

A STUDY ON DEPRESSION AND ANXIETY AMONG SELECTED SCHOOL OF ADOLESCENT FEMALES IN DURG (CG)

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ABSTRACT

Mental health is the emotional and spiritual resilience that allows one to enjoy life and to survive pain, suffering and disappointment. Mental health is undeniably one of our most precious possessions, which needs to be nurtured promoted, and preserved as best as we can. It is the state of mind in which the individual can experience sustained joy of life while working productively, interacting with others meaningfully, and facing up adversities without losing the capacity to function physically, psychologically and socially. A person is said to have good mental health when he succeeds in maintaining harmonious relationship between himself / herself and his / her environment. Mental health is a broad term which involves complete physical, mental, and social well-being and not merely the absence of any disease. Social interest, concern for others, a co-operative approach to life, and a striving for ideal community promote both physical and psychological well being. It is thus the adjustment of an individual to the environment with maximum efficiency and comfort. It is undoubtedly a vital resource for a nation's development, and its absence

represents a great burden to the economic, political, and social functioning of the nation.

KEY WORDS : *Depression and anxiety, SPSS, Patient Health Questionnaire (PHQ), Generalized Anxiety Disorder (GAD-7), Chattisgadh (GG)*

INTRODUCTION:

There is an emerging global evidence that adolescents are among the most vulnerable and affected population by mental health problems. Depression and anxiety are major mental health concerns among adolescents and a constant challenge facing mental health reforms worldwide (World Health Organization [WHO], 2020).

A growing body of literature suggests that there are global mental health disparities with the greatest disease burden observed in lower-and middle-income countries compared to high income countries (Maselko, 2017; Patel et al., 2018). Inequalities are also observed in the magnitude and

direction of the mental health socio-cultural determinants of mental illness between and within countries (Maselko, 2017;

Anxiety

- Anxiety is arguably an emotion that predates the evolution of man. Its ubiquity in humans, and its presence in a range of anxiety disorders, makes it an important clinical focus. Developments in neology, epidemiology and psychobiology have led to significant advancement in our understanding of the anxiety disorders in recent years. Advances in pharmacotherapy and psychotherapy of these disorders have brought realistic hope for relief of symptoms and improvement in functioning to patients. Neurotic disorders are basically related to stress, reaction to stress (usually maladaptive) and individual proneness to anxiety. Interestingly, both stress and coping have a close association with socio-cultural factors. Culture can effect symptom presentation, explanation of the illness and help-seeking. Importance given to the symptoms and meaning assigned by the physician according to their cultural background also differs across culture. In this way culture can effect epidemiology, phenomenology as well as treatment outcome of psychiatric illness especially anxiety disorders.

CONCEPT OF MENTAL HEALTH:

Mental Health is a global term, which refers to the condition of individual that results from the functioning of the mind. Mental health can also be called the process of self-realization, self-satisfaction and a fully successful existence. Mental health plays an important role at every stage of life. However mental health is especially significant at the adolescent stage as it is during this time that one prepares for and takes on adult roles and new responsibilities. It is marked by efforts of renegotiation with adults in the family and peers, to experiment with things symbolic with adult life, and to raise questions about the family and social roles and customs.. Mental health is often understood as a behavioural process by which humans maintain balance among the various needs, or between their needs and obstacles of their environment.

These intellectual transformations, typical of an adolescent's thinking enable them to achieve the integration into the social relationships of the Adults.

When looking at anxiety and depression, adolescent females often score higher on depressive symptoms (Dardas et al., 2018a) and had higher percentages of

anxiety and depression (Malak & Khalifeh, 2018) than their male counterparts. These studies highlight that adolescent females may be more vulnerable to anxiety and depression; however, more comprehensive evidence is needed to explore the factors contributing to depression and anxiety in female adolescents in Durg (C.G). to better guide the development of mental health evaluation and treatment services. The purpose of this study is to further explore adolescent depression and anxiety in Durg (C.G). by focusing on the female population given known gendered differences of these conditions in adolescent females. The aims of this study are to: 1) Determine the prevalence of anxiety and depression and, 2) Examine the contributing factors associated with the higher rates of depression and anxiety among sample of adolescent females from CG.

PROBLEM STATEMENT:

A study on Depression and anxiety among selected school of adolescent females in Durg (CG).

Methods Design

A descriptive cross-sectional correlation design was applied within a larger study exploring the mental health of adolescent females attending public schools in Durg. This paper reports on the part of the larger

study pertaining to the prevalence and contributing factors of anxiety and depression among high school females with other results to be reported elsewhere.

Setting

The study was carried out in female-only governmental schools where secondary school females attend. These schools were selected from the three main regions in Durg (C.G).

Sample: All female students enrolled in secondary governmental schools in Durg(C.G). were eligible to participate. and who self-reported no clinical diagnosis of a mental disorder (e.g., schizophrenia, bipolar disorder) because such problems might impede their ability to give informed consent.

Sampling technique and sample size

A clustered stratified sampling method was used to enhance the representativeness of the sample to the national population. To achieve this purpose, the required sample size was first estimated. Initially, 283 students were estimated to account for the following: a) a sampling error of no more or less than 5%, b) 95% confidence level, and c) a population variation of "50/50 split". When assuming 70% response rate and accounting for 10% of missing data, a minimum of 283

participants was estimated for data analysis. Next, a list was obtained from the ministry of education, consisting of the names and locations of all females-only governmental schools with secondary education at each geographic region in Durg(C.G). Three clusters of schools were made based on the three geographic regions in Durg (C.G).. The schools then were selected randomly from each cluster by selecting everyother-school on the list. percentage of population in that geographic region so proportional allocation of participants was utilized to ensure that the sampling fraction within each stratum/school was equal (Levy & Lemeshow, 2013). The researchers invited participants from every other school on the list at each cluster until the required proportion number of the sample was achieved.

Data collection

Once managerial approvals were obtained from each selected school and consenting procedures were completed, the data collection process was started by three trained research assistants. The data collection process required close collaboration with the teaching staff at each school. Based on the teachers' and participating students' convenience, the research assistants distributed the questionnaires to the enrolled students in

their classrooms where time was taken out during one class session. While the research assistants were available in the schools to answer or explain participants' questions, in case were needed, the students were encouraged to complete the questionnaires independently and submit completed questionnaires in the designated drop-box.

Data analysis

The statistical package of SPSS for social sciences (IBM SPSS Statistics for Windows, Version 23; IBM Corp, Armonk, New York, USA) was used for data analysis. The statistical significance was set at $p = 0.05$. Case and pair-wise deletions were applied to manage missing data. Descriptive statistics were performed as required. Multiple linear regression was applied to determine the predictors of depression and anxiety.

Limitations

This study has some limitations that may be avoided in future studies. Structured self-reported questionnaires are powerful data collection method especially among geographically spread population such as that used in this study. However, response bias originating from social desirability responses is a potential limitation imposed by the use of structured self-reported questionnaires in this study (Polit & Beck, 2017). Although we have considered

strategies to maximize the confidentiality and anonymity of the students responses, mental illness stigma and fear of being labeled as mentally ill may have affected the participant's self-reported responses (Dardas, Shoirat, et al., 2019). However, the information provided by a descriptive study such as ours may be the starting point for interested researchers to design more rigorous studies in the future. Future studies could find a way to maintain anonymity, but link ID numbers to consent forms so that there can be a way to follow-up with participants who are experiencing severe depression. Finally, compared to the other regions that were covered by our study, the response rate from the country's southern region was poor, which could affect the study's generalizability to all of Durg (C.G).

Conclusion

Adolescent females in Durg are vulnerable to anxiety and depression and have specific risk factors, needs, and treatment approaches. Our findings indicate there is a significant unmet need for mental health services in C.G female adolescents, which could be filled, in part, by improving the services provided by the public school health system. One recommendation is to place a dedicated counselor should be there for students to be able to access for support when stressed. Schools can offer

extra tutoring sessions to the students who are struggling academically to help reduce stress. For real progress to happen in the area of adolescent mental health in Durg C.G, a national reform in mental health services within community settings is needed. A multidisciplinary effort is needed to build a model for comprehensively addressing female adolescent mental health in Durg C.G. In this model, substantial changes need to occur in the policies and operations at the micro and macro-levels of mental health services in the school health system. Key priorities of research, public education, and practice of mental health care at the community settings should also be identified. Early screening, referral, and care intervention programs for mental health problems and their risk factors among adolescent should be integrated in the school health system and should be supported by policies. Policies also should support multisystems monitoring and evaluation of school mental health services.

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