The Journal of Multidisciplinary Research (TJMDR)

Content Available at www.saap.org.in ISSN: 2583-0317

Depression among teens during COVID-19 lockdown

Swetha Sudheer[1], A. Madalaimuthu[2*]

[1] Department of Psychology, SRMIST, Kattankulathur

[2*] Assistant Professor, School of Social Sciences, Bangalore Campus, Christ University

Received: 08 Aug 2022 Revised: 19 Aug 2022 Accepted: 24 Sep 2022

Abstract

Frequent lockdown, social distancing and lack of social interaction among peers have disrupted socialization process of teens during COVID-19 pandemic, leading to loneliness, boredom and a sense of hopelessness. These feelings can perpetuate into the minds of the teens and create negative patterns of thinking. Hence, it is imperative to explore the level of depression among the teens during the pandemic. From December 24, 2021 to January 14, 2022, 152 participants completed Socio Demographic Profile developed by the researchers and PHQ-9 modified for adolescents by Johnson (2002).The mean age of the participant was 17.69. Percentage analysis showed that 36.8% of the teens had severe depression, 22.4% had moderately severe depression, 19.1% had moderate depression, 16.4% had mild and 5.3% of the teens had none to minimal. Kruskal-Wallis test analysis showed that higher secondary school teens significantly differed in depression than high school and college teens. There was no significant difference in depression based on gender and birth order of the teens. Teens studying higher secondary school require special attention in identifying and reducing their depression level.

Keywords: COVID-19, Teens, Adolescence, Depression, Birth order.

***Corresponding Author**

Madalaimuthu A

DOI: https://doi.org/10.37022/tjmdr.v2i3.351

Produced and Published by

South Asian Academic Publications

Introduction

Teenage or adolescence is viewed as stressful period due to rapid physical, psychological and sexual changes [1]. It is also a period of rapid socialization [2]. Due to lockdown during COVID-19, students were forced to attend online classes. It reduced physical activity, play and increased excessive internet usage; teens lost the opportunity to have healthy socialization process, especially with peers. Besides, social distancing and fear of contracting disrupted the life cycle of everyone. It caused feeling of sadness, loss of interest in regular activities leading to variety of emotional and physical problems. It was distressful and created mental health problems among the teens.

Studies have shown that "rate of depressive symptoms were three times higher during the pandemic in USA" [3]. Patra and Patro (2020) reported that "adolescents were experiencing acute and chronic stress because of parental anxiety, disruption of daily routines, increased family violence and home confinement with little or no access to peers, teachers, or physical activity". Students may use maladaptive coping skills or develop faulty internalizing or attribution to cope with the situation. Studies in India revealed that "one in four teenagers suffered from depression" (India Today, 2019); "one in seven indians between 15-24 years of age feel depressed, lacks interest in doing things" [4]. These findings are a matter of concern. If left unaddressed, it can manifest as poor academic performance, social withdrawal and suicidal tendency. In this context, it is imperative to explore the prevalence of depression among teens during lock down.

Methods

Aim of the Study

This study aimed to study the prevalence of depression among the teens and find out the difference in depression based on demographic characteristics.

Hypotheses

1. There is no difference in depression based on gender
2. There is no difference in depression based on class of study
3. There is no difference in depression based on birth order

Procedure

The questionnaires were designed in a Google Form. The researchers shared the form through teachers in WhatsApp. The participants who agreed to the 'informed consent' form were presented with the questionnaires, others were not allowed to continue.

Measures

1. Socio Demographic Profile

Participants were asked to provide their gender, birth order, class of their study.

2. Patient Health Questionnaire

This self-report measure assesses the severity of depression symptoms. The measure is responded with a 4-point scale (0 = Not at all to 3=Nearly every day over the last two weeks) and scores were ranging between 0-27. Higher scores indicated higher level of depression. In the current study the Cronbach alpha (α) is found to be 0.84

3. Statistical Analysis

The data was screened in MS-Excel and scoring was done based on the manual. Percentage analysis was carried out to find the distribution of the sample. Mann-Whitney U test was used to find the difference in depression between two male and female. Kruskal-Wallis H test was used to find out the difference in depression based on birth order and class of study.

Results

Table 1: Characteristics of the Sample

Variable	Response Category	Frequency	Percentage
Gender	Male	45	29.6
	Female	107	70.4
Birth Order	First Born	57	37.5
	Later Born	74	48.7
	Only Child	21	13.8
Class of Study	High School	20	13.2
	Higher Secondary School	25	16.4
	College	107	70.4

From table 1, it can be observed that 29.6% of the participants were male and 70.4% were female, 37.5% of the participants were first born, 48.7% were later born and 13.8% were later born. 13.2% of the participants were studying high school, 16.4% were from higher secondary school and 70.4% were college students.

Table 2: Prevalence of Depressive symptoms

Category	Frequency (%)
None- Minimal	8 (5.3)
Mild	25 (16.4)
Moderate	29 (19.1)
Moderately Severe	34 (22.4)
Severe	56 (36.8)

From table 2, it can be noted that 8 (5.3%) participants had none to minimal level of depression and 25 (16.4%) had mild level of depression. 29 (19.1%) participants showed moderate level of depression; 34 (22.4%) participants were moderately severe depression, 56 (36.8%) participants had severe depression

Table 3: Difference in depression of teens based on gender

Study Variable	Mean Rank Based on Gender		Z score	P value
	Male (N=45)	Female (N=107)		
Depression	74.90	77.17	-0.29	0.77

The females had higher score than the males in depression. However, Man Whitney test indicated that difference was statistically insignificant, U (N_{male} = 45, N_{female} = 107) = 2335.50, z=-0.29, p<0.77. Hence, it is concluded that the teens do not differ significantly in depression.

Table 4: Difference in depression of teens based on class

Study Variable	Mean Rank Based on class			H test	p value
	High School (N=20)	Higher Secondary School (N=25)	College (N=107)		

Depression	77.73	100.62	70.64	9.94	0.01

Teens who studied higher secondary school scored more than others who studied high school or college. Kruskal-Wallis test showed that participants statistically differ in depression H (2) = 9.94, p=0.01. Hence, it is concluded that teens studying higher secondary school are more depressed than others.

Table 5: Difference in depression of teens based on birth order

Study Variable	Mean Rank Based on class			H test	p value
	First Born (N=57)	Later Born (N=74)	Only Child (N=21)		
Depression	73. 32	75.51	88.64	1.93	0.37

From table 5, it can be inferred that only child scored more than others who the first born and later born. Kruskal-Wallis test showed that difference was statistically insignificant H (2) = 1.93, p=0.37. Hence, it is concluded that teens don't differ in depression based their birth order.

Discussion

COVID-19 lockdown has long-term negative impact consequences on socio, economic and health. It is very challenging for the teens. Our finding revealed that more than one-third of the teens had severe depressive symptoms. Singh, Gupta and Grover (2017) found that "lack of self-satisfaction with academic performance was most important predictors of depression in children and adolescents". COVID-19 lockdown measures such as restrictions in visiting friends, recreational activities and social isolation caused loss of interest in life. These factors might be the reason for severe depression among the teens.

It is interesting to note that teens don't differ significantly based on their gender and birth order during COVID-19 pandemic. Earlier studies showed a mixed result. Gates, Lineberger, Crockett and Hubbard (1988) reported that "girls significantly differed with more trait anxiety than boys and first-born scored significantly lower on depression". Ndetei and Vadher (1982) found that "first-borns, especially the males showed depressive symptoms than their counterpart". Later-born children were at greater risk for suicide attempts and mental health problems [5]. Higher levels of depressive symptoms in the early part of middle childhood may be linked to the tension of school transitioning and regulating to the daily social comparisons and evaluations that are characterized by other peers (Skinner & Wellborn, 1997).

Further, our finding showed that higher secondary school students were more depressed than the high school and college students. Higher secondary schooling is the stepping stone for their career. The dreams and ambitions of most students are gloomy. Based on the learned helpless theory [7], it can be reasoned that absence of perceived control over the outcome of COVID-19 like situation would cause depression. Hence, it is expected that the higher secondary students are more prone to hopelessness and exhibit more depressive symptoms.

Conclusion

This study revealed that the prevalence of severe depression among teens were 36.8% and 22.4% were moderately sever. Teens studying higher secondary school had more depressed than high school and college students. Specialized counseling programs and intervention can be designed to address the needs of higher secondary school students. Further studies can be conducted to find out the factors leading to depression among the higher secondary school students in post-COVID or similar COVID-19 like scenario.

References

1. Casey, B. J., Jones, R. M., Levita, L., Libby, V., Pattwell, S. S., Ruberry, E. J., ... & Somerville, L. H. (2010). The storm and stress of adolescence: insights from human imaging and mouse genetics. Developmental Psychobiology: The Journal of the International Society for Developmental Psychobiology, 52(3), 225-235.
2. Rubinstein, D. H. (1995). Love and suffering: Adolescent socialization and suicide in Micronesia. The Contemporary Pacific, 21-53.
3. Drillinger, M. (2020, September 10). Depression symptoms 3 times higher during COVID-19 lockdown. Healthline. Retrieved February 28, 2022, from https://www.healthline.com/health-news/depression-symptoms-3-times-higher-during-covid-19-lockdown
4. The Economic Times. 2022. One in seven Indians between 15-24 years of age feels depressed, lacks interest in doing things, shows Unicef report. [online] Available at: <https://economictimes.indiatimes.com/magazi

nes/panache/one-in-seven-indians-between-15-24-years-of-age-feel-depressed-lack-interest-in-doing-things-shows-unicef-report/articleshow/86807417.cms?from=mdr> [Accessed 11 April 2022].

5. Easey, K. E., Mars, B., Pearson, R., Heron, J., & Gunnell, D. (2019). Association of birth order with adolescent mental health and suicide attempts: a population-based longitudinal study. European child & adolescent psychiatry, 28(8), 1079-1086.
6. Miller, W. R., Rosellini, R. A., & Seligman, M. E. (1977). Depression: Learned helplessness and depression.
7. Ansari, M. A., Raza-ur-Rahman, A. A. S., & Jabeen, R. (2009). Birth Order and Depressive Disorder. JLUMHS, 8(01), 16.
8. Desk, I. T. W. (2022, February 7). India leads the world in teenage depression: Brave youngsters share their trigger moments. India Today. Retrieved April 11, 2022, from https://www.indiatoday.in/india-today-conclave-mumbai-2019/story/india-leads-the-world-in-teenage-depression-brave-youngsters-share-their-trigger-moments-1601368-2019-09-20
9. Gates, L., Lineberger, M. R., Crockett, J., & Hubbard, J. (1988). Birth order and its relationship to depression, anxiety, and self-concept test scores in children. The Journal of genetic psychology, 149(1), 29-34.
10. Gates, L., Lineberger, M. R., Crockett, J., & Hubbard, J. (1988). Birth order and its relationship to depression, anxiety, and self-concept test scores in children. The Journal of genetic psychology, 149(1), 29-34.
11. Patra, S., & Patro, B. K. (2020). COVID-19 and adolescent mental health in India. The Lancet Psychiatry, 7(12), 1015.
12. Singh, M. M., Gupta, M., & Grover, S. (2017). Prevalence & factors associated with depression among schoolgoing adolescents in Chandigarh, north India. The Indian journal of medical research, 146(2), 205.