

Parental Social Relationship and Adolescent Depression

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Abstract

This cross sectional study was carried out among 141 randomly selected adolescents and their parents in four sectors of Uttara model town from January to December 2017 to assess the association between parental social relationship and adolescent depression. After taking informed written consent, data were collected by face to face interview with the help of a semi structured questionnaire. Then data were processed, cleaned and analyzed accordingly. Ethical issues were followed at every stages of this study.

Among the adolescents, males were higher (67.4%) than females (32.6%) and their mean(\pm SD) age was 15.35(\pm 0.98) years. Most (93.6%) of them had secondary level education and belonged nuclear family (83.7%). Average monthly family income was Tk 61141.84(\pm 33394.09). More than half (57.4%) adolescent had no or minimum depression whereas 22.0% had mild depression 14.2% had moderate depression and 6.4% had severe depression. More than four fifth (83.7%) of the adolescent's parents almost always had good relation with those around, whereas three fifth (58.9%) parents sometimes get emotional support that is needed and nearly two third (72.3%) parents sometimes give and receive affection. There was significant association between communication of parents with other ($p<0.01$), give and receive affection ($p<0.01$) and positive thinking mentality ($p<0.01$) with level of adolescent depression. In social relationship domain, mean(\pm SD) score was found among parents was higher 10.48(\pm 1.226) when adolescents had no or minimal depression and among severely depressed adolescents their parental mean(\pm SD) score was lower 7.56(\pm 2.404) (ANOVA, $p<0.05$).

Adolescent depression is significantly associated with parental social relationship. Effective measures must be taken to prevent adolescent depression by improving parental social relation. Which may contributes effectively to develop our nation.

Key words: Depression, Adolescent depression, Social relationship, Parental social relationship, Adolescent parent relation.

Introduction

Adolescent depression is regarded as a major hindrance for development of a country. Parental social relationship is one of the hidden determinants of adolescent depression which must be recognized to prevent adolescent health problem.

The notion of the 1970s was that depression is an ailment of adulthood and that children and adolescents do not experience depression is now long gone. It has been estimated that depression is the form of mental illness affecting the greatest number of adolescents¹. World Health Organization remarks depression often start at young age. About 8.0% of adolescents meet the criteria for major depression every day². Depression may cause many consequences on victims, even they commit suicide. In fact, suicide is the third leading cause of death in adolescents. With more than half of adolescent suicide victims reported to have a depressive disorder at time of death³.

Adolescent depression is influenced by many interrelated factors, among them parental social relationship and lifestyle is one of the most important part. Both mother's and father's mental health and their daily social relationship may affect their child's mental health⁴. Evidence from different studies showed that adolescent depression is increasing day by day and most possibly it is influenced by the parent's social relationship. In different countries some few studies were done with this context but in our country it is rare. So this study will open a new window for thinking about adolescent depression and impact of parental social relationship on adolescents.

Materials and Methods

This was a cross sectional study conducted within a fixed time frame (January to December 2017). This study was conducted in Uttara model town, Dhaka, which is mainly a residential area having 14 sectors (Up to 2nd phase). Four

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sectors were selected randomly for data collection, as: Sector No- 7, Sector No- 10, Sector No- 12 and Sector No-14. Study population were adolescents aging from 10 to 19 years and their parents (Either father or mother). Systematic random sampling technique was used for this study. Data were collected from community level through face to face interview from adolescents and parents (either father or mother). A semi structured questionnaire was used for data collection which was prepared on the basis of Beck's Depression Inventory-II and social relationship domain of Lifestyle Assessment Sheet and sample size was 141. Information about socio-demographic characteristics and adolescent depression were collected from adolescents and information about parental Social Relationship was collected from parents.

Results

After analysis of the data results were described in different section as follows

Table 1: Socio-demographic characteristics of the respondents (n=141)

Attributes		Frequency	Percentage
Sex	Male	95	67.4
	Female	46	32.6
Age of the adolescent (Year)	13-15	79	56.0
	16-19	62	44.0
	Mean (± SD)=15.35 (±0.98)		
Educational qualification of the adolescent	Secondary	132	93.6
	SSC	9	6.4
Family type	Nuclear family	118	83.7
	Joint family	23	16.3
Father's occupation*	Service	90	63.8
	Business	49	34.8
Mother's occupation	Service	9	6.4
	Housewife	132	93.6
Monthly family income (Tk)	20000-50000	79	56.0
	50001-100000	51	36.2
	100001-150000	11	7.8
	Mean ±SD= 61141.84(±33394.09).		
*In case of fathers' occupation n=139 because 2 adolescent's father was died due to disease			

Table-1 shows that among all the adolescents, 95(67.4%) were male and mean (±SD) age of the adolescents was 15.35(±0.98) years. Majority 132(93.6%) had secondary level of education and 118(83.7%) were belonged nuclear family. Regarding occupation of the adolescent's fathers, 90(63.8%) were service holders and among mothers 132(93.6%) were housewives. Average monthly family income was Tk. 61141.84(±33394.09).

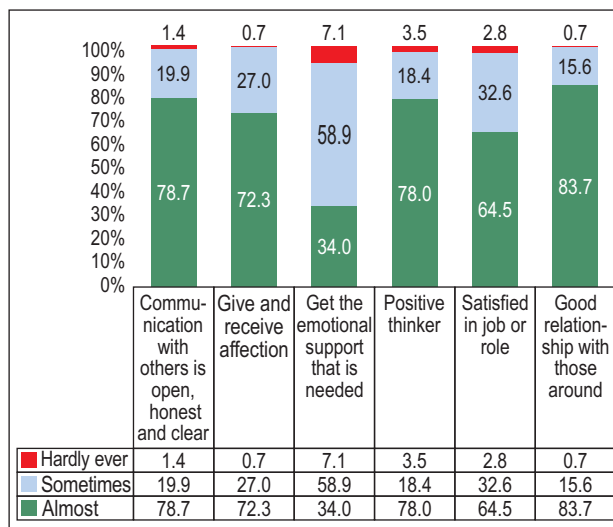


Figure 1: Response of the parents regarding social relationship (n=141)

Figure 1 shows that out of all, 78.7% parent's communication with others was almost always open honest and clear and 83.7% parents almost always had good relation with those around, whereas 58.9% parents sometimes get emotional support that is needed and 27.0% parents sometimes give and receive affection.

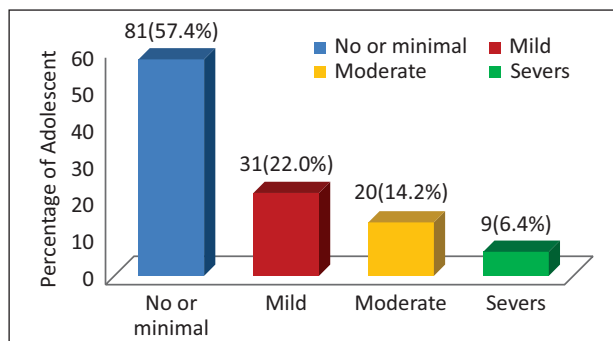


Figure 2: Distribution of the adolescents by level of depression (n=141)

Figure 2 shows that among all the adolescents, 81(57.4%) had no or minimal depression followed by 31(22.0%) had mild, 20(14.2%) had moderate and 9(6.4%) had severe depression.

Table-2: Level of adolescent depression according to sex (n=141)

Sex	No or minimal depression f(%)	Depression (Mild, moderate or severe) f(%)	Total f(%)
Male	57(60.0)	38(40.0)	95(100.0)
Female	24(52.2)	22(47.8)	46(100.0)

Table-2 shows that out of all adolescents male 57(60.0%) had no or minimal depression and 38(40.0%) had any sort of depression (Mild, Moderate or Severe). On the other hand among adolescent female 24(52.2%) had no or minimal depression and 22(47.8%) had any sort of depression (Mild, Moderate or Severe).

Table-3: Parental social relationship and level of adolescent depression

Attributes	Level of depression				Total f(%)	Significance
	No or minimal depression f(%)	Mild depression f(%)	Moderate depression f(%)	Severe depression f(%)		
Communication with others is open, honest and clear (n=141)						
Hardly ever	0(0.0)	0(0.0)	0(0.0)	2(100.0)	2(100.0)	Fisher's Exact=20.204 p= 0.001
Sometimes	11(39.3)	6(21.4)	7(25.0)	4(14.3)	28(100.0)	
Almost always	70(63.1)	25(22.5)	13(11.7)	3(2.7)	111(100.0)	
Total	81(57.4)	31(22.0)	20(14.2)	9(6.4)	141(100.0)	
Get the emotional support that is needed (n=141)						
Hardly ever	3(30.0)	4(40.0)	2(20.0)	1(10.0)	10(100.0)	Fisher's Exact=10.135 p= 0.087
Sometimes	44(53.0)	21(25.3)	11(13.3)	7(8.4)	83(100.0)	
Almost always	34(70.8)	6(12.5)	7(14.6)	1(2.1)	48(100.0)	
Total	81(57.4)	31(22.0)	20(14.2)	9(6.4)	141(100.0)	
Give and receive affection (n=141)						
Hardly ever	0(0.0)	0(0.0)	0(0.0)	1(100.0)	1(100.0)	Fisher's Exact=23.821 p= 0.001
Sometimes	15(39.5)	14(36.8)	3(7.9)	6(15.8)	38(100.0)	
Almost always	66(64.7)	17(16.7)	17(16.7)	2(2.0)	102(100.0)	
Total	81(57.4)	31(22.0)	20(14.2)	9(6.4)	141(100.0)	
Positive thinker (n=141)						
Hardly ever	2(40.0)	1(20.0)	2(40.0)	0(0.0)	5(100.0)	Fisher's Exact=14.022 p= 0.013
Sometimes	8(30.8)	9(34.6)	5(19.2)	4(15.4)	26(100.0)	
Almost always	71(64.5)	21(19.1)	13(11.8)	5(4.5)	110(100.0)	
Total	81(57.4)	31(22.0)	20(14.2)	9(6.4)	141(100.0)	
Satisfied in job or role (n=141)						
Hardly ever	1(25.0)	2(50.0)	0(0.0)	1(25.0)	4(100.0)	Fisher's Exact=7.945 p= 0.186
Sometimes	23(50.0)	10(21.7)	9(19.6)	4(8.7)	46(100.0)	
Almost always	57(62.6)	19(20.9)	11(12.1)	4(4.4)	91(100.0)	
Total	81(57.4)	31(22.0)	20(14.2)	9(6.4)	141(100.0)	
Good relationships with those around (n=141)						
Hardly ever	0(0.0)	0(0.0)	0(0.0)	1(100.0)	1(100.0)	Fisher's Exact=10.621 p= 0.068
Sometimes	10(45.5)	6(27.3)	3(13.6)	3(13.6)	22(100.0)	
Almost always	71(60.2)	0(0.0)	0(0.0)	1(100.0)	1(100.0)	
Total	81(57.4)	6(27.3)	3(13.6)	3(13.6)	22(100.0)	

Table-3 shows that among all the adolescents 70(63.1%) had no or minimal depression and only 3(2.7%) had severe depression when parents communication is almost always open, honest and clear with others, on the other hand 2(100%) adolescents had severe depression when parents communication is hardly ever is open, honest and clear with others. This association was statistically significant ($p<0.01$).

It revealed that 1(100.0%) adolescents had severe depression when their parents hardly ever give and receive

affection and 66(64.7%) had no or minimal depression when parents almost always give and receive affection. This association was statistically significant ($p<0.01$).

Among all the adolescents 2(40.0%) had moderate depression when parents were hardly ever positive thinker on the other hand 71(64.5%) had no or minimal depression when parents were almost always positive thinker. This association was statistically significant ($p<0.05$).

Table 4: Mean score of social relationship by level of adolescent depression (n=141)

Attributes	Mean(\pm SD) score of social relationship	Significance (ANOVA)
No or Minimal Depression	10.48 (\pm 1.226)	F= 13.477 df= 3 p= 0.001
Mild Depression	9.42(\pm 1.587)	
Moderate Depression	9.70(\pm 1.525)	
Severe Depression	7.56(\pm 2.404)	

Table-4 shows that in social relationship domain, mean(\pm SD) score was found among parents was higher 10.48(\pm 1.226) when adolescents had no or minimal depression and among severely depressed adolescents their parental mean(\pm SD) score was lower 7.56(\pm 2.404). This difference was statically significant (ANOVA, $p < 0.01$).

Discussion

In this study among all the adolescents, males were higher (67.4%) in number than female (32.6%) and the mean(\pm SD) age was 15.35(\pm 0.98) years and similarly mean(\pm SD) age 16.0(\pm 1.25) was found by another study conducted by Hassan, H.E. 2015⁵. In this study Muslims were higher (96.5%) in number than Hindus (3.5%) because of majority of our population are Muslims.

Among all the adolescents, 83.7% were belonged nuclear family and this finding was consistent (77.5%) with the study conducted in India⁶.

It revealed that 91.5% lived in pucca house and only 8.5% lived in semi pucca house. This difference was found because study was conducted in urban area.

Out of all, 80.1% families had 3 to 5 members and the mean(\pm SD) family members were 5.06(\pm 1.72) because, most of them were lived in nuclear family. Similar 5.81(\pm 2.0) findings were shown by another study⁷.

In this study average monthly family income was Tk. 61141.84(\pm 33394.09) which was quite similar with average monthly family income (Tk. 55086) for resident of Dhaka city. A small difference was found because this study was conducted in a small area with small sample size⁸.

This study revealed that, higher (57.4%) number of adolescents had no or minimal depression followed by 22.0% had mild, 14.2% had moderate and 6.4% had severe depression. Similar study conducted by Jayanthi et al. (2015) in India among 2432 adolescents, found that higher (45.7%) adolescents had moderate depression, followed by 25.4% had mild depression, 19.6% had severe depression and 9.3% had no or minimal depression. This result was varied from this study may be due to their large sample size⁶.

Among adolescent males two fifth (40.0%) had any sort of depression (Mild, moderate or severe), on the other hand

among females about half (47.8%) had any sort of depression. It indicated that females were more depressed than male. Similar study in South Korea revealed same outcome, where females' depression was higher (43.96%) than males (32.03%)⁷.

Conclusion

Adolescents depression is being neglected which is the one of the major contributors of global burden of disease and parental social relationship is the triggering factor of adolescent depression. More and more research should be conducted on this topic, which will help the policy maker to take effective measures against adolescent depression.

References

1. Cash, R.E. Parental Influence on Children's Unhealthy Lifestyle Activities in UK [Internet]. Available at: <http://en.uniroma1.it/gsa/search/search?query=Parental+Influence+on+Children%27s+Unhealthy+Lifestyle+Activities+in+UK+>. [Accessed 11 November 2017].
2. Duckworth, K. National Institute of mental health Summary of Research Studies [Internet]. Available at <http://www.nimh.nih.gov> [Accessed 23 April 2017].
3. Thapar, A., Collishaw, S., Pine, D., Thapar, A.K. Depression in adolescence. *Lancet*. 2012. 379(9820): 1056-1067.
4. Halliwell, E., Richardson, C., and Main, L. Fundamental Facts on Mental Health. Mental Health Foundation. Available at <http://www.mentalhealth.org.uk> [Accessed 24 April 2017].
5. Hassan, H.E., Mohamed, O.E., Ibrahim, R.E. Factors Affecting Depression among Teenagers in Port Said City. *IOSR Journal of Nursing and Health Science*. 2015. 4(1):12-18.
6. Jayanthi, P., Vukarasu, T. Prevalence of Depression among School Going Adolescents in South India. *International Journal of Pharmaceutical and Clinical Research*. 2015. 7(1): 61-63.
7. Park, H.Y., Heo, J., Subramanian, S.V., Kawachi, I., Oh, J. Socioeconomic Inequalities in Adolescent Depression in South Korea: A Multilevel Analysis. *PLOS ONE*. 2012. 7(10): 3.
8. Rahman, H.Z. Unpacking the present: Household Economic Realities. In *Politics, Governance and Middle Income Aspirations Realities and Challenges*. Dhaka, 25 may, 2016. Dhaka: PPRC. pp. 16-17.