The Psychiatrist : Clinical and Therapeutic Journal

Extended Abstract OMICS Open Access 2020 Vol.3 No.2

A study of female adolescent depression in rural areas of India.

Soumen Acharya

National Institute of Public Co.operation and Child Development, India. Email: drsoumenacharya@gmail.com

The study sought to identify the role of cognitive distortion and parental bonding in depressive symptoms among Female adolescents l in rural India. The study also aims to ascertain the extent to which parent-child relationship, specifically father care and mother care; and, father overprotection and mother overprotection differ in the way they contribute to depressive symptoms of adolescents. Materials and Methods: A total of 150Fe male adolescents aged 18- 19 were drawn through random sampling. The educational institution was randomly selected from a list of higher educational institutions in India. The subject chosen for the study were also randomly selected from a class of 40-50 students. All tests were administered in the group of 20- 30 students. Stepwise multiple regression analysis was carried out to ascertain the contribution of cognitive distortion (selfcriticism, self-blame, helplessness, hopelessness, and preoccupation with danger); parent-child relationship (mother care, mother overprotection, father care, father overprotection) towards depressive symptoms. Survey Instrument: Reynolds Adolescent Depression Scale (RADS-2) was developed by William Reynolds (2010) to measure the severity of depressive symptoms in adolescents in clinical settings. The RADS-2 is a brief, 30-item self-report measure that includes subscales which evaluate the current level of an adolescent???s depressive symptoms along four basic dimensions of depression: (1) dysphoric mood; (2) anhedonia; (3) negative self-evaluation; and, (4) somatic complaints. In addition to the four subscale scores, the RADS-2 yields a depression total score that represents the overall severity of depressive symptoms. The reliability and validity of the test are well-established with an internal consistency of 0.86, test-retest of 0.80, and a validity criterion of 0.83. Cognitive Distortion Scales (CDS) was developed by John Briere (2000). It measures distorted or negative cognitions and consists of 40 items. Each symptom item is rated according to its frequency of occurrence over the preceding month; using a five-point scale range from never to very often. The five subscales are selfcriticism, self-blame, helplessness, hopelessness, and preoccupation with danger. The score on each dimension can be added to 9, which is the total score. The reliability and validity of the test are well-established, with the reliability of 0.89 and validity of 0.94. Parental Bonding Instrument (PBI) was developed by Parker, Tupling, and Brown (1979). PBI is a 25-item instrument designed to assess the children???s perception of the parent-child relationship in terms of parental behaviors and attitudes. The authors identified two variables that are important in developing parent-child bonding: (1) care and, (2) overprotection. Out of 25 items, 12 items measure children???s perception of their parents as caring with the opposite end of the spectrum being indifference or rejection, the remaining 13 items assess children???s overprotectiveness with the extreme opposite being encouragement and independence. The care subscale allows a maximum of 36 and overprotection a score of 39. The scale yields information on four dimensions, namely: mother care, father care, mother overprotection, and father overprotection. The participants??? responses are scored on a fourpoint scale ranging from ???very likely??? to ???very unlikely???. Some of the items are reverse scored. The PBI demonstrated high internal consistency with split-half reliability coefficients of 0.88 for care and 0.74 for overprotection. The instrument shows good concurrent validity and correlated significantly well with the independently rated judgment of parental care and overprotection.

Approximately, 20% of adolescents have a diagnosable mental health disorder.Furthermore, many mental health disorders are first present during adolescence.About 20%–30% of adolescents have one major depressive episode before they reach adulthood.For a quarter of individuals with mood disorders like depression; these first emerge during adolescence. About 50%–75% of adolescents with anxiety disorders and impulse control disorders (such as conduct disorder or attention-deficit/hyperactivity disorder) develop these during adolescence. Existing mental health problems become more complex and intense withchildren's transition into adolescence.Untreated mental health problems among adolescents may lead to poor school performance, school dropout, strained family relationships, substance abuse, and engaging in risky sexual behaviors.Understanding the prevalence of psychiatric disorders among children and adolescents is essential for constituting a sound policy for the provision of mental health and other services. Therefore, the aim of this cross-sectional study was to assess and compare the prevalence of depression and anxiety among children of age group 11–18 years residing in the rural and suburban area.

This community-based, cross-sectional study assessed the prevalence of psychiatric disorders, specifically depressive disorders and anxiety disorders (as per ICD-10), in rural and suburban areas of Varanasi district of eastern Uttar Pradesh. Community acts as a good pool for sample collection because it contains the total residing population of children. Tikari and Sunderpur of Varanasi were chosen as the study areas for rural and suburban population, respectively, as sociodemographic structure of Tikari and Sunderpur are representative of rural and urban slums of Varanasi, respectively. The age group of 11–18 years in this study covered maximum proportion of adolescents in both rural and suburban areas.

In the previous study, 29 cases were diagnosed as suffering

from depression with the prevalence rate of 14.5%. There was no significant difference in children of rural and suburban areas in terms of prevalence of depression (P = 0.841). These results are similar to those seen in the previous studies.Although in a recent study by Satyanarayana et al., urban population was significantly more affected by depression and anxiety than rural population. In a meta-analysis, Sajjadi et al. also found the prevalence of children and adolescent depression to be 13.05% using CDI.In this study, 89.65% cases with positive CDI scores were in the age group of 14–17 years. This may be because as age advances, child's understanding of the symptoms was increased, and they are better able to report about their emotional state. Similar results of higher psychological problems in middle adolescence were also found in other previous studies. In our study, more females (19.1%) were affected by depression as compared to males (10.8%), though this difference was not statistically significant. Other studies have also shown a strong female preponderance in the prevalence of depression in adolescents.It has also been stated that after reaching puberty, there is a sharp rise in psychological problems in girls.