



Effectiveness of Planned Teaching Programme on Knowledge Regarding Prevention of Depression in Adolescents Among the Parents of Adolescents in Selected Secondary Schools of Mumbai City

KEYWORDS

Depression, Deliberate Self Harm (DSH), adolescents, secondary school.

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ABSTRACT *Background:* Adolescence is a period of turmoil, if not dealt with it effectively. The perplexity which adolescents face could compel them to reside to such an act which could be harmful. The academic failure, loss of loved ones during the period of adolescence can affect them seriously. They may turn to the decision of ending their lives by deliberate self-harm (DSH) i.e. suicide. The parents who are around these adolescents for most of the time should be made aware of the prevention of the depression in adolescents.

Material and Method: A evaluative study was conducted to assess the effectiveness of planned teaching programme on knowledge regarding prevention of depression in adolescents among parents of adolescent studying in selected secondary schools in Mumbai city. Data was collected from 50 subjects by using non-probability convenient sampling technique. The study was conducted with a pre-experimental one group pre-test- post-test design. A structured questionnaire was used to assess the knowledge of parents of adolescents of secondary schools.

Results: The study results confirmed the effectiveness of planned teaching programme in improving the knowledge of parents regarding the prevention of depression in adolescents. Significant association was found between the knowledge regarding prevention of depression in adolescents and the age with pre-test knowledge levels of parents.

INTRODUCTION

Depression in adolescence and adulthood is common, affecting up to 20 percent of these populations. It represents a significant public health concern and is associated with considerable suffering and functional impairment. Adolescent-onset depression tends to be particularly a malignant and recalcitrant condition, increasing the likelihood of recurrence and chronicity in adulthood¹.

Teenage years can be stressful and challenging. Adolescents feel all kinds of pressures-to do well in school, to be popular with peers, to gain the approval of parents, to make the team, to be cool. In addition, many teenagers have other special problems. It may be due to parents' divorce, parent being out of work or the family's financial problems, parent's alcoholism and poverty. Mental health problems in teens are real, painful and, if left untreated, can have serious consequences.²

At any given time, up to 15% of children and adolescents have some symptoms of depression. Five percent of those 9 to 17 years of age meet the criteria for major depressive disorder. The incidence of depressive disorders markedly increases after puberty. By 14 years of age, depressive disorders are more than twice as common in girls as in boys, possibly because of differences in coping styles or hormonal changes during puberty. Adolescent depressive disorders often have a chronic, waxing and waning course, and there is a two to four fold risk of depression persisting into adulthood³.

Many people experience the first symptoms of depression during their college years. Unfortunately, many college students who have depression aren't getting the help they need. They may not know where to go for help, or they may believe that treatment won't help. Others don't get help because they think their symptoms are just part of the typical stress of college, or they worry about being judged if they seek mental health care⁴.

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cents among parents of adolescent studying in selected secondary schools in Mumbai city. Data was collected from 50 subjects by using non-probability convenient sampling technique. The study was conducted with a pre-experimental one group pre-test- post-test design. A structured questionnaire was used to assess the knowledge of parents of adolescents of secondary schools.

Results: Distribution of subjects according to demographic variables.

Table 1: Demographic Characteristics of Subjects (n=50)

variables	group	Fre-quency	percent-age
Parents Age in years	30 to 40 years	20	40
	41 to 50 years	27	54
	Above 50 years	3	6
Gender	Male	12	24
	Female	38	76
Religion	Hindu	50	100
Residence	Urban	45	90
	Slum	5	10
Type of family	Nuclear	18	36
	Joint	29	58
	Extended	3	6
Marital status	Married	49	98
	widow	1	2
Income	Less than Rs. 5000	13	26
	Rs. 5001 to 10,000	23	46
	Rs.10,001 to 15,000	5	10
	Rs.15,001 and above	9	18

Education of parents	Primary	18	36
	Secondary	22	44
	Higher secondary	8	16
	Graduate	2	4
Occupation of parents	Service-Govt/ private	19	38
	House wife	31	62
Awareness regarding depression	Yes	37	74
	No	13	26
Source of information	Electronic media	33	66
	Books/magazine	3	6
	Health personnel	1	2

Table 1 shows that majority (54%) parents belongs to 41 to 50 years, maximum (76%) were mothers, most of the participants(90%) were from urban region , more than half (58%) were from joint family, Majority (98%) were married, about 46% had family income Rs.5001-10000, 44% had secondary education, Majority 62% were house wife, maximum (74%) subjects were aware regarding depression in adolescents and out of which 66% received the information through electronic media.

Table No 2: Levels of Pre-test and Post-test Knowledge scores (n = 50)

Knowledge grades	Pre-test		Post-test	
	Frequency	Percentage	Frequency	Percentage
Poor	4	8	0	0
Average	45	90	4	8
Good	1	2	46	92
Total	50	100	50	100

Table 2 depict that in pre-test before the planned teaching, majority (90%) of participants were having average knowledge and only 2% of participants showed good knowledge scores whereas in post-test the maximum (92%) participants had good knowledge level.

Table 3: Paired t-test for the effectiveness of planned teaching on knowledge of parents regarding prevention of depression in adolescents (n = 50)

Test	Mean	SD	SE	t value	df	p value
Pre-test	14.68	3.043	0.553	28.58	49	< 0.001
Post-test	23.94	2.461				

Table 3 shows that in pre test average knowledge scores was 14.68 which was increased to 23.94 in post-test. Also the t-value for the comparison of knowledge scores before and after planned teaching was found to be 28.58 at 49 degrees of freedom. Corresponding p-value was found to be too small which is less than 0.001. This indicates that there is significant effect of planned teaching programme on the knowledge regarding prevention of depression in adolescents.

Table 4: Effectiveness of planned teaching section wise (n = 50)

Section	Test	SD	SE	Calculated t-value	Tabulated t-value
Concept of depression	Pre-test	1.11	0.22	20.2*	4.24
	Post-test	1.09			
Causes of depression	Pre-test	1.13	0.2	23.1*	4.24
	Post-test	0.84			
S/S of depression	Pre-test	1.7	0.3	19.9*	4.24
	Post-test	1.24			
Mgmt of depression	Pre-test	1.55	0.26	20.1*	4.24
	Post-test	1			

* Significant at p < 0.0001 (df- 49)

Above table 4 shows that the t-values for each section were 20.2, 23.1, 19.9 and 20.1 respectively which were more than the tabulated t value (4.24) at 49 df and corresponding p-value less than 0.0001. Therefore it is inferred that the planned teaching programme was effective in improving the knowledge in each section.

Table 5: Association of knowledge score with selected demographic variables (n = 50)

Variable	Group	Knowledge		Chi-square Cal	Chi-square Tab.	p value
		Inadequate (< median)	Adequate (> median)			
Age	30 to 40 years	17	3	10.95*	5.99	< 0.05
	41 to 50 years	10	17			
	Above 50 years	2	1			
Sex	Male	7	10	2.99 ^{NS}	3.84	> 0.05
	Female	22	11			
Type of Family	Nuclear	9	9	0.76 ^{NS}	5.99	> 0.05
	joint	18	11			
	Extended	2	1			
Income	Less than Rs. 5000	10	3	2.91 ^{NS}	7.82	> 0.05
	Rs. 5001 to 10,000	12	11			
	Rs.10, 001 to 15,000	3	2			
	Rs.15,001 and above	4	5			
Education	Primary	8	10	5.77 ^{NS}	9.49	> 0.05
	Secondary	12	10			
	Higher secondary	7	1			
	Graduate	1	0			
	Post-graduate	1	0			
Suicide knowledge	Yes	22	15	0.12 ^{NS}	3.84	> 0.05
	No	7	6			

* Significant at p < 0.05

The above Table 5 depicts that the p-value corresponding to 'Age' is less than 0.05 therefore it is inferred that there is significant association of age with the knowledge of depression and the p values of other demographic variables were found to be > 0.05, hence there is no significant association of knowledge with other demographic variables.

DISCUSSION

Depression can occur during adolescence, a time of great personal change. Most students occasionally feel sad or anxious, but these emotions usually pass quickly— within a couple of days. Untreated depression lasts for a long time and interferes with day-to-day activities. The present study was carried out to assess the effectiveness of planned teaching on the knowledge regarding prevention of depression in adolescents among the parents of adolescents in secondary schools of Mumbai city. In this study the majority (54%) parents belongs to 41 to 50 years, maximum (76%) were mothers, most of the participants(90%) were from urban region , more than half (58%) were from joint family, Majority (98%) were married, about 46% had family income Rs.5001-10000, 44% had secondary education, Majority 62% were house wife, maximum (74%) subjects were aware regarding depression in adolescents and out of which 66% received the information through electronic media. There was significant association of age with the knowledge of depression. The planned teaching was significantly effective in improving the knowledge of the participants as the calculated t-value was 28.58 and corresponding p-value less than 0.001.

The present study findings are supported by a comparative study done by Brody⁵ in Holland to evaluate the efficacy of a Universal School-Based Program to Prevent Adolescent Depression. A sample of 260 adolescents were taken and assigned into 3 groups as Resourceful Adolescent Program-Adolescents (RAP-A), Resourceful Adolescent Program-Family (RAP-F) and Adolescent Watch, comparison group. The results showed that significant differences between the RAP and AW groups, $X^2(2, N = 192) = 10.63, p < .01$, with RAP groups showing lower rates of depression and higher rates in the healthy range. The study concluded that the school-based universal program was effective to prevent depression in adolescence.

Bansal et al ⁶ under took a cross-sectional one-time observational study using simple screening instruments for detecting early symptoms of depression in adolescents. Results showed that 15.2% of school-going adolescents were found to be having evidence of distress (GHQ-12 score ≥ 14); 18.4% were depressed (BDI score ≥ 12); 5.6% students were detected to have positive scores on both the instruments. Certain factors

like parental fights, beating at home and inability to cope up with studies were found to be significantly ($P < 0.05$) associated with higher GHQ-12 scores, indicating evidence of distress. Economic difficulty, physical punishment at school, teasing at school and parental fights were significantly ($P < 0.05$) associated with higher BDI scores, indicating depression. The study highlights the common but ignored problem of depression in adolescence, and recommended that teachers and parents be made aware of this problem with the help of school counsellors so that the depressed adolescent can be identified and helped rather than suffer silently.

CONCLUSION

The study concludes that the planned teaching programme was significant to improve the knowledge of parents of adolescents regarding prevention of depression in adolescents. Also there was a significant association of the age of the parents with their knowledge regarding prevention of depression.

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