

Original Article

## SOCIO-ECONOMIC STATUS AND DEPRESSION AMONGST THE URBAN ADOLESCENTS

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### ABSTRACT

**Background:** Depression is a state of low mood and aversion to activity that can affect a person's thought, behavior feelings and physical wellbeing. Mental health of adolescents has been drawn going attention due to sustain increase in adolescent depression as well as suicidal incidence. The study aimed to determine the level of depression among the urban adolescents and its association with socio-economic status (SES).

**Methods:** A descriptive cross-sectional study was carried out among 384 adolescent students of selected English and Bangla medium school of Dhaka city during January to December 2016. A semi-structured questionnaire and convenience sampling technique were used for data collection. Data were analyzed using SPSS software.

**Results:** The study findings revealed that a large number of adolescents (34.11%) had depression and females are more (80%) prone to be depressed. Socio-economic status had significant association with the level of depression ( $p=0.000$ ). Out of 131 depressed respondents, 58.77%, 28.24%, 12.97% were in middle, upper and lower class respectively. Among all the depressed adolescents, 67.93% found significant depression and (32.06%) found cutoff score of depression.

**Conclusion:** This study showed that depression is remained uncared health problem among the adolescents due to socio-economic problem. More attention and awareness need at the national level for early diagnosis of Adolescent depression.

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**Key words:** Depression; Socio-economic status; Urban; Adolescent

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### INTRODUCTION

Depression is a state of low mood and aversion to activity that can affect a person's thought, behavior feelings and physical wellbeing. Adolescent mental health has been drawn going attention due to sustain increase in adolescent depression as well as suicidal incidence. The life time prevalence for adolescent depression has been reported to be high as 20% among the age group of 13 to 18 years. Reported risk factors for depression include being female, anxious, offspring of depressed parents, having subclinical levels of depressive symptoms and being exposed to stress or trauma. Low Socioeconomic status (SES) are 80% more likely to be depressed than are higher SES adolescents<sup>1</sup>. Lack of income may prevent the purchase of goods and services that promote healthy emotional development. Living in poverty may expose children to traumatic events that have lasting deleterious effect on their mental health. Insufficient resources may create pressure on parents that in turn leads to counterproductive parenting behaviors. One of the most striking and profound findings in epidemiology is that individuals lower in

socioeconomic status (SES) have poorer health than individuals higher in SES.

Adolescence can be a stressful time for children, parents and also all others who lives with them. School students in India have a high stress level and higher rate of deliberate self-harm<sup>2</sup>. Many recent studies have found relation between stress and suicidal ideas in school children. Stress also results in increased likelihood of substance abuse among adolescents. A social and public health response in addition to mental health response is crucial to prevent suicidal behavior and creating awareness about substance abuse among adolescents. Stress also positively correlates with maladaptive strategies adopted towards schools, teachers, and parents, peers, opposite sex and also at a broader societal level. Policy planning and implementation of preventive measures for adolescent suicide is therefore, need of the hour.

Adolescence is the period of physical, psychological and social maturation from childhood to adulthood. The term ‘adolescent’ refers to individuals between the ages of 10-19 years. Adolescence is a stage of significant growth and potential but it is also considered to be a time of great problem. Depression shows high rates of co-morbidity, with both typically beginning in adolescence and serving as leading causes of psychosocial, economic, and medical morbidity and premature death. Depression in adolescence is also common in school environments. A large number of research findings reported that major depression is affected in school children due to low economic condition. Thus, poor interpersonal relationships between teachers and the students result in low self-esteem in the adolescent boys and girls. These findings indicate adolescence as the peak age of depression.

The MECA Study (Methodology for Epidemiology of Mental Disorders in Children and Adolescents) found that approximately 20% of children and adolescents in the U.S. exhibit some impairment from a mental or behavioral disorder, with 1.1percent having significant functional impairments and 5% suffering extreme functional impairment<sup>3</sup>. Depression is one of the most common mental health problems in the transition period of adolescence to early adulthood with 15% to 20% of youth estimated to suffer from depressive disorders by the age of 18<sup>4, 5</sup>. In the United States, 28.3% of high school student’s report periods of depression during the past year that interfered with usual activities and lasted at least for 2 weeks<sup>6</sup>.

Secondly, evidence has shown that poor health in childhood is related to various negative consequences on future outcomes). Recently the importance of child/adolescent mental health and behavioral problems has been increasingly investigated particularly using longitudinal data<sup>7, 8,9,10</sup>.

Depressive symptoms are commonly among families with lower socio economic status are often exposed to economic hardship experience a large family burden and find themselves in a serious conflict situation when the children grown up. Otherwise parental education and occupation also affects children’s perceived level of social support and normal development. It also influences developmental abnormalities, among children who often affect nutritional deficiency. Family income, occupational prestige, and educational attainment are measures of Socio-Economic Status (SES) that have been found to influence an individual’s life opportunities. So, this study may point upon the eyes of the policy makers regarding relationship between depression and socioeconomic status among the urban adolescent.

## **METHODS**

A descriptive type of cross-sectional study was adopted for this research work to determine the relationship between socio-economic status and adolescent depression.

This study was conducted among the adolescent students age between 10 to 19-year-old at Will’s little flower school and college, Kakrail, Dhaka and Muslim government high school, Laxmibazar, Dhaka. The study places were selected on the basis of Good number of study subject, Easy communication and peaceful cooperation of the authority. Convenience sampling was considered and total sample was 384.

A semi structured questionnaire was prepared in English and Bengali by using the selected variable according to objectives of the study and made simple, easy understandable to the respondent. Two scales were used; 1) to find out the depression level “The Center for Epidemiological Studies Depression Scale for Children (CES-DC)” was used and 2) to assess the socio-economic status “Kuppuswamy’s socioeconomic status scale” was used.

Ethical clearance was taken from the Institutional Review Board (IRB) of NIPSOM. After taking a written consent, data were collected from the parents of the students. An orientation class was conducted in the respective academic institutes regarding this study in consultation with the principle of that institute. The important and implications of this study were explained to the students, so that they can take consent of their guardian to participate in this study. Semi structure questionnaire were distributed to the students, who were present in school and college at the time of data collection and were willing to participate in the study with the consent of their guardian. The questionnaire was explained to the respondent so that they can understand the question and put respond

accordingly. The respondent was given option to put names or other identifying notations on the questionnaire, or not.

Data were checked and cleaned; followed by editing, coding and categorizing to detect errors or omissions and to maintain consistency and validity. Data entry was done on the ‘Statistical Package for Social Science (SPSS).’ Software version 20 with necessary coding.

**RESULTS**

This study was carried out among 384 urban adolescents. Relevant data were collected by specific questionnaire “Kuppuswamys socioeconomic status scale” was used to find out the socio-economic status and “The Center for Epidemiological Studies Depression Scale for Children (CES-DC)” was used for to detect the level of depression. All the data were presented through following tables and figures.

Variables	Traits	Percentage	p-value
Age	17-19 years	59.9	0.035
	14-16 years	37.5	
	11-13 years	2.6	
Gender	Male	40.6	0.000
	Female	59.4	
Level of Education	Illiterate	7.8	0.015
	Primary school certificate	5.2	
	Middle school certificate	21.6	
	High school certificate	27.3	
	Intermediate or post high school dip	18.2	
	Graduate or post graduate	14.1	
	Profession or honors	5.7	
Monthly Family Income	2172-6489	1.3	0.000
	6490-10828	6.5	
	10830-16257	15.9	
	16254-21685	18.8	
	21686-43392	33.1	
	43393 taka or above	24.5	
Occupation	Unemployed	2.3	0.011
	Unskilled Worker	12.5	
	Semiskilled Worker	35.2	
	Skilled Worker	41.1	
	Clerical, shop worker	8.9	
Level of depression	15 (Cut of Score)	32.06	0.018
	>15 (Significant Depression)	67.93	

Among 384 respondents 59.9% of respondents were from the age group of 17-19 years, then 37.5% were

from 14-16 years’ age group and 2.6% were in 11-13 years’ age group. About 40.6% of them were male and

59.4% were female. Among 384 respondents 7.8% were illiterate, 27.3% completed high school certificate and only 5.7% completed profession or honors. About 127 respondents (33.1%) have monthly family income up to TK.43392, 94 respondents (24.5%) have monthly income 43393 taka or above and only 5 respondents (1.3%) have 2172-6489 taka. Most of the respondent's head of the family are skilled worker (41.1%) and only 2.3% are unemployed. About 67.93% were suffering from significant depression and 32.06% were found with cut of score of depression. Depression has significant association with sex. Females are more depressed (80%) than the male respondent (19.84%). Socio-economic status is significantly associated with level of depression in urban adolescents ( $p=0.000$ ). Depression is higher among the respondents who are from lower middle and upper lower than upper middle-class people (Table 01).

## **DISCUSSION**

This study aimed to find out the association between socio-economic status and depression amongst the urban adolescents in two school in Dhaka city. The sample was constituted with 384 urban adolescents aged 11 -19 years. Among all respondents, 59.9% were in the age group of 17-19 years, 37.5% were in 14-16 years and 2.6% were in 11-13 years. Previous study showed that older adolescents were experiencing more depressive symptoms than younger adolescents. In my study depressive symptoms were not associated with the age distribution. Among them 40.6% respondents were male and 59.4% respondents were female. 80.15 % of the female adolescents were depressed whether only 19.84% male adolescents were depressed. In the study of South Korea, India and China. Female students were shown to have a higher prevalence of depression than male adolescents (43.96% vs. 32.03%). Monthly family income was an important component for the measurement of socio-economic status. Among all respondents, monthly family income of 1.3% respondents was Tk.2172-6489, 6.5% had Tk.6490-10828, 15.9% had Tk.10830-16257, 18.8% had Tk.16254-21685, 33.1% had Tk.21686-43392, and 24.5% had income Tk.43393 or above.

Level of depression of the respondents was measured by CES-DC scale where 131 respondents found depressed, out of which 32.06% of the respondents found cutoff score of depression and 67.93% found significant depression. Another study in USA showed prevalence of depression is 25%, in china 35%, in south India 20%. Analysis showed that socio-economic status had significant association with depression ( $\chi^2=3.359$ ,  $p=0.000$ ). In upper and lower class had no association according to scale.

In upper middle class, 12.47% respondents were depressed, 58.77% respondents were depressed from lower middle class, and 28.24% of the respondents were depressed from upper lower class. Depression was higher among the respondents who were from lower middle and upper lower than upper middle-class people. This result identified that socio-economic status was related with the depression of the adolescents. Low family economic status, parental or maternal unemployment, long periods spent apart from family and family conflicts were all components of a negative family environment that mediate relationship between parental socio-economic status and depression. Other study also showed that dissatisfying test performance also an important indicator for depression<sup>11</sup>.

Depression was higher among the respondents due to their parental disharmony. Out of 131 depressed adolescents, 72.51% respondents had parental disharmony and they were depressed and 31.11% had no parental disharmony. A large number of adolescent students experienced advance consequences of depression including suicide which was third leading cause of death among the world.

Depressive symptoms were commonly among families with lower socio-economic status were often exposed to economic hardship experience a large family burden and find themselves in a serious conflict situation when the children grown up.

## **CONCLUSION**

The cross-sectional study was carried out among the urban adolescents aged 11 to 19 years. The researcher found that a number of adolescents in the urban area were suffering from depression- majority of them are female and that is a major concern for our society. This study identifies that socio-economic status are related with the depression of the adolescents. Low family economic status, parental or maternal unemployment, long periods spent apart from family and family conflicts are all components of a negative family environment that mediate relationship between parental educational achievements and depression. Some factors are also related with the depression such as dissatisfying test performance, conflict with friends, love affair and heavy course load. These factors have a mediating role between parental educational level and student's depression. Policy makers may take necessary steps to reduce above mentioned socially burning issues.

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