



A Study of Prevalence of Depression among College Students of Kolar District, Karnataka State

G.M.Nagaraja¹, Anil.NS², S.Ravishankar³, Muninarayana.C⁴

¹Assistant Professor in Sociology, Department of Community Medicine, Sri Devraj Urs Medical College, Karnataka.

²Associate Professor in Community Medicine, S.D.U.M.C, Kolar, Karnataka, India.

³Assistant Professor in Biostatistics, Sri Devraj Urs Medical College, Karnataka.

⁴Professor & HOD of Community Medicine, Sri Devraj Urs Medical College, Karnataka, India.

Corresponding Author: G.M.Nagaraja

Received: 13/04/2015

Revised: 15/05/2015

Accepted: 18/05/2015

ABSTRACT

Introduction: Nursing College is recognized as a stressful environment that often exerts a negative effect on the academic performance, physical health and psychological wellbeing of the student. Depression among nursing students is an area of increasing concern worldwide. This study aimed to assess the prevalence of depression and its associated factors among nursing students of Kolar*district.

Materials and methods: A Stratified random sample of 430 students was assessed using separate questionnaire by investigators. Association between depression and class of studying, age group, social factors like family problems, family history of depression and staying away from home were analyzed.

Results: The overall prevalence of sadness was found to be 47(10.9%).Among those with a symptoms of pessimism is 30(7%) pastfailure15 (3.5%) loss of pleasure24 (5.6%), suicidal thoughts are 21(4.9%) a majority of students had mild to moderate degree of depression .This study showed that among 395females45are very close to sadness of the depressed and among 352are very close to sadness. According to this study 18girls had decided to harm themselves or had suicidal thoughts. The prevalence of depression was significantly more among those with family problems and family history of depression.

Conclusion: Prevalence of depression is highly prevalent among nursing students in this area. Our findings point to the importance of broad screening and psychiatric counseling of this vulnerable population.

Key words: Depression, Nursing, Prevalence, sadness, suicidal thoughts, loss of pleasure, past failure.

INTRODUCTION

Depression is an illness that affects both the mind and the body and is a leading cause, most of people have felt sad or depressed at times. Feeling depressed can be a normal reaction to loss, life's struggles, or an injured self-esteem. But when feelings of intense sadness including feeling helpless,

hopeless and worthless last for many days to weeks and keep you from functioning normally, depression may be something more than sadness. It may very well be clinical depression a treatable medical condition. ^[1] World Health Organization defines adolescents as individuals aged10-19years.In India, they account for 20percent

of the world's individuals have a mental health problem. Nursing care is one of these stressful professions, and from the academic training onwards, a variety of factors which include their educational life, social factors like family history of drug addiction, alcohol use, family problems, family history of depression, staying away from home, are associated with depression among students. Studies of such nature the student runs into situations which require the taking of important decisions for patient care; the insecurity and anxiety which result from this process may cause stress.^[2,3] A high level of cognitive skills and proactive disposition and attitudes are constantly required among nurses and also student nurses to practice so stress and depression may not hinder their performance.^[4-6]

Suicidal rate in India is 21.1 % is higher comparing to the other countries in the world. In each year over a half million people put their lives down globally, of them 20% are Indians. During the two decades the suicidal rate has been increasing from 7.9 to 10.4 per one lakh population. A proportion of adult population aged between 15 to 29 years has committed suicide. We find that the country is loaded with high number of suicide, a total of 2, 58,075 people committed suicide in 2012.^[7,8,21]

If we look through the socioeconomic context, we shall see a disturbing profile of India, wherein the statistics revealed that burden of depression is 50% higher in female than males, and report says that the Indian women are more depressed, nearly 36% percent people are suffering from major depressive episodes. Usually major depressive episodes manifested by sadness, loss of interest or pleasure, loss of libido, feeling of guilt or low self-worth, less sleep or loss of appetite and more gender inequality in our society.^[9]

Depression is a severe disturbance of mood, being the fourth leading cause of

social incapacitation in the world. One in every twenty people is struck by depression at same point in their lives. Of every fifty cases, one will require hospitalization, and fifteen percent of these will commit suicide. The beginning of depression is most frequent between the ages of 20 to 50, but the average age for its identification is approximately 40 years. Among the 50% of the patients, it is considered a public health problem in view of its social costs which involve drops in productivity either studies or work, mood changes, cognitive, psychomotor and vegetative alterations, loss of initiative, and apathy. The stressful events can be related to depression, the depressive episode may be associated with a recent stressful event.^[10] The risk factor most associated with depression is family history, events in infancy, aspects related to personality, social isolation, and unpleasant experiences in daily life.^[9] The combination of genetic factors, stress in early age and continuous stress can determine a person's vulnerability to psychiatric disorders such as depression. Stressors linked directly to self-esteem are more likely to advance depression and thus each person judges the stressful agent as serious or not. Professions which demand close contact with people and which are changed with affective involvement such as medicine, psychology, nursing and physiotherapy are more likely to develop stress at work.^[10-12]

The Nursing student runs in to situations which require the taking of important decisions for patient care, the insecurity and anxiety which result from this process may cause or worsen stress. Characteristics such as a high level of cognitive skills, proactive disposition and attitudes are constantly required, both among nurses working in ward or practice and nursing students. In this way depression may prejudice the performance both student nurses and qualified nurses.^[13,14]

An estimated 20% of the world's adolescents have a mental health or behavioral problem. [2] A growing body of evidence has confirmed that children and adolescents not only experience the whole spectrum of mood disorders but also suffer from the significant morbidity and mortality associated with them. Suicide has become a growing public health concern as successive generations have shown a parallel increase of depression and suicide in child's age group. [1,2] Studies from other parts of world have shown a high prevalence of depression in student community. [6] Childhood depression, like the depression of adults, can encompass a spectrum of symptoms ranging from normal responses of sadness, pessimism, in stressful life events to severe impairment caused by depression. [15-17]

MATERIALS AND METHODS

A Cross sectional study was done in August 2014, among GNM, B Sc (N) students from three private Institutions and one missionary college in Kolar town of Karnataka State, South India. This study was approved by the Institutional Ethics committee; Permission from the heads of the respective institutions was taken after explaining the purpose of the study. Participation in the study questionnaires distributed to the student's total confidentiality of the institution and individual were assured. Kolar is a city in Karnataka state, with a population of 1, 38,553. By simple random sampling, a total of 430 students were selected from 3 private nursing college and one missionary college. [18-21]

RESULTS

Much of the Literature has examined the extent to which risk factors such as negative reactivity, sadness, pessimism, low

level of social engagement, negative cognitive style, low self-esteem, low trust belief in others predispose adolescents to experience increasing level of loneliness, presumption of failure in their life or feel, loss of pleasure, guilty feeling, punishment and suicidal thoughts. Prevalence of depression in college students is an under recognized mental health problem, because they be indecisive to disclose their feelings and seek social and psychiatric help. [3,11] The factors that make depression so difficult to diagnose in students in the common behavior changes that are normally associated with the hormonal changes of their period. The sample size was calculated assuming a prevalence of depression to be 18.4% as reported in a previous study. A 430 students returned the fully answered questionnaire representing an overall, 100% response rate one fourth of each year BSc (N) and GNM students, male 35(8%) female 395(91.9%). Prevalence of depression symptoms are mentioned in the tables [16-19]

Findings from the

Table 1: Demographic Characteristics of the study Population

| Variables | N=430 | % |
|----------------|-------|------|
| Age | | |
| 15-19 | 134 | 31.2 |
| 20-24 | 291 | 67.7 |
| 25=> | 5 | 1.2 |
| Sex | | |
| Male | 35 | 8.1 |
| Female | 395 | 91.9 |
| Edu. Status | | |
| GNM | 22 | 5.1 |
| B.Sc.(N) | 408 | 94.9 |
| Marital Status | | |
| Married | 27 | 6.3 |
| Unmarried | 403 | 93.7 |
| Religion | | |
| Hindu | 232 | 54 |
| Muslim | 9 | 2.1 |
| Christian | 189 | 44 |
| Caste | | |
| SC /ST | 141 | 32.8 |
| OBC | 125 | 29.1 |
| OFG | 164 | 38.1 |
| Type of Family | | |
| Nuclear Family | 361 | 84 |
| Joint Family | 69 | 16 |

Table 2: Risk factors of Prevalence of depression among students.

| sadness | 430 | % |
|----------------------------------------------------------------------|-----|-----------|
| 1.I don't feel sad | | 140(32.6) |
| 2.I Feel sad Much of the time | | 228(53) |
| 3.I Am Sad all the time | | 15(3.5) |
| 4.I am so sad that I cannot stand it | | 47(10.9) |
| Pessimism | | |
| 1.I am not discouraged about my future | | 249(57.9) |
| 2.I feel more discouraged about my future than I used to be | | 105(24.4) |
| 3.I do not expect things to work out for me | | 46(10.7) |
| 4. I Feel my future is hopeless and will only get worse | | 30(7.0) |
| past failure | | |
| 1.I don't feel like a failure | | 269(62.6) |
| 2.I have failed more than I should have | | 73(17.0) |
| 3. As I look back ,I see a lot of failure | | 73(17.0) |
| 4. I feel am a total failure as a person | | 15(3.5) |
| loss of pleasure | | |
| 1. I get as much pleasure as I ever did from things I enjoy | | 240(55.8) |
| 2 I did not enjoy things as much as I used to | | 70(16.30) |
| 3.I get very little pleasure from things I used to enjoy | | 96(22.3) |
| 4. I can't get any pleasure from the things used to enjoy | | 24(5.6) |
| suicidal thoughts | | |
| 1 I did not have any thoughts of Killing myself | | 372(72.6) |
| 2. I have thoughts of killing myself ,but I would not Carry them out | | 82(19.1) |
| 3. I would like to kill myself | | 15(3.50) |
| 4I would like to kill myself, If I had the chance | | 21(4.9) |

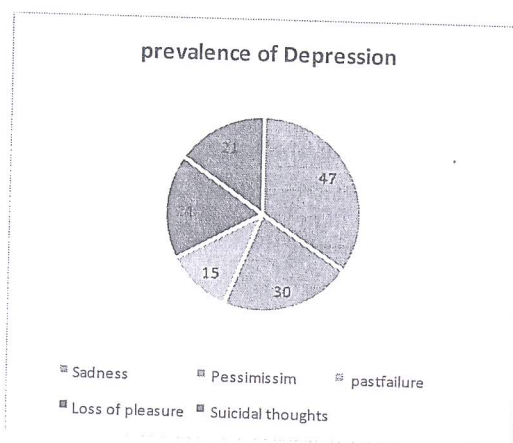


Figure 1: Prevalence of depression.

DISCUSSION

Nursing College is recognized as a stressful environment that often exerts a negative effect on the academic performance, psychological well-being and physical health of the student. [8] Consistent with the economic changes and the needs of our country, the population of the nursing student is increasing, exit this has enhanced the risk of developing various mental disorders like depression and others. The well documented studies to determine the

prevalence of depression and its associated factors among nursing students are few in our country. Our study findings also found proportion of male depressed students had more depressive symptoms which may be due to their competitiveness and future planning, less adjustment in the hostel atmosphere as found in this study. [7,9,16,17]

Concluding Remarks

The transition from the academic period to the new phase of professional activity, where the young people need to take important decisions contributes to the presence of pessimism, sadness, failure, loss of pleasure and suicidal thoughts as observed in the present study, This study, undertaken with two groups of student nurses in the different semester of their courses showed that various factors may be related to the presence of symptoms of depression. [9-13] Satisfying interpersonal relationships are essential for good physical and mental health. Depression is present among nursing students at the same level as expected for the non-diagnosed population. Having depression implies associated

medium level of self-esteem. In addition to the characterized emotional state of depression, depressed students notice physical health, although they do not associate them with this condition. ^[10] There was a tendency towards greater interest in the theme and a greater search for mental health courses among students with same sign of depression. The identified cases were contacted and instructed, finally special attention should be given in the depressive state among nursing students and their search for frequent clinical services and extra class activity in the field should be observed. College is a critical context for studying depression and mental health, issues that deserve attention from students, families, college administration and college health centers. Risks for poor mental health depression are not evenly distributed among college youth but disproportionately high level problems. Meanwhile, families, college centers and administrative personnel need to consider the interrelationship of problems described in this study realizing wherever possible any student with depressed mood may also have medical concerns or academic trouble. Bearing in mind the results found, one should note the need for the attention of educators and the creation of programs with preventive and therapeutic actions based on which the students may reflect and find healthy solutions for their distress and use the knowledge acquired in their future performance of their duties. The issue of economic inequalities and elimination of feudalistic attitude among male towards females at residence needs to be addressed properly. ^[13-15,17-19]

ACKNOWLEDGMENT

I am thankful to the Principal Sri Devraj Urs College of Nursing, Principal, Sri Chennegowda College of Nursing, Principal ETCM College of Nursing.

Principal Pavan College of Nursing and we are thankful to all the students who are participated in my study.

Conflict of interest: Nil

REFERENCES

1. Danila perpetua Moreira, Antonia regina furegato. Stress and depression among students of the last semester in two nursing courses, Jan-feb; (spec):-2013155-62
2. Devi, Rohan patel, Ashok. Study of Psychological depression and its associated factors among medical in Pondicherry. Indian journal of Basic & Applied medical research; issue-8, vol.-2, 2013. 1009-1016.
3. Ganesg S. Kumar, Animesh Jain, Supriya Hegde. Prevalence of depression and its associated factors using Beck Depression Inventory among students of a medical college in Karnataka. Indian journal of Psychiatry. 2012. 54(3), July-Sep. p: 223-226.
4. Nitin Joseph. Prevalence of depression among pre-university college students in an urban area of south India. International Journal of current research. 2011. Vol.3 issue 11, p439-442.
5. Nagendra K. Sanjay D, Gouli C. Kalappanaver NK, Vinod kumar CS,. Prevalence and association of depression and suicidal tendency among adolescent students. International Journal of biomedical and advance research, 2012. 03(9), p714-719.
6. Ajit Singh, Amarlal Shekar. Prevalence of depression among medical students of a private medical college in India, Online journal of Health and Allied science: 2010 vol 9, issue 4; p.1-3.

7. Jhuma Sarkar, Prajjal Sengupta, Nirmalya manna, Asit Baran saren Sita Chattopadhyay, Malay mundle. Depressive symptoms among under graduate medical students: Study from a medical college in Kolkata, 2013. vol 4, issue 3 (jan-feb) P.13-18.
8. Romeo B, Madelene Sta, Maria, Susana Estanislo, Cristina Rodriguez. Factors associated with Depressive Symptoms among Filipino University Students: 2013. vol 8, issue 11, P. 1-8.
9. Diana Sarokhani, Ali Delpisheh, Yousef Veisani, Mohamad Taher Sarokhani, Rohollah Esmaeli Manesh, Kourosh Sayehmiri. Prevalence of depression among University students' Systematic Review and Meta-Analysis Study. 2013, Article ID373857, 7pages
10. Ji-gangzong, xiao-yan cao, yuan cao, yan-fang shi, yu-na wang, chao yan, John RZA belayi-qun gan, qi-uong gong, Raymond CK Chan. Coping flexibility in college Students with depressive symptoms. Zong et al. Health and quality of life outcomes, 2010. P 8-10.
11. Subramani Poongothai, Rajendra Pradeepa, Anbhazhagan Ganesan, Viswanathan Mohan. Prevalence of Depression in a large Urban South Indian Population – The Chennai Urban Rural Epidemiology Study; 2009. Vol.4 issue 9. p 1-14.
12. Paul E. Jose, Bee Teng Lim. Social connectedness Predicts Lower Loneliness and Depressive Symptoms over time in Adolescents. Open journal of Depression, 2014. 3, P154-163.
13. Upmanyu VV Sushma upmanyu, Roshan Lal, Lester, Jasbir Singh. Depressive Symptoms among American and Indian College Students; Indian journal of Psychological Science; 2010 vol.1 number-. P1 -10.
14. Sarah Naushad, Wseem Farooqui, Satish Sharm, Mukthi Rani, Rajeshree Singh, Supreet Verma. Study proportion and determinants of depression among college students in Mangalore City. Nigerian Medical Journal: 2014, March-April; 55(2):156-160.
15. Jagadish R. Venkar, Anusha Prabakaran, Himnesh Sharma. Depression and Stigma in medical students at private medical college. 2014. vol 36, (3). P 246-254.
16. Mander .P., Vaishali D. Phalke, Deepak B. Palke; Depression, Anxiety and stress; A comparative study in Arts, Commerce and Science Junior College Students in rural area of India. Global Research Analysis, 2013. vol.2 issue 11. P183-185.
17. Maren Nayer • Daphne J. Halt Maurizio Fava, Paola Pedrelli, Victoria Amera, Clair F. Cassiello, Mathew K Nock, Margaret Ross, Dori Hutchinson, Amy Farabaugh. 2013. Factors that distinguish college students with depressive symptoms with and without suicidal thoughts. Annals of Clinical Psychiatry, 25(1):41-49.
18. Reg Arthur Williams, Bonnie M, Hagerty, Virginia Murphy-Weinberg, Jim Yav Wan., Symptoms of depression among female nursing, 1995. vol ix, no5. (October) p269-278.
19. Fang-Ju Tsai, MD, Yu-Hsin Huang, Hui-Ching Liu, Kuo-Yang Huang, Yen-Hsun. Patient Health Questionnaire for School-Based Depression Screening Among Chinese Adolescents. pediatrics. 2014 vol 133, 2. 402-408.

20. www.Kolar district census 2011.
21. World Health Organization, world
suicide prevention day 2012.

[http://www.who.int/mediacentre/events/world suicide prevention -day.](http://www.who.int/mediacentre/events/world_suicide_prevention_day)
Accessed 16.6.2012

How to cite this article: Nagaraja GM, Anil. NS, Ravishankar S et. al. A study of prevalence of depression among college students of Kolar district, Karnataka state. Int J Health Sci Res. 2015; 5(6):60-66.

International Journal of Health Sciences & Research (IJHSR)

Publish your work in this journal

The International Journal of Health Sciences & Research is a multidisciplinary indexed open access double-blind peer-reviewed international journal that publishes original research articles from all areas of health sciences and allied branches. This monthly journal is characterised by rapid publication of reviews, original research and case reports across all the fields of health sciences. The details of journal are available on its official website (www.ijhsr.org).

Submit your manuscript by email: editor.ijhsr@gmail.com OR editor.ijhsr@yahoo.com