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Research Article

EFFECT OF INTERVENTION ON GIRLS SUFFERING FROM DEPRESSION

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ABSTRACT

A study to assess the effect of intervention on childhood depression was carried out in Allahabad city with the following objectives 1) to ascertain the socio economic status of the sample, and 2) to assess the prevalence of depression among children. 3) To plan and implement the intervention for depressed sample 4) to assess the effect of the intervention. For the present study a total sample of 180 (90 Boys + 90 Girls) children aged 6 to 12 years were selected through stratified random sampling from the four schools of the Allahabad city. Kuppuswami socioeconomic status scale (1962) revised in (2014) was used to assess the socio economic background of the respondents, to assess the depression level in children Center for Epidemiological Studies Depression Scale for Children (CES-DC) had been used. The results of the study revealed that children belonging to the lower socio economic groups are significantly more depressed (P>.05) than their counterparts from the middle and high socio economic groups. Gender disparity was also observed in depression as girls were found significantly suffering from more depression than their boys counterparts. Hence it is concluded that to reduce the menace of depression effective parent-child communication and healthy relationships with in the family are necessary.

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INTRODUCTION

Nowadays in modern society due to increasing in child related crimes, children have ceased to be the carefree epitome of peace and mental harmony that they were thought to be in the earlier times. Many changes have come in with the everchanging ways of life of a modern man. Children are affected by different kinds of mental and emotional complexities, unlike their earlier counterparts. It is the very sad scenario and really a heart sprain fact that drastic changes even children are falling prey to the vice called "DEPRESSION". It is appalling but never the less it's true. More and more children are becoming victims of depression of an entire world. There are many changes in modern life like an increase in the number of working mothers, over exposure to media, loss of a dear one, lack of confidence and inability to confide in others are some of the major causes of depression in children.

Children and adolescents with good mental health are able to attain and maintain optimal psychological, social functioning and well-being. They have a sense of identity, self-worth, an ability to be productive, have the capacity to tackle developmental challenges and use of cultural supports maximize growth. Moreover, a good mental health of children

and adolescent is crucial for their active socio economic participation. Many factors which affect the mental health of the children. Their mental disorders manifest themselves in many areas. In different ways which are poorly understood and affected, children are mistakenly viewed as "not trying hard enough" or as troublemakers. It is further made worse by stigma and discrimination in our society today (WHO, 2001).

Awareness, early prevention, and early help through professional treatment could help curb the numbers of children who have depression. Research on the demographics of parents who were involved in their children school activity found that ability to learn was better than the other children. Parents at all socioeconomic levels can "level the playing field" in their child's education by taking the time to get involved. Teachers give kids more attention when they know their parents from school visits. So, it should be a priority to attend school events and meetings which will help in understanding and support the child's education.

It is the parents and elders responsibility that if they suspect any problem in their children, they should do a couple of tasks which can help the child i.e. be aware of the behaviour and note how long the behaviour have been going on, how often they occur, and how severe they seem. Consult with professional for

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better diagnosis and set up possible treatment options. A professional can educate the child and family about the early warning symptoms of depression so that the family can recognize when depression is reoccurring and get immediate help.

For a child, it is very important that parents should understand the reason for depression. They should also consult with the professional about the ways to deal with childhood depression. A professional can help by talking with parents about their questions or concerns, reinforcing that depression in youth is not uncommon, reassuring them that appropriate treatment with psychotherapy, medication, or a combination can lead to improving functioning at school, with peers, and at home with family.

MATERIALS AND METHODS

Allahabad district of Uttar-Pradesh was selected purposively because the researcher was familiar to this city so that the data could properly collect. The sample universe of the study consisted of 90 girls between the age group of 8-12 years through stratified sampling, 30 each from upper, middle and lower socio-economic status from the schools of Allahabad. On the bases of need of the study an action research design was adopted.

Intervention package

The intervention package was prepared to decrease the depression level of girls. The package used in the study was an integration of one activity booklet.

Activity booklet- An activity booklet was developed for children with depression in which contained activities like rate yourself, positive traits, your feelings, recognize own feelings, express anger in a healthy way, see yourself, management of emotions, correct thinking errors, ballons for anger were prepared with an attempt to develop skills and competencies in children. To reduce stress factors, to increase positive activities, to impose a structure on daily life, to promote and raise awareness of the available resources, to train in social competences, to learn solving problem strategies, to modify the negative patterns of perception and interpretation, and to increase self confidence and self esteem.

Tools Used

Kuppuswami Socio Economic Status Scale (1962) revised in 2012 was used to assess the socioeconomic status of the girls. **Depression scale:** In order to assess the level of depression of the selected respondents, the Center for Epidemiological Studies Depression Scale for Children (CES-DC) had been used. Center for Epidemiological Studies Depression Scale for Children (CES-DC) is a 20 item self-report depression inventory with possible scores ranging from 0 to 60.

Higher scores indicate increasing levels of depression. The CES-DC is an objective and empirical test. Individuals can score 0-60 on the CES-DC.

Data Analysis: The data was scored, tabulated, analyzed using statistical techniques like frequency and percentage, Mean, Standard Deviation, 't' Test.

RESULT AND DISCUSSION

Table and Table 1 and fig 1 indicated frequency and percentage distribution of girls before and after intervention as the basis of three socio economic groups with reference to their level of depression that after intervention among the girls of lower socio economic group maximum, 70.83 percent girls were normal (before intervention it was 25 percent), whereas after intervention 12.5 percent girls showed a mild levels of depression (before intervention, it was 37.5 percent). In the category of moderate level of depression (before intervention, it was 37.5 percent). Effective intervention was observed in the girls suffering from mild and moderate level of depression. The symptoms of mild and moderate level of depression in girls were decreased after an intervention program.

Among the girls of middle socio economic group maximum, 92 percent girls were normal (before intervention it was 40 percent), whereas after intervention none of girl showed a mild levels of depression (before intervention, it was 24 percent). In the category of moderate level of depression 8 percent girls showed moderate level of depression (before intervention, it was 36 percent). Effective intervention was observed in the girls suffering from mild and moderate level of depression. The symptoms of mild and moderate level of depression in girls were decreased after an intervention program.

Among the girls of high socio economic group maximum, 80 percent girls were normal (before intervention it was 44 percent), whereas after intervention 8 percent girls showed a mild levels of depression (before intervention, it was 28 percent). In the category of moderate level of depression 12 percent girls showed moderate level of depression (before intervention, it was 28 percent). Effective intervention was observed in the girls suffering from mild and moderate level of depression. The symptoms of mild and moderate level of depression in girls were decreased after an intervention program.

It is clear from the results that effective intervention was observed from the case of girls suffering from mild level of depression. After an intervention program the symptoms of mild level of depression in school going girls were decreased. The intervention program contained relaxation techniques, changes in a thought process, scheduling pleasant activities, etc., which helped in preventing the initial episodes of

Table 1 Frequency and percentage distribution of girls before and after intervention

Level of Depression	Girls (N=74)														
			Middle S	SES (25))	High SES (25)									
	BI		AI		BI		AI		BI		AI				
	F	P	F	P	F	P	F	P	F	P	F	P			
Normal	6	25	17	70.83	10	40	23	92	11	44	20	80			
Mild	9	37.5	3	12.5	6	24	-	-	7	28	2	8			
Moderate	9	37.5	4	16.67	9	36	2	8	7	28	3	12			
Total	24	100	24	100	25	100	25	100	25	100	25	100			

depression and reducing the negative thoughts and the sources of stress for a child. It appears from the result that the intervention was effective because, if stress or anxiety is reduced, an individual will have fewer causes to be depressed and consequently, depressive symptoms should decline. Rosanna Rooney (2013) conducted a longitudinal study on reducing depression in 9–10 year old children in low socio economic status schools and concluded that the controlled trial children in the intervention condition reported a significant post reduction in depressive symptoms, emotional difficulties which was maintained at 6 month follow-up; no changes were evident in the control group. Both groups showed significant improvements in child-reported anxiety and depression.

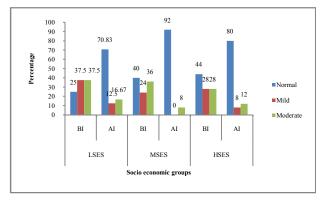


Fig. no.1 Percentage distribution of girls belonging to three socio economic group before and after intervention

14.32 from before intervention it was 17.56. The intervention programme to decrease the level of depression in boys showed a significant improvement in the level of depression.

In middle socio economic group there was a significant improvement was observed in the category of normal level of girls depression ('t' cal 4.86) as 't' calculated was higher than the 't' tabulated at 5 percent probability level showing a significant improvement in the normal level of girls depression. In the category of mild level of depression after intervention there was a significant improvement in the category of mild level of depression ('t' cal 2.85) as 't' calculated was higher than the 't' tabulated at 0.05 percent probability level showing a significant improvement in the mild level of depression. In the category of moderate level of depression after intervention there was a significant improvement in the category of mild level of depression ('t' cal 2.46) as 't' calculated was higher than the 't' tabulated at 5 percent probability level showing a significant improvement in the mild level of depression.

The mean value of boys in the category of normal level shows increase (7.8) from before intervention (6.68) and in the category of mild level of depression the mean value was decreased (14) before intervention it was (17.16) in the category of moderate level of depression the mean value was decreased 12.68 before intervention it was 16.95. It is clear from the table that the intervention programme to reduce the level of depression in boys showed a significant improvement.

Table 2 Comparison of depression level of girls before and after intervention across three socio economic groups

Level of Depression	Lower Socio economic group					Middle socio economic group					High socio economic group					T tab at 0.05%
	BI		AI ,		41	BI		AI		4 1	BI		AI		41	
	M	S.D	M	S.D	t-cal	M	S.D	M	S.D	t-cal	M	SD	M	S.D	t-cal	
Normal	8	0.89	9.6	1.42	3.98*	7.50	1.19	8.4	0.97	4.89*	7.54	4.06	8.9	1.10	6.85*	2.06
Mild	15.11	2.37	12.16	2.1	2.16	10	8.67	7	0.76	2.85*	10.91	8.69	8.5	1.09	2.79*	
Moderate	16.10	2.41	12.98	2.14	2.76*	12.14	2.54	9.76	1.16	3.14*	11.54	3.45	8.94	1.46	2.94*	

Where, M=Mean, S.D.= Standard Deviation

Above table 2 and figure no 2,3 and 4 shows the comparison of depression level of girls before and after intervention across three socio economic groups that in lower socio economic group there was a significant improvement was observed in the category of normal level of girls depression ('t' cal 3.98) as 't' calculated was higher than the 't' tabulated at 5 percent probability level showing a significant improvement in the normal level of girls depression. In the category of mild level of depression after intervention there was a significant improvement in the category of mild level of depression ('t' cal 2.16) as 't' calculated was higher than the 't' tabulated at 0.05 percent probability level showing a significant improvement in the mild level of depression. In the category of moderate level of depression after intervention there was a significant improvement in the category of moderate level of depression ('t' cal 2.86) as 't' calculated was higher than the 't' tabulated at 5 percent probability level showing a significant improvement in the mild level of depression.

The mean value of boys in the category of normal level shows increase (8) from before intervention (7.5) and in the category of mild level of depression the mean value was decreased (13.67) before intervention it was 16.5, in the category of moderate level of depression the mean value was decreased

In high socio economic group there was a significant improvement was observed in the category of normal level of girls depression ('t' cal 6.85) as 't' calculated was higher than the 't' tabulated at 5 percent probability level showing a significant improvement in the normal level of girls depression. In the category of mild level of depression after intervention there was a significant improvement in the category of mild level of depression ('t' cal 2.79) as 't' calculated was higher than the 't' tabulated at 0.05 percent probability level showing a significant improvement in the mild level of depression. In the category of moderate level of depression after intervention there was a significant improvement in the category of moderate level of depression ('t' cal 3.14) as 't' calculated was higher than the 't' tabulated at 5 percent probability level showing a significant improvement in the moderate level of depression.

The mean value of boys in the category of normal level shows increase (7) from before intervention (5.5) and in the category of mild level of depression the mean value was decreased (15.85) before intervention it was (8.7) in the category of moderate level of depression the mean value was decreased 14.10 before intervention it was 18.26. It is clear from the table

that the intervention programme to reduce the level of depression in boys showed a significant improvement.

It is clear that after intervention there was a significant result was found across three socio economic groups in the case of girls. After intervention maximum girls showed normal level of depression which means girls did not show any signs for depression. In the category of mild level of depression the numbers of girls were decreased after intervention which shows that conducted intervention program was effective to reduce the prevalence of depression in children, similar interventional study conducted by Asarnow and Tompson (2001) who found the significant effect of intervention that immediately after the intervention among all the treated 69 children showed decrease levels of depressive symptoms and better classroom behavior compared to 73 non treated children.

CONCLUSION

It can be concluded from the present study that there is a high prevalence of depression among girls. The results of the study are indicative of taking serious steps in addressing the issue by counseling the children and their parents. Effective communication and good parent child relationship can also improve beneficial in reducing the prevalence of depression among girls.

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