

ความสัมพันธ์ระหว่างปัจจัยบางประการกับภาวะซึมเศร้าของวัยรุ่น จังหวัดนครราชสีมา ประเทศไทย

Relationship between Selected Factors and Depression of Adolescents in Nakhonratchasima, Thailand

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บทคัดย่อ

การวิจัยนี้มีวัตถุประสงค์เพื่อศึกษาหาระดับภาวะซึมเศร้าและความสัมพันธ์ระหว่างปัจจัยบางประการกับภาวะซึมเศร้าของวัยรุ่น โดยกลุ่มตัวอย่างเป็นเด็กนักเรียนระดับชั้นมัธยมศึกษาตอนต้น มัธยมศึกษาตอนปลาย และอาชีวศึกษา ช่วงอายุระหว่าง 13-18 ปี ในจังหวัดนครราชสีมา โดยวิธีการสุ่มตัวอย่างแบบหลายขั้นตอน ได้กลุ่มตัวอย่างจำนวนทั้งหมด 442 คน เครื่องมือที่ใช้ในการวิจัย ได้แก่ แบบสอบถามข้อมูลพื้นฐาน และแบบคัดกรองภาวะซึมเศร้าในวัยรุ่น (CES-D) ฉบับภาษาไทย ทดสอบความเชื่อมั่นของเครื่องมือ โดยใช้สัมประสิทธิ์แอลฟาของครอนบาคได้เท่ากับ .74 วิเคราะห์ข้อมูลโดยใช้สถิติไคว์สแควร์ กลุ่มตัวอย่างส่วนใหญ่เป็นผู้หญิง ($n = 272, 61.50\%$) มีอายุ 15 ปี ($n = 111, 25.10\%$) เรียนอยู่ในระดับมัธยมศึกษาตอนต้น ($n = 241, 54.52\%$) ครอบครัวมีรายได้ต่อเดือนอยู่ในระหว่าง 5,001-10,000 บาท ($n = 210, 46.7\%$) และได้รับการเลี้ยงดูแบบมีเหตุผล ($n = 302, 68.35\%$) ผลการวิจัยพบว่าเกือบครึ่งหนึ่ง (46.50%) ของเด็กวัยรุ่นกลุ่มตัวอย่างมีภาวะซึมเศร้า (Mean = 22.09, SD = .32) ซึ่งเพศที่แตกต่างกันจะส่งผลให้มีภาวะซึมเศร้าที่แตกต่างกัน ($X^2 = 13.11, p < 0.001$) นอกจากนี้ยังพบว่าเด็กวัยรุ่นที่ได้รับการเลี้ยงดูที่แตกต่างกันจะมีภาวะซึมเศร้าที่แตกต่างกัน ($X^2 = 8.92, p < 0.05$) ผลการศึกษาครั้งนี้แสดงให้เห็นว่ารูปแบบการเลี้ยงดูและเพศของเด็กวัยรุ่นอายุ 13-18 ปี ซึ่งกำลังศึกษาอยู่ในระดับชั้นมัธยมศึกษาตอนต้น ตอนปลาย และอาชีวศึกษา ในจังหวัดนครราชสีมา ที่แตกต่างกันมีภาวะซึมเศร้าที่แตกต่างกัน ดังนั้นทีมสุขภาพจึงควรการส่งเสริมให้สมาชิกในครอบครัวหรือพ่อแม่ดูแลบุตรหลานที่อยู่ในช่วงวัยรุ่นแบบมีเหตุผล โดยเฉพาะในเด็กวัยรุ่นผู้หญิงเพื่อป้องกันภาวะซึมเศร้าที่อาจเกิดขึ้นได้ต่อไป

คำสำคัญ: วัยรุ่น, ภาวะซึมเศร้า, ปัจจัยบางประการ

Abstract

This descriptive study aimed to determine the relationship between selected factors and depression of adolescents in Nakhonratchasima Province, Thailand. Four hundred and forty two students in secondary schools, high schools, and vocational schools in Nakhonratchasima were selected by stratified random sampling. The instruments of this study were the demographic questionnaires and Depression Screening Scale (CES-D). The reliability (Cronbach alpha coefficient) of the CES-D was .74. Data analysis used Chi-square test. The results showed that the majority of

samples were female (n = 272, 61.50%) and 15 years old (n = 111, 25.10%). They studied in secondary school (n = 241, 54.52%). Their monthly family income was 5,001-10,000 bath (n = 210, 46.7%). They were raised in a reasonable rearing style (n = 302, 68.35%). Almost half (46.50%) of Thai adolescents had depression (Mean = 22.09, SD = .32). Adolescents who were male or female had different in depression ($X^2 = 13.11, p < 0.001$), and who were raised in different rearing styles had different levels of depression ($X^2 = 8.92, p < 0.05$). The results of this study showed that the different rearing styles and gender of Thai adolescents would factor into different levels of depression. Therefore, healthcare providers should encourage family members or parents to take care their adolescents in reasonable style, especially with female adolescents in order to prevent depression.

Keywords: adolescent, depression, selected factors



Introduction

According to the World Health Organization (WHO), depression is the leading cause of disability in the world and is forecast to become worse by the year 2020 (Murray & Lopez, 1997). Depression represents a significant public health concern, is one of the most costly and debilitating medical conditions afflicting our society. It contributes to death by suicide (Moussavi, Chatterji, Verdes, Tandon, Patel, & Ustus, 2007). It estimates that approximately one in five adolescents would have suffered from an episode of depression by the time they reach adulthood (Lewinsohn, Rohde, & Seeley, 1998). Biological and social change occurring during adolescents, also contribute to depression. The risk of depression increases significantly after puberty (particularly in girls), and by age 18, the cumulative incidence is 20 percent (American Academy of Child and Adolescent Psychiatry, 2007).

From the national survey in Thailand (2004), it found that students in secondary and vocational school reported depression 16.41 percents. Nakhonratchasima is the province that reported the highest rate of attempt suicide in adolescents. Therefore, the researcher would like to know the prevalence of depression and what factors related to depression in adolescents.

Purposes of the study

1. To measure the depression level of adolescents in Nakhonratchasima.
2. To examine whether gender, age, educational level, rearing style and family income were associated with depression of adolescents in Nakhonratchasima.

Sample

From the total students 13-18 years old in Nakhonratchasima, 156,171 students, the researcher calculate sample size (Yamane),

$$n = \frac{156,171}{(1 + 156,171(0.05)^2)}$$

$$= 398.98$$

$$= 400$$

To account for potential missing data, the investigator chose to oversample by 20%. Therefore, the sample size of 480 subjects was required. The sample was selected by stratified random sampling.

Protection of Human Subjects

The Institutional Review Board (IRB) application was submitted to the IRB of the Boromarajonani College of Nursing, Nakhonratchasima. The proposal and the

consent form were reviewed by the IRB to determine that the rights of human subjects were not violated. The investigators obtained approval from the IRB of the Boromarajonani College of Nursing, Nakhonratchasima and the permission from the director of the school in Nakhonratchasima, Thailand before data collection.

Instrumentations

The instruments of this study were the questionnaires composed of Demographic and the Rearing Style questionnaire and Depression Screening Scale (CES-D) Thai version (Trangkasombat, Larbbuntrup, Hawanon, 1997). The investigators tried out the instrument in 30 students which were the same characteristic with the samples, the reliability (Cronbach alpha coefficient) of the instruments was .74. Depression Screening Scale (CES-D) consisted of 20 items, rating scale. The total score was 60, cut-off score was 22 (Trangkasombat, Larbbuntrup, Hawanon, 1997).

Data collection

Data collection followed approval from the IRB at Boromarajonani College of Nursing, Nakhonratchasima and the granting of permission to collect data by the directors of the school. The investigator met the teachers of each school and informed the purposes of the study. Then, the investigator approached the students. If students

were interested in participation, they were asked to read and sign a consent form. The participants completed the Demographic questionnaire and Depression Screening Scale (CES-D).

Data analysis

Descriptive and inferential statistic, Chi-square test were used for data analysis. The 0.05 level of significance was used for all data analysis

Results

A total of 442 students in secondary schools, high schools, and vocational schools in Nakhonratchasima were selected by stratified random sampling. The sample consisted of 241 secondary school students, 153 high school students, and 48 vocational school students.

Data about demographic characteristics of the participants were obtained from the Demographic Questionnaire. Table 1 and 2 displayed frequencies and percentages of adolescents' sex, age, educational level, family income and rearing style. The majority of samples were female (n=272, 61.50%), 15 years old (n=111, 25.10%), studied in secondary school (n=241, 54.52%), monthly family income was 5,001-10,000 bath (n=210, 46.70%) (Table 1) and raised in reasonable rearing style (n=302, 68.35%) (Table 2).

Table 1

Frequencies and Percentage of Adolescents in Nakhonratchasima

Variable	Number N=442	Percentage (%)
Gender		
Male	170	38.50
Female	272	61.50
Age (years old)		
13	78	17.60
14	82	18.60
15	111	25.10
16	93	21.00
17	39	8.80
Educational level		
Secondary school	241	54.52
High school	153	34.62
Vocational school	48	10.86
Family income (per month)		
No income	8	1.80
Less than 5,000 bath	50	11.10
5,001 - 10,000 bath	210	46.70
10,001 - 25,000 bath	94	20.90
25,001 - 50,000 bath	57	12.70
50,001 - 75,000 bath	16	3.90
75,001 - 100,000 bath	8	1.80
More than 100,000 bath	4	0.90

Table 2

Frequency, percentage, mean score and standard deviation of rearing style of Adolescents in Nakhonratchasima (N=442)

Rearing style	N	percentage	$\bar{X}$	S.D.
Reasonable	302	68.3	.68	.46
Control	126	28.5	.57	.90
Spoil/Indulge	14	3.2	.10	.52
Neglet	0	0	0	0

In this study, the depression was based on adolescents' perception. It measured by Depression Screening Scale (CES-D), is presented in Table 3. Almost half of Thai adolescents had depression (46.2%).

Table 3

Frequency and percentage of depression of Adolescents in Nakhonratchasima (N=442)

Depression	Number (N=442)	%
No depress (0-22 score)	238	53.8
Depress (more than 22 score)	204	46.2

Chi-square test was performed to determine the relationship between sex, age, educational level, rearing style, family income and depression. As shown in Table 4, significant correlations was found between gender and depression ($X^2 = 13.11$, $p < 0.001$) rearing style and depression ($X^2 = 8.92$, $p < 0.05$).

Table 4*The relationship between selected factors and depression of adolescents in Nakhonratchasima (N=442)*

	Depression of adolescents			χ^2	P-Value
	No depression (n=238)	Depression (n=204)	n		
Rearing Style			442	8.92	.012*
Reasonable	177	125	302		
Control	56	70	126		
Spoil/indulge	5	9	14		
Neglet	0	0	0		
Gender			442	13.11	.000**
Male	110	60	170		
Female	128	114	272		

*p<.05, **p<.001

Discussion

The main finding of this study showed that almost half (46.50%) of Thai adolescents had depression (Mean = 22.09, SD = .32) and the girls tend to have higher depressive score related to Angold, Costello, Erkanli, and Worthman (1996). This study speculated that after puberty there was a greater prevalence of depression in girls than boys (2:1). Biological and psychological processes that differ between girls and boys after the onset of puberty seem to be responsible for this difference in prevalence.

Moreover, the rearing styles (reasonable, control, spoil, neglet) from parent would be the factor affect to different levels of adolescents depression, similar to the Bhardwaj and Goodyer (2009), the mother-child relationship had been shown to contribute to childhood depression. The different in Children's rearing styles were likely to be associated with adolescent depression (Tongchat, 2005; Kittitsasseranee, 2008). Kim, Thompson, Walsh, and Schepp (2015) also reported that parent-adolescent support and conflict were associated with adolescent emotional outcomes particularly depression. Related to another study, Seiffge-Krenke, Overbeek,

and Vermulst (2010), examined the longitudinal link between the mother-adolescent relationship conflict (measured in terms of support and negative affect), and adolescent anxiety. In this study 145 adolescents were followed for 9 years, demonstrated that the quality of the parent-adolescent relationship changed in terms of both support and conflict across stages of adolescence and suggested that variability in the relationship was associated with anxiety. This research suggested that different patterns of relationship quality across time are likely to be associated with other adolescent psychosocial outcomes, such as risky behavior, drug involvement, depression, and feelings of hopelessness.

Therefore, healthcare providers should encourage family members or parent taking care their adolescents in reasonable style, especially in female for preventing depression. Those girls should be assessed about how they feel due to correlation of increased depression scores. Interventions to treat depression are important to the future of these adolescents. In conclusion, healthcare providers and parent can make a difference in the lives of adolescents.



References

- American Academy of Child and Adolescent Psychiatry. (2007). Practice parameters for the assessment and treatment of children and adolescents with depressive disorders. *J Am Acad Child Adolesc Psychiatry*, 46(1), 1503-1526.
- Angold, A., Costello, E. J., Erkanli, A. & Worthman, C. M. (1996). Puberty changes in hormone levels and depression in girls. *Psychological Medicine*, 29(1), 1043-1053.
- Bhardwaj, A. & Goodyer, I. M. (2009). Depression and allied illness in children and adolescents: Basic facts. *Psychoanalytic Psychotherapy*, 30(3), 176-184.
- Kim, J. H., Thompson, E. A., Walsh, E. M., & Schepp, K. G. (2015). Trajectories of parent–adolescent relationship quality among at-risk youth: Parental depression and adolescent developmental outcomes. *Archives of Psychiatric Nursing*, 29(1), 434–440.
- Kittitsasseranee, S. (2008). *The relationship between rearing style and depression in high school*, Unpublished Thesis, Graduated School, Kasetsart University.
- Lewinsohn, P. M., Rohde, P., & Seeley, J. R. (1998). Major depressive disorder in older adolescents: Prevalence, risk factors and clinical implication. *Clinical Psychology Review*, 18(1), 765-794.
- Moussavi, S., Chatterji, S., Verdes, E., Tandon, A., Patel, V., & Ustus, B. (2007). Depression, chronic diseases, and decrements in health: Results from the World Health Surveys. *Lancet*, 370(1), 851-858.
- Murray, C. J. L., & Lopez, A. D. (1997). Alternate projections of mortality and disability by cause 1990-2020; Global burden of disease study. *Lancet*, 349(1), 1498-1504.
- Seiffge-Krenke, I., Overbeek, G., & Vermulst, A. (2010). Parent–child relationship trajectories during adolescence: Longitudinal associations with romantic outcomes in emerging adulthood. *Journal of Adolescence*, 33(1), 159–171.
- Tongchat, W. (2005). Factors affect to depression of adolescents. Unpublished Thesis, Graduated School, Mahasarakarm University
- Trangkasombat, U., Larbbuntrup, W., & Hawanon, P. (1997). CES-D in adolescents. *J Psychiatr Assoc Thailand*, 42(1), 2-13.

