric disorders, occurring 15-20 times as often as schizophrenia and at approximately the same rate as all of the anxiety disorders combined (Butcher, Mineka, & Hooley, 2007). Depression affects individuals from all countries, races, ethnicities, cultures, socio-economic statuses, education levels, and occupations (WHO, 2008). Stressful life events have been found to play a causal role in 20 to 50 percent of cases of major depressive disorder, including about 70 percent of initial cases and 40 percent of recurrences (Kagan, 2001). Hammen (2005) also found chronic stress to be a contributory factor to major depressive disorder. However, health professionals are still struggling to determine the factors behind its development and maintenance.

Objective of the study

1. To find out the effect of parenting, sibling status and type of schools on depression in adolescents.

Hypotheses

1. Parenting will influence significantly depression in adolescents.
2. Sibling status will influence significantly depression in adolescents.
3. Type of schools will influence significantly depression in adolescents.
4. Parenting, Sibling status and type of schools will mutually interact in determine depression in adolescents.

Methodology

Sample

As per the willingness of participation of subjects in the study, 240 adolescents were selected as a total sample from adjoining districts of Bangalore urban and rural, Karnataka as per the availability of the adolescents.

Tool

- 8 ESQ – Indian adaptation (Hindi) Shri Malay Kapoor (New Delhi) and Dr. Mahesh Bhargava, (Agra) (1991). It was designed specifically for measuring eight important emotional states and moods (Cattell & Curran, 1973) i.e., anxiety, stress, depression, regression, fatigue, guilt, extraversion, arousal.

Procedure

The study is based on the responses of purposive selected sample of 240 adolescents. Adolescents were selected through randomly for the ex-post facto experimental studies adopting the trivariate (2×2×2) factorial design. All the adolescents were belonging to two genders i.e., normal and deviant as parenting, single and multiple child as sibling status and co-ed and non-co-ed as type of schools. As per the demography of sample the elements of the study are belonging to different religions, economic status, and sibling status, type of schools and children perception of parenting.

Results and discussion

Table 1: Research Paradigm

		TYPE OF SCHOOLS				
		Co-Ed		**Non Co-Ed**		**∑**
		SIBLING STATUS		**SIBLING STATUS**		
		Single	**Multiple**	**Single**	**Multiple**	
PARENTING	**Normal**	∑X-432	∑X-370	∑X-592	∑X-490	**1884**
		M-14.4	M-12.33	M-19.73	M-16.33	
		N- 30	N- 30	N- 30	N- 30	
	Deviant	∑X-475	∑X-378	∑X-611	∑X-568	**2032**
		M-15.83	M-12.6	M-20.36	M-18.93	
∑		**907**	**748**	**1203**	**1058**	**3916**

Table 2: ANOVA Summary (P<0.05)

Depression: Parenting× Sibling status× Type of schools

Source of variance	SS	df	MS	F	P
Parenting	91.27	1	91.27	42.45	<0.01
Sibling status	385.07	1	385.07	179.10	<0.01

Type of schools	1530.14	1	1530.14	711.69	<0.01
Parenting×sibling status	2.40	1	2.40	1.11	
Parenting× Type of schools	8.81	1	8.81	4.09	<0.05
Sibling status×Type of schools	0.81	1	0.81	0.37	
Parenting× sibling status× Type of schools	36.82	1	36.82	17.12	<0.01
Error	499.62	232	2.15		
Total	2554.94	239			

$F_{.05}$ (1, 239) =3.89; $F_{.01}$ (1, 239) =6.76

(01) Details of Significant Results

i. The retained H_0S (4 & 6) show that bivariate interactions ('Parenting×Sibling status' and 'Sibling status ×Type of schools') are not significant.

ii. The rejected H_0s may be detailed as given below:

a) H_0 (1) Parenting is rejected at 0.01 ls-

Adolescents whose upbringing is through deviant parenting feels higher level of depression in comparison to normal parenting.

b) H_0 (2) Sibling status is rejected at 0.01 ls-

Adolescents, who are single child in their family have higher feelings of depression in comparison to multiple child.

c) H_0 (3) Type of schools is rejected at 0.01 ls-

Adolescence who are studying in Non-Co-education schools have higher tendency of depression in comparison to co-education schools.

d) H_0 (5) 'Parenting× Type of schools' is rejected at 0.05 ls-

Adolescents whose upbringing is through deviant parenting, studying in Non-Co-education schools have higher feelings of depression in comparison to normal parenting, studying in co-education schools.

e) H_0 (7) 'Parenting× Sibling status× Type of schools' is rejected at 0.01 ls-

The result is interpreted in light of breakup further

Although Null H_0 (7) 'Parenting× Sibling status× Type of schools' is rejected the further breakup of results shows the significance as given below:

Table 3: Breakup of Trivariate (2×2×2) interaction among Parenting, Sibling status and Type of schools on depression.

S.N.	Source of variance	SS	df	MS	F	P
1.	Normal parenting: sibling status× Type of schools	6.66	1	6.66	3.09	
	Deviant parenting: sibling status× Type of schools	12.15	1	12.15	5.65	< .05
2.	Single child: parenting× Type of schools	2.40	1	2.40	1.11	
	Multiple child: parenting× Type of schools	20.41	1	20.41	9.49	< .01
3.	Co-ed: sibling status× parenting	5.10	1	5.10	2.37	
	Non-Co-ed: sibling status× parenting	14.50	1	14.50	6.74	< .05
4.	Error	499.62	232	2.15		

$F_{.05}$ (1, 239) =3.89; $F_{.01}$ (1, 239) =6.76

Table 4: Breakup of Significant results of Trivariate interaction.
Deviant Parenting: Sibling status× Type of schools

S.N.	Variable	Interaction	Mean	SEd	't'	P
1.	Sibling status (Single)	Type of schools (Co-Ed)	15.83	1.26	3.59	<.01
		Type of schools (Non Co-Ed)	20.36			
2.	Sibling status (Multiple)	Type of schools (Co-Ed)	12.60	1.69	3.74	<.01
		Type of schools (Non Co-Ed)	18.93			
3.	Type of schools (Co-Ed)	Sibling status (Single)	15.83	1.41	2.29	<.05

		Sibling status (Multiple)	12.60			
4.	Type of schools (Non Co-Ed)	Sibling status (Single)	20.36	1.57	0.91	
		Sibling status (Multiple)	18.93			

$t_{.05}$=2.01; $t_{.01}$=2.68

Interpretation of significant results of 2× 2× 2 trivariate interactions

1. **Parenting (Deviant): Sibling status (Single): (Non-Co-Ed>Co-Ed)**
   In the context of Deviant parenting, result shows that Adolescent who are single child in their family, studying in Non-Co-education schools have higher level of depression in comparison to co-education schools.
2. **Parenting (Deviant): Sibling status (Multiple): (Non-Co-Ed>Co-Ed)**
   In the context of Deviant parenting, result shows that Adolescent who are multiple child in their family, studying in non-co-education schools have higher feelings of depression in comparison to co-education schools.
3. **Parenting (Deviant): Type of schools (Co-Ed): (Single child>Multiple child)**
   In the context of Deviant parenting, result shows that Adolescent who are single child in their family, studying in Co-education schools have higher feelings of depression in comparison to multiple child.

Interpretation and Conclusion

In the context of deviant parenting, results conclude that adolescent who are single or multiple child in their family, studying in non-co-education schools have higher level of depression in comparison to co-education schools. On the other hand, in the context of sibling status, results show that adolescent who are single child in their family, studying in co-education schools have higher feelings of depression in comparison to multiple child. In the context of multiple child, results show that adolescent who are upbringing through normal or deviant parenting, studying in non-co-education schools have higher feelings of depression in comparison to co-education schools. In the context of non-co-education schools, result indicates that adolescent who are upbringing through normal parenting, single child in their family, have higher feelings of depression in comparison to multiple child.

Formerly, Adolescents has been described as a period of "storm and stress" (Hall, 1904), and the extreme problems in adjustment shown by a few were generalized as normative

experiences for all adolescents (Freud, 1958). Most adolescents cope successfully with the demands of development during this time period and do not show extreme maladaptation. Adolescent developmental errands comprise challenges of identity, autonomy, and sexuality, academic functioning, and peer relationships (Cicchetti & Rogosch, 2002). While developing attachments with peers in preparation for increased independence from the family of origin is an important developmental process, parents remain important to adolescents and to adults throughout their lives (Lerner, (2002). Onset of depression is occurring earlier in life today compared to that in past decades (NIMH, 2003). Early onset depression often reoccurs and continues into adulthood. Depression is a kind of mood disorder defined in the DSM-IV-TR (American Psychiatric Association, 2000).

The findings of the present study reaffirms that deviant parenting and being single child in their family is related to depression. Lewinsohn, Rohde, and Seeley (l 993b) found that 10 percent of depressed boys and 4 percent of depressed girls had a past suicide attempt. Depression in Adolescents has also been originate to predict consequent depression in adulthood (Harrington, Fudge, Rutter, Pickles, & Hill, 1990). Kovacs et al. (1984) in a longitudinal study bring into being that as many as 40% of those with depression may suffer a reoccurrence within five years. Fergusson and Woodward (2002) studied 1,265 children for a 21-year age and found significant adjustment issues in the group that developed depression during Adolescents. There was a requirement to measure the mental health status of adolescents so that some programmed interventions may be planned for maintaining and improving the quality of their life.

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Conflicts of Interests

The authors declare that no competing interests exist.

Author's contributions

There are three authors who contributed to the theoretical development, analysis, interpretation and writing of the manuscript.

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