Original Research Paper

Nursing

TO ASSESS THE KNOWLEDGE REGARDING PREVENTION OF DEPRESSION AMONG ADOLESCENTS.

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ABSTRACT
Background: The National Mental Health Survey 2015-16 conducted by National Institute of Mental Health and Neuro-Sciences (NIMHANS), reported mental morbidity of 10.6% among those who are aged 18 and above. The rate was slightly lower, 7.5%, among the youth (18 – 29 years). A World Health Organization report released in 2017 estimated that more than 56 million individuals in the country face depressive disorders currently[1]. **Objective:** 1.To assess the existing knowledge of prevention of depression among adolescents.2To associate knowledge of prevention of depression among adolescents with the demography variables. **Methods:** cross sectional research design was used among 100 adolescents from the area of Wardha district. **Result:** The result revealed that 7 (07%) of adolescents were having poor level of knowledge score, 81(81%) of them had average and 6(6%) of them had good level of knowledge score. The minimum score was 4 and the maximum score was 14, the mean score was 7.38 ± 1.56 with a mean percentage score of 36± 7.8 **Conclusion:** There was no significant association of knowledge score in relation with demographic variables. From present study tell us that we have to create awareness regarding prevention of depression so that adolescents can able to cope with the problem facing by them, Lead mentally healthy life

KEYWORDS : knowledge, depression and adolescents

Introduction

WHO is leading a one-year global campaign on depression? The highlight is World Health Day 2017. The goal of the campaign is that more people with depression, everywhere in the world, both seek and get help. Depression is the leading cause of ill health and disability worldwide. More than 300 million people are now living with depression, an increase of more than 18% between 2005 and 2015. The National Mental Health Survey 2015-16 conducted by National Institute of Mental Health and Neuro-Sciences (NIMHANS), reported mental morbidity of 10.6% among those who are aged 18 and above. The rate was slightly lower, 7.5%, among the youth (18 – 29 years). A World Health Organization report released in 2017 estimated that more than 56 million individuals in the country face depressive disorders currently.[1]

"Maan Ki Baat" in March 2017, Prime Minister Narendra Modi urged the people of India to openly discuss depression and other mental health issues. "The first mantra (towards curing depression) is the expression of depression instead of its suppression," Modi said. He also said that students living in hostels are particularly vulnerable to depression due to loneliness.[2]

The findings of the 2016 Lokniti-CSDS Youth Survey indicate that around four out of 10 youngsters who are currently studying felt regular or occasional depression/tension during the last couple of years. Loneliness may be one reason as in the survey 30% also confirmed feeling lonely at times.

The NMHS (2015-16) reported a prevalence rate of 0.8% (CI 0.3–1.4) for 5 depressions among 13–17-year-old children. Traumatic experiences in early childhood, frequent migration, negative life events, educational setbacks, early relationship problems, and family history of mental illness as well as stress at school and in the family are linked in varying degrees to depression among children and 40 adolescents.[2]

A treatment gap of more than 90% has been documented for depression in LMICs. In India, a treatment gap of 87.2–95.7% was reported for depression from community based studies. Data from the World Health Survey reported a treatment gap of 88%, while the recent NMHS showed a treatment gap of 86% for depression and 80% for any suicidal risk behaviour.[3]

Cross-sectional study was undertaken from January to June 2016 in adolescents studying in 9–12th standard from forty schools in Bihar. The 1412 selected students, the prevalence of depression was found to be 49.2%, wherein the prevalence of severe depression was 7.7%. The overall prevalence of depression was significantly ($P < 0.001$) higher among girls (55.1%) than boys (45.8%). The prevalence of depression was found to be higher among students belonging to minorities (Buddhism, Jainism, etc.) (63.3%, $P < 0.001$). Elder students were found to be more depressed than younger students. Depression was found to be statistically significantly associated with gender and religion ($P < 0.005$). Guilty feeling (69.48%) was one of the most prominent clinical factors associated with depression followed by pessimism (58.14%), sadness (56.52%), and past failure (55.81%)[4].

The study focuses on the factors and stressful events, which appear to influence the development of depressive symptoms in South African adolescents. With greater knowledge of the epidemiology of adolescent depression within this sample, one is able to begin to determine the relative influence of familial, peer, genetic, gender and other life factors on adolescent depression. The ultimate aim is therefore to gain a better understanding of the prevalence of adolescent depression within the South African context.[5]

OBJECTIVES

1. To assess the existing knowledge of prevention of depression among adolescents
2. To associate knowledge of prevention of depression among adolescents with the demography variables**.**

ASSUMPTION

The Adolescent may have some knowledge regarding prevention of depression.

HYPOTHESIS

1) H_0:- There will be no knowledge regarding prevention of depression among adolescents
2) H_1:- There will be good knowledge regarding prevention of depression among adolescents

METHODOLOGY

Research Design: Cross-sectional research design
Research Approach: Survey approach.
Setting of the Study: The study will be conducted in selected area of Wardha.

Sampling technique: Non Probability Purposive sampling.
Sample: Adolescents
Sample size: 100

Inclusion Criteria:
1. The adolescent of 16 to 24year of age.

Exclusion Criteria:
1. The adolescents of suffering with any mental problems.

Development of the tool: Data collection instruments consist of the following sections.
Section I- It consists of demographic variables of postnatal mothers to be participated in the study e.g. Age, gender, residence, type of family, religion, and monthly income.
Section II – It consist of 20 Structured question regarding knowledge related prevention of depression among adolescents.

RESULTS
Percentage wise distribution of knowledge regarding prevention of depression among adolescents

n=100

Demographic Variables	Frequency	Percentage (%)
Age(yrs)		
16-18 yrs	30	30
19-21 yrs	54	54
22-24yrs	16	16
Gender		
Male	62	62
Female	38	38
Residence		
Urban	49	49
Rural	51	51
Type of family		
Single	03	03
Joint	66	66
Nuclear	19	19
Extended	12	12
Religion		
Hindu	41	20
Muslim	16	40
Christian	21	30
Buddhist	21	10
Monthly Income(Rs)		
Up to 5000 Rs	28	28
5001-10000 Rs	12	12
10001-15000 Rs	8	8
15001 and above	52	52

MAJOR FINDINGS OF THE STUDY: Assess the level of knowledge score

n=100
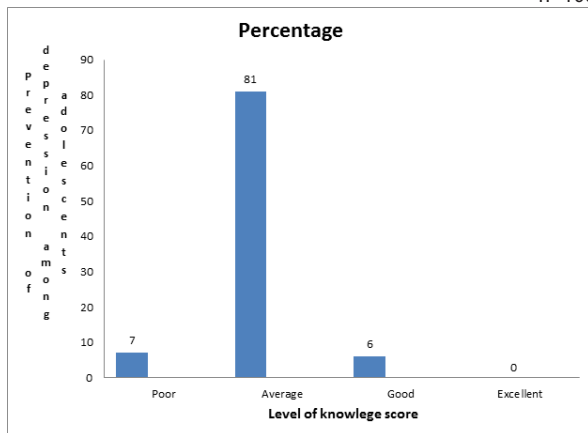
The above graph shows that 7(07%) of adolescents were having poor level of knowledge score, 81(81%) of them had average and 6(6%) of them had good level of knowledge score. The minimum score was 4and the maximum score was 14, the mean score was 7.38 ± 1.56 with a mean percentage score of 36 ± 7.8

DISCUSSION:
The present study undertaken was 'To assess the knowledge regarding prevention of depression among adolescents .Based on the analysis of the findings of the study, it was found that, there was more average in the knowledge scores. So it can be concluded that, the knowledge regarding prevention of depression among adolescents was average.

Depression was detected among a significant number ($P = 0.012$) of older adolescents (ages 14 and 15 years), and girls were significantly more depressed ($P = 0.016$). Students who were comfortable with friends and those who received moral support from their families were significantly less depressed ($P = 0.022$ and $P = 0.014$, respectively). Moderately and severely depressed students displayed abnormal eating habits ($P = 0.014$) and those whose families did not spend enough time with them were more susceptible to get depressed ($P < 0.001$).[6]

Most of the study emphasis on the factors that leads to depression. There is the need of. Educational programmes targeting adolescent population for prevention of depression and looking at the average level of the knowledge regarding prevention of depression among adolescents.

CONCLUSION:
From present study tell us that we have to create awareness regarding prevention of depression so that adolescents can able to cope with the problem facing by them, Lead mentally healthy life.

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