

Level, Factor and Coping Mechanism of Depression among Adolescents in Malaysia

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Abstract

Background: Depression is one of the most common psychiatric disorders. It is also one the most challenging to treat. Depression can negatively contribute to and severely impact an adolescent's life if left untreated. This study aims to identify the level of depression among adolescent male and female, as well as the factors causing depression and the coping mechanism used by adolescents suffering from depression.

Methods: In this study, 97 (N=97) Form 4 students (16 years old) were employed as the samples of the study. The BDI inventory, DASS instrument, and structural interview method were used to determine the factors of depression and the coping mechanism used by adolescent. T-test was used to determine the significant difference between the level of depression among male and female adolescents.

Results: The findings from DASS show that 1% of teenage school students (n=1/97) experience normal level of depression (score 0-5), 12.3% experience mild depression (score 6-7) (N=12/97), 62.8% experience moderate level of depression (score 8-10), 20.6% experience severe level of depression (score 11-14) (n=20/97), and 3% experience extremely severe level of depression (more than 14) (n=3/97). The findings from BDI also shows that 40.2% of the adolescents (n=39/97) experience mild depression (score 20-39) and 59.8% of them experience moderate level of depression (score 40-59) (n=58/97). The findings reveal that the prevalence of depression is higher in female adolescents than in male adolescents. There is a trend of factors of depression and coping mechanism used by depressed adolescents. The findings also show that there is no significant difference in the mean score between male and female students.

Conclusion: The findings suggest the state of depression among school students' adolescents and there is the need to respond to this state more urgently, noting the important role schools, school counselors, psychiatrists and parents can play to help out. Moving forward, there is a need for further research on the causes of depression to guide the development of more effective treatments.

Keywords: Mental Health, Depression Adolescents, DASS, BDI.

Introduction

Depression is one of the most common psychiatric disorder worldwide affecting a significant number of populations (Lee, Lee, Hwang, Hong, & Kim, 2017). The slogan for world health day 2017 is 'Depression–Let's talk'. People of all age groups and socioeconomic background are suffering from depression in Malaysia or worldwide. At the global level, approximately 322 million people were affected by depression (World Health Organization, 2019). Depression influences one's quality of life, causing enormous economic and social burden at individual, family, nation and global levels. In Malaysia, almost 2.4% (16-28 years), have almost suffered once in a lifetime the consequences of depression (National Mental Health Survey of Malaysia, 2015–16, 2016). Nearly 45 million people were diagnosed with depressive syndrome in 2015. Approximately 2.6 million (22.5%) people across the world will be affected with the problem of depression due to population expansion and ageing by 2025 (Charlson et al., 2016)

Adolescents today are not only involved in delinquencies such as stealing, robbing, bullying, gangsterism, smoking (Ahmad, 2013), and going against teachers' words, but they are also involved in incidents of violence such as killing, prostitution, baby-dumping and risk-taking behaviours (Nejati, Alipour, 2017) and suicide (Caan, 2019). These social problems are dramatically increasing and have become a national issue which has raised serious concerns. There are various factors that contribute to the involvement of adolescents in social problems. One of the main factors is adolescents' psychological and socio-emotional problems, such as depression (Beck, Rush, Shaw & Emery, 1979; Dardas, 2017; Ekundayo et al., 2007; Nejati, Alipour, 2017; Pailing & Reniers, 2018) The prevalence of depression increases during adolescence, and it has shown a rapid increase with occurrence at an earlier age and a tendency to continue into adulthood (Setala, Marttunen, Henriksson, Poikolainen, & Lönnqvist, 2002).

Objective

1. Investigate the level of depression in male and female adolescents
2. Examine gender differences in the level of depression among male and female adolescents
3. Investigate the major depression factors that often influence adolescents' lives.
4. Investigate the coping mechanism used by male and female adolescents.

Hypothesis

2(1) There is no significant difference in the level of depression among male and female adolescents.

Methods

Sampel

One hundred questionnaires were distributed to form 4 adolescents. The questionnaires were distributed to each participant individually. They were informed to submit a completed questionnaire within 20 minutes. One hundred questionnaires were collected but after inspection, 3 questionnaires were found to be incomplete therefore rejected from further analysis. A total of 97 questionnaires were analysed using simple random sampling method. The total of male participants is 47 (49%) and female is 50 (51%) persons. The adolescents were 16 years old and form 4 in schools. 10 adolescents from among them were selected for purposive sampling for interviews.

Data Collection

Instrument Measurement

The first and second objective was analysed using Beck Depression Inventory (BDI-21) and DASS instrument, a standard psychometric test for measuring the level of depression in male and female. BDI is a questionnaire with high validity and reliability of 0.89 and 0.78 (Ahmad, 2006) Beck Depression Inventory is the most commonly used depression measure. Of the 183 studies that used the depression survey, 114 (62%) used the Beck Depression Inventory (Ponterotto, Pace, & Kavan, 1989) The inventory was self-reportable and quick to manage. It can be answered in 10 minutes. This inventory contains 21 items to assess depression levels in ordinary people and clinical patients aged 13 to 80 (Lee et al., 2017; Mikolajewski, Scheeringa, & Weems, 2017)

DASS validity and reliability of 0.75 dan 0.7 (Ministry of Health, 2005) Each item consists of five statements which are arranged according to the level of severity. For example, for item number 3 which represents the 'positive feeling' symptoms, the choice of statements are as follows:

Table 1

Statements according to depression symptoms

Item	Depression
D3	positive feeling
D5	attaining initiative
D10	nothing to look forward to
D13	down-hearted and blue
D16	unable to become enthusiastic

Structured Interview

The third objective was obtained through structured interviews. Example of question asked to sample was "what are the most common contributing factors that caused depression in your life?"

The fourth objective was analysed with structured questions. The sample was asked "What are you do/ practice to cope with depression in your life?"

Data Analysis

Data were analyzed with SPSS version 20. Descriptive statistics of the socio-demographic and. An independent sample test was used to measure significant differences between the levels of depression between male and female. Statistical significance was set at the value of $p < 0.05$. for unstructured content analysis interviews are used to identify factors and coping mechanisms.

Results

Adolescent Depression Prevalence

According to Table 2, it was found that male students, with the most prevalence of mild depression, were 23 or 48.9% depression among students compared to 16 or 32% female depression. However, in contrast to the findings of DASS, it was shown that 7 or 14% of female adolescents ($n = 7/97$) had normal and mild levels of depression compared with 6 or 12.8% of men. The DASS findings show that one of the most troubling situations was 61 people or 62.8% were known to have moderate clinical depression (score 8-10) ($n = 61/97$), and 59.8% among those with moderate clinical depression (score 40-59) ($n = 58/97$) using the BDI instrument.

When viewed in terms of the DASS deduction point, (with scores above 11), that is, by increasing the number of students in the severe and extremely severe depression Levels, 23.6% of school adolescents experienced severe and extremely severe depression (over 11) ($n = 23/97$).

Referring to the findings of BDI and DASS, most female students, in the medium level, severe and extremely severe. Studies show that adolescents are more likely to be depressed than adolescents. This illustrates, a worrying situation. In terms of deduction points, 43 people or 47.26% of female students suffer from depression. Therefore, it can be said that almost half of female students suffer from clinical depression. This finding indicates a very alarming situation, with almost half of the samples tested, showing depressive symptoms.

Table 2

Percentage of male and female adolescent depression

DASS					BDI				
LEVEL	% PERCENT				LEVEL	% PERCENT			
	L		P			L		P	
	M	I	M	I	M	I	M	I	
Normal				1 (2%)	Minimum				
Mild	6 (12.8%)		3 (6%)	3 (6%)	Mild	22 (46.8%)	1 (2.1%)	14 (28%)	2 (4%)
Moderate, borderline clinical depression	30 (63.8%)	1 (2.1%)	28 (56%)	2 (4%)	Moderate	24 (51%)		30 (60%)	4 (8)
Severe	8 (17%)		12 (24%)		Critical				

Extremely Severe	2 (4.2%)	1 (2%)		
	47	50	47	50

Gender differences in the Level of Depression among Male and Female Adolescents

Hypothesis 2 (1): There is no significant difference in the level of depression among male and female adolescents

The result of the analyse is shown in Table 3. Male and female adolescents suffer from low to moderate level of depression. Overall, majority of the adolescents experienced depression in their daily lives. In the current study is it proven that 48.9% of male adolescents experienced mild level of depression and 32% of female adolescents experienced depression at the same level. Moderate level of depression rate for male is 24% while for female adolescents is 34%. It is concluded that more female adolescents suffer from depression compared to male adolescents.

Table 3

Percentage of depression in male and female adolescents

Gender	Level	Depression
Male	Minimum	-
	Mild	23 (49%)
	Moderate	24 (51%)
	Critical	-
Female	Minimum	-
	Mild	16 (32%)
	Moderate	34 (68%)
	Critical	-

Table 4 describes independent sample t tests conducted to examine the gender differences with the level of depression among adolescent. There is no significant difference between mean depression scores in males ($L = 3.33$, $SD = 1.24$) and female adolescents ($P = 3.33$, $SD = 1.24$), $t(95) = -2.69$; $P = .008$; $P < 0.05$. This shows that there is a significant mean difference between male and female adolescents mean scores. Hence, the null hypothesis is rejected.

Table 4

Significant difference between depression among male and female adolescents

Gender	Min	SD	T-test	p-value	Analysis
Male	-3.33	1.24	-2.69	P = .008; p < .05	Significant
Female	-3.33	1.24	-2.69		

Investigate the common depression factors that often influence adolescents' lives.

The only factor which we found to be significantly associated with diagnosis of depressive disorders adolescent. In this study, the common causes of depression among adolescents are Academic Achievement (SPM), Health Issue, Financial Problem, Unclear Of The Future, Not Able To Prioritize Daily Task, Relationship Problem With Teachers, Relationship Problem With Family Members, Minimal Exercise / Recreation, Time Spent By Playing Games / Surfing

Table 5

Depression factor of depression in male and female adolescents

Subjek		Temubual Faktor utama kemurungan	Tema
A1	F	I'm depressed because I keep studying, at home, even with teachers .. Academically, for me maybe because I want all A's in SPM. In my life there is nothing else but I need to score. Sometimes I can't sleep, I have no appetite.	Academic Achievement (SPM)
A2	M	I'm afraid teacher, I have SLE. I was afraid I would die if my mother would care.	Health Issue
A3	M	I'm tired, I'm sleepy in the classroom because I work at night. Sometimes I think that's right what I'm doing .. but we lose the source of income,. My daddy is gone. It's hard to make money. For me the main factor is money.	Financial Problem
A4	F	Every day I go to school, I have to adjust my intention, I have to be strong, sometimes I think, why am I coming to school ?. I still wonder if I want to be this ... here's why I'm sad. I don't know if I want to be someday.	Unclear Of The Future
A5	M	I have to go to tuition until I can't play ball in the evening ... I have a lot of tension, if I feel like, I just want to quit tuition ... please give me a chance to do what I should do first.	Not Able To Prioritize Daily Task
A6	F	I realize my friends say, i'm not happy like that anymore .. actually, that teacher is so dissatisfied with me .. I will always try to avoid being with the teacher ..	Relationship Problem With Teachers
A7	M	For me .. the main factor is depression because my family .. I don't want to go home if possible .. So noisy. My sister likes to have .. my dad is the same. Have, have, and have. Good stay at school .. one day not to mention divorce, it's weird ..	Relationship Problem With Family Members
A8	F	Before, the old school, I was an athlete. In the evenings, I work out. Now, since moving home, I don't think it's best .. I think, exercise has become a staple. It's hard .. it's hard to find a friend, mom also can't let me exercise.	Minimal Exercise / Recreation

A9	M	I want to study but I can't, whatsapp, instagrame, fb. Just watch the clock, it's 3 am .. huwaaa my time is spent with telephone, whatsapp FB and so on.	Time Spent By Playing Games / Surfing Computers / Internet / Cell Phones
A10	F	I'm not blaming my parents, but I'm worried, I'm afraid I can't get what they want .. I'm so scared .. I love my dad ..	Expectations Of Parents Are Too High

Computers / Internet / Cell Phones and Expectations Of Parents Are Too High. The findings are summarized in Table 5 and 6.

Table 6

Finding factor of depression in male and female adolescents

Responden	Jantina	Faktor kemurungan kebiasaan
1	F	Academic Achievement (SPM) (SPM)
2	M	Health Issue
3	M	Financial Problem
4	F	Unclear Of The Future
5	M	Not Able To Prioritize Daily Task
6	F	Relationship Problem With Teachers
7	M	Relationship Problem With Family Members
8	F	Minimal Exercise / Recreation
9	M	Time Spent By Playing Games / Surfing Computers / Internet / Cell Phones
10	F	Expectations Of Parents Are Too High

3.4 Identify the habit of "coping mechanism" when adolescents experience depression

The only coping mechanism which we found to be significantly associated with diagnosis of depressive disorders adolescent. In this study, antara kebiasaan coping mechanism remaja apabila mengalami kemurungan adalah membaca, muhasabah diri, bersukan, mendengar, motivasi, dan mendengar muzik. The findings are summarized in Table 7 and 8.

Table 7

"Coping mechanism," in male and female adolescents

Subjek	Temubual	Tema coping mechanism	
A1	F	When I'm stressed, and depressed, all I have to do is have time, I'll read, teacher .. I read until 4 am.	Reading
A2	M	I'm afraid, teacher, I have SLE. I'm afraid that when I die, no one will take care of my mom. .I always thought when I died. I was always alone and after praying I thought about what I could do and make my mom happy	Self-rationalization
A3	L	I was tired of the teacher, I was sleepy in the classroom because I was working late. Sometimes every evening, I play ball. I'll kick the ball hard and I can forget for a while. That's why I like the ball.	Sports
A4	F	If I don't know what I'm going to do, I'll look for FB to find DR Fazilah Kamsah. I love to hear her motivations. even instagramits motivate me.	Listen to motivation talks
A5	M	If I didn't get what I was going to do, I would definitely take my mobile phone and MP3 to listen to songs..	Listen to music
A6	F	when I'm sad, I'll listen to music and watch Astro WARNA.	Listen to music
A7	M	I listen to music and when I'm feeling down and sad, I'm looking for entertainment. no matter what, sometimes I go karaoke	Listen to music
A8	F	I don't know, teacher. I did not do anything.	-
A9	L	I can't do anything	-
A10	F	No.	-

Table 8

Findings of the coping mechanism of male, and female adolescents

Responden	Jantina	Coping mechanism
1	F	Reading
2	M	Self-rationalization
3	M	Sports
4	F	Listen to motivation talks
5	M	Listen to music
6	F	Listen to music
7	M	Listen to music
8	F	-
9	M	-
10	F	-

Discussion

Level and Factor

The findings of this study are in line with previous studies which state that women suffer from a high level of depression (Bennett et al., 2013; Kandel, Raveis, & Davies, 1991; & Hoeksema, 2011). Based on the findings of this study, depression among the subjects of the study is in

parallel as what has been explained in Lazarus stress theory (Folkman & Lazarus, 2019). Depression is triggered by the presence of stimulus in the form of pressure from the surrounding. The pressure is meant to fulfill a demand that exceeds a subject's capability. The subjects of the study also suffer depression when a big change takes place in their daily life which they not expect. Apart from that, depression also happens when the subjects of the study face the same problem many times.

In this study the subjects' experiences of depression are different from one another. According to Pearlin's psychological depression theory, those experiences are a process that refer to the factors of depression and the methods to overcome it (Ross & Mirowsky, 2006). The findings of this study reveal that the subjects suffer from depression because of factors such as time management, self-adjustment, finance, health, negative attitude, and relationship conflict (Rose, 2017).

The first factor of depression is academic, for the subjects are required to divide their time between studying and family. Depression happens when the subjects allocate more time to solve other tasks such as homework and tuition exercises. This is in line with the findings of studies stating that depression happen because of adolescents' academic achievement (Negi, Khanna, & Aggarwal, 2019).

The second factor of depression is a lot of time being spent using the internet, computer, and telephone. The findings show that too much time being spent on the computer has become one of the causes of depression among the subject of this study. Negi et al (2019) has stated that spending time on the computer can affect an individual's level of psychological depression.

The next factor of depression is financial conflict faced by the subjects of the study. The subjects face financial conflict either on personal level or involving family members. Based on previous studies, there is an obvious relationship between economic status and an individual's level of depression (Lincoln & Chae, 2010). Because of this, teenagers that face financial conflict are more prone to suffering depression (Williams, Cheadle, & Goosby, 2015)

The fourth factor of depression is health problem which influences the level of depression among the subjects of the study. In this study, depression happens when the subjects suffer from a disorder called SLE. This study reveals that there are similarities with past studies which state that depression occurs among female adolescents (Fitzgerald, 2014; Nasreen, Alam, & Edhborg, 2016; Hoeksema, 2011). Recent studies also show that the level of depression in daily life are higher among female adolescents than among male adolescents (Hogan, Carlson, & Dua, 2002). In addition, female students' level of emotional, financial and academic stress are higher than male students (Cahir & Morris, 1991; Nolen Hoeksema, 2011).

Among other factors of depression is relationship conflict between the subjects of this study and their family members and individuals around them. This is in line with findings of study suggesting that relationship crisis in family is one of the factors of depression (Gilbert, 2018; Kitts & Goldman, 2012). Various issues have been identified as factors of depression among the subjects of the study. The findings of this study are supported by previous studies which explain that individuals suffer from depression because of various conflicts with family members that happen in daily life (Garber & Cole, 2010; Waller, & Rose, 2010). This is in line with previous studies which state that depression is an effect of a past events (Bohman, Låftman, Päären, & Jonsson, 2017; Bolger, DeLongis, Kessler, & Wethington, 1989; Weltz,

2015). The following discussion will focus on the findings of the study relating to the difference between genders in relation to depression.

Gender

Hypothesis 1 has been tested using t-test analysis and it has been discovered that the difference of mean between female students ($X = -3.33$) and the mean of male students ($X = -3.33$) is significant at confidence interval 95%. Therefore hypothesis 1 is accepted. Consequently there is a significant mean difference between genders in the level of depression among Form 4 students. This also explains that female students are more inclined to suffer depression compared to male students. Previous studies discover that there is a significant difference between female teenagers and male teenagers who suffer from depression. According to the studies conducted by Schichor, Bernstein, and King (1994), the likeliness of female teenagers suffering from depression is twice as high as male students. According to the study by (Dolphin & Hennessy, 2016), the significant difference only happens for Form 4 student samples only, which is almost two times. Whereas according to Gurian (2001), when reaching the age of 13 twice as many female teenagers suffers from depression as male teenagers. Baron and Perron (1986) also discover that female teenagers score higher in the level of depression compared to male students. According to Hughes, La Greca & Conoley (2001) at the age of 15, female teenagers report twice as many cases of depression compared to male teenagers and this gender distinction continues until adulthood. The next discussion will focus on the coping mechanism that is frequently used when facing depression.

Coping Mechanism

This study we found 5 coping mechanism which utilised interview to diagnose by adolescents are reading, listening to music and listening to motivational talks are some of the strategies when experiencing depression. Kahloon, Kazmi, Khalid, Nawaz, & Khan (2004) in a study conducted at a medical clinic in Pakistan relating to coping mechanism emphasized that more than 90% of students face stressful situations before and during their schooling years. There are many coping mechanisms used by students such as listening to music, playing sports, sleeping, self-reflection, and so on. Previous studies have investigated that yoga practice, continuous exercise helps in minimizing the effects of depression on adolescent life (Boynton, 2014; Woolery, Myers, 2004) Despite these limitations, this study has provided only for form 4 Malaysian students. The sample is small and cannot be generalized to all. The advantages of this study can be explored in future studies clinicians with valuable data on the rates of depressive disorders in Malaysian. In this study, we utilised a validated diagnostic tool such as the BDI and DASS. This is pivotal in ensuring a holistic and multidisciplinary treatment approach in these groups of patients.

Conclusion

This study demonstrated high rates of depressive. Common psychiatric complications associated with adolescent include both major and minor depressive disorders. The study findings should provide awareness to clinicians on the need of screening for depressive. Some parties think that modern computer-aided technology has added psychological workloads as it has weakened the human social support (Sharma, 1999). Adolescents from families with financial problems displayed more symptoms of depression (Fitzgerald, 2014; Landsberg, 2014) Academic grades, economic complications, jobs future prospects, lack of studying time,

too much workload, parents' expectations towards school performance, disagreements with peers, problematic community life and work-related problems are the cause of creating poor living environment (Gilbert, 2018; Malhi & Mann, 2018) (Caplan et al., 2013) Self-rationalization can help adolescents to create a certain level of self-awareness when facing with depression. It is able to create an internal transformation and improve well-being.

These findings provide a realistic picture of depression among adolescents. It should serve as a warning signs to all schools as well as parents about the risk of challenging adolescence development. Additionally, the finding also suggests that further studies to be conducted in experimental method as interventions to address depression problem among adolescents. Besides, this study has enormous implications for the field of counselling, especially involving counselling services in schools. As a teacher or school counsellor, they must be aware that the standard of education in Malaysia is increasing day by day due to the changing times and education policies formulated for the well-being of school people. Therefore, this study gives a clear view that every counsellor should be aware and find the best intervention to overcome the problem of student depression, starting from the age as early as possible. Prevention of this level of depression can be made a reality when all parties, including parents, teachers and the community work together to help students and address social problems before the situation worsens.

Declaration of Interest

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