DEPRESSION AMONG ADOLESCENTS IN THE MUNICIPALITY OF PRISHTINA

Eglantina Kraja, MA
Email: krajaeglantina@gmail.com

ABSTRACT

The purpose of the research was to analyze the existence of depressive factors among adolescents. The overall objective was to analyze the possible existing risk factors among adolescents. The research was conducted during the period February to April 2015, with a total of 200 students interviewed (113 females and 87 males), 100 students in "Gjin Gazulli" high school and 100 students in the "Don Bosco" socio-educational center in Pristina. 52.5% of students feel sad, 40% of students feel they have no future, 45% of students have the sense of being guilty, 6% of students have contemplated suicide, but did not take any actions to accomplish their intentions, 5% of students would like to die, while 4.5% contemplate suicide in any given opportunity. As a result of various factors such as, psychological, environmental, trauma, etc., students experience different situation, which means the greater the concerns and grievances are, the greater is the adolescent depressive state. Considering that the adolescence represents a determinant age for a series of important features, the impact of the family environment in the emotional development of the child, especially in regulating negative valence emotions (fear, anger, sadness, anxiety) and prevention of stressors will impact positively on the future of adolescents.

Keywords: Depression, student, school, family.

INTRODUCTION

In recent times there are intensified discussions in social environments on depression among adolescents, the factors causing it and ways how to treat it. The increased time spent (intensity) in the social network, differences between material and spiritual needs of adolescents and the the balance of the mentioned are the most general factors that cause depression in adolescent age. Therefore, depression comes as a result of the interaction of the young people with conditions that surround them. In addition to health damage, depression is a factor that impairs or reduces the performance among adolescents. Experience has shown that the interference of individual or institutional factors can mitigate the effects of depression and prevent it. Teenagers who fail to develop positive peer relationships are at higher risk to develop problems such as delinquency, substance abuse and depression Adolescents with successful peer relationships have a higher self-confidence, emotional support and guidance features. 69% of girls in parent-teen studies expressed that they needed "a lot" of help in learning how to make friends (Stromme & Stromme, 1993). A number of studies show that teens do not sleep sufficiently. Consequently, they have lower results in school and damaged health. A new study shows that parents can help adolescents to increase the sleep hours, by checking the time exposed to light.

Studies carried out to the date have found that the specific dimensions of temperament to be risk factors for affective disorders, especially depression (Kendler et al., 1993). Other factors of risk include socio-demographic features, such as age (Akiskal et al., 1983; Blazer et al., 1994), education level (Weissman, 1993), marital status (Akiskal et al., 1983), genetic factors (Kendler et al., 1993), stressful life events (Kendler et al., 1993), and previous history of depression (Hirschfeld et al., 1989).

According to the American Medicine Academy for sleep, teenagers need 9 hours of sleep each night. But many young people only have 7 hours of sleep or less. This affects the results at school, their mood, behavior and health. The US administration in charge of food and pharmaceutical control (FDA) has officially confirmed for the first time, the connection between the use of antidepressants and suicidal tendencies in adolescents. The outcome of the most recent analysis in a series of tests show that a young man using Prozac, antidepressant medication produced by the firm Eli Lilly, which is often recommended to the young people to treat depression, carries a 50% chance of having suicidal thoughts or a suicide attempt in comparison to a young man using placebo. Hence there is an immediate need to treat it, as well as minimize the factors that cause it. In the environments such as poor countries and those in transition, for the phenomena that accompany these processes, there is an increase presence of depression and therefore the necessity of addressing it should be an important function and an integral part of the responsibilities of the society.

Depression is a problem little known among teens considering that the sudden behavior change of mood and behavioral manifestations are more considered as normal teen behavior. But the depression disorder often comes at this stage of life and is associated with a combination of factors. In one of the last psychobiological studies on a group of teenagers, they have found some genetic and psychosocial variables that play a role in the context of depression. Depression comes in different forms, as is the case with other diseases. There are two types of depression: 1) depression exogenous (displayed as a reaction to external events and is closely linked with dissatisfaction and anxiety from which is derived) and 2) endogenous depression (caused by any Biochemical failure and seem to be buleminë genetically linked to, or with alcoholism and drug use).

Stress, social and economic problems are factors that adversely affect human mental health, causing disturbances. Nowadays, depressive disorders are included worldwide in the group of clinical most serious conditions to treat. People who have low self-esteem, who consistently view themselves and the world with pessimism or who are easily overwhelmed by stress, they are prone to depression. In recent years, researchers have shown that physical changes in the body can be accompanied by mental changes. Medicine, diseases such as stroke, a heart attack, cancer, Parkinson's disease and hormonal disorders can cause depression, making the patient apathetic and willing to care for his needs, extending the period of recovery. Also, a huge loss, difficult relationship, financial problem, or what stressful change in life patterns can be all causes of depression.

Worldwide there are around 20% of children and adolescents suffer from mental disorders leading to disabilities. Anxiety disorders, depression and mood disorders are among the most frequent mental health problems among adolescents. Half of the cases of mental disorders commence before the age of 14. Most young people suffer needlessly, without access on appropriate resources for recognition, support and treatment . These young people are ignored and are exposed to a high risk for abuse and neglect, suicide, alcohol and other drug use, failure in school, violent and criminal activities, mental disorders in adulthood and impulsive behaviors that pose health risks for them. The aim of this study was to assess and analyze the presence of depressive factors among adolescents. The overall goal was to analyze possible risk factors present among adolescents.

METHODOLOGY

The method used in this research was the partial research method. The outcome result was categorized in accordance with the questions posed, to be followed by the calculation of

statistical parameters, data presentation through tables, graphs and finally the discussion of the outcome.

The study sample

A total of 200 students were interviewed for the research purposes (113 females and 87 males), 100 students at "Gjin Gazulli" high school and 100 students at the "Don Bosco" socio-educational center in Pristina. The research was carried out in February- Aprill 2015 period.

Instruments and data collection

The data collection procedure is applicable and accurate through the measurement variables for numerical expression to show the amount and difference. Data collection was conducted through an anonymous survey with two measuring instruments: Instrument 1 - personal data (3 questions); reflects the data on age, sex, address. 200 students were interviewed for this research (56.5% females and 43.5% males), 50% were students from the "Gjin Gazulli" High School and 50 % from "Don Bosko" socio-educational center in Prishtina. The age of the students interviewed was: 17-year-old (53%) and 18-year-old (46%), whereas with regard to their address (location), 98.5% of students were from the city and 1.5% from villages. Instrument 2 – reflects the findings according to Beck Depression Inventory (BDI-II), consisting of 21 self-reporting questions to measure depression (Dr. Aaron Beck).

The procedure of data analysis

Data processing and analysis was performed using computer software: Microsoft Excel, Microsoft Word and SPSS. All the collected data were analyzed as a whole, while maintaining absolute reliability and always based on ethical principles.

RESULTS

One of the main factors that lead the young people in depression is sadness, which appears in different situations. The adolescents from the two schools have given approximate same answers regarding sadness: 35% of students are not sad, 52.5% are sad and when adding the 10% of students feeling very sad, brings to the conclusion that the situations among these adolescents is rather worrisome (Table 1).

Table 1: *Sadness among students*

Modalities	"Gjin Gazulli"		"Don Bosko"		Total	
	f	%	f	%	f	%
I am not sad	28	14	47	23.5	75	37.5
Sometimes I feel sad	29	14.5	18	9	47	23.5
Most of the time I feel sad	33	16.5	25	12.5	58	29
I feel so sad that I hardly endure myself	10	5	10	5	20	10
X2-test = 2.20; Shl=2, >0.05						

Reference: f – frequence; % - percentage
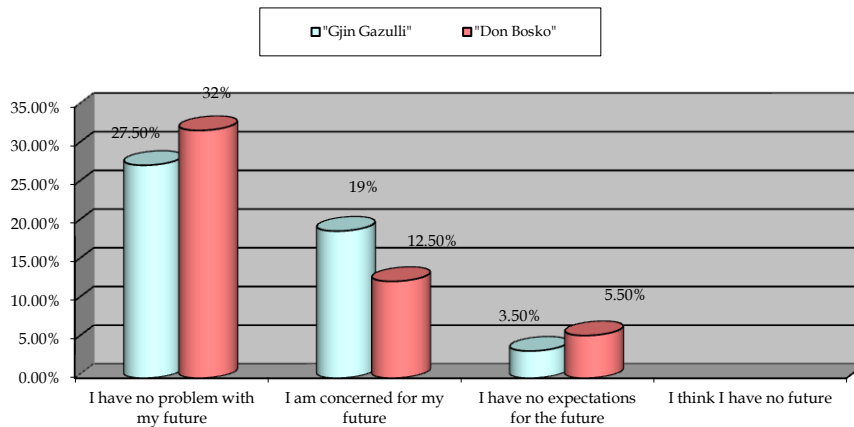
Graphic 1. Pessimism among students

Speaking of the thoughts students have with regard to their future, students from both schools have given approximately same answers (Graph.1). 59.5% of students have reported that they see problem about their future, whereas 40.5% of students stated that they are concerned about their future and have no great expectations. Hence, it turns out that: the age itself poses difficult situations to the young people; therefore despite the difficulties they should have a good future.
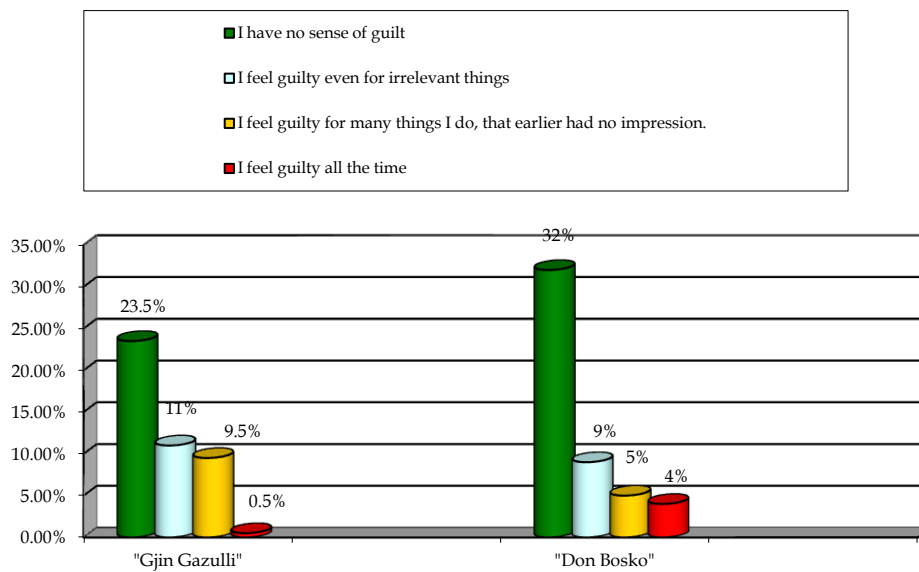
Graphic 2. The sens of guilt at students

In Graph nr.2, if we compare the data for the adolescents from both schools, we can conclude that: despite their actions, they don't feel guilty for anything, considering that their age focuses in generating ideas, changing themselves and the process. 23.5% of the students at "Gjin Gazuli" High School and 32% of students at "Don Bosko", state that they have no sense of guilt, which means that 53.5% of the students from both schools don't have this problem. However, a worrying fact is that in general at both schools, 46.5% of students feel guilty depending on situation. Hence, it can be said that the adolescence is the age during

which there is a tendence to create the idea of mistakes, guilt (fault) and deformations. Problems, misunderstandings and lack of treating them as if nothing has happened, by disguising the situation due to fear, cause bigger individual and social problems.

Table 2: *Suicidal Thoughts among Adolescents*

Modalities	*"Gjin Gazulli"*		*"Don Bosko"*		*Gjithsej*	
	f	*%*	*f*	*%*	*f*	*%*
I have no suicidal thoughts	78	39	91	45.5	169	84.5
Sometimes I contemplate to suicide, but I have taken no action to accomplish my intentions	7	3.5	5	2.5	12	6
I would like to die	10	5	-	-	10	5
I will kill myself as soon as the opportunity shows	5	2.5	4	2	9	4.5

Reference: f – frequence; % - percentage

Even though 85.5% of students from both schools have no suicidal thoughts, a worrying fact is that 6% of interviewed students have contemplated suicide, but have taken no action to accomplish their intentions, 5% of students would like to die, whereas 4.5% of students would do when the opportunity is given (Table 2).

DISCUSSION AND CONCLUSIONS

Filling the gap of similar researches in Kosovo, in order to create an overview and consequently a database for the presence of depression among adolescents, particularly among high school students would be a significant contribution to the health and educational system. Around 62.5% of students state that they are sad or very sad, since they have lack the financial (economic) conditions and the required support at the family or school. 40.5% of the students' state that they are concerned (worried) and have no expectations for the future, considering that the age itself and the environment where they live imposed difficult situations. 46.5% of the students have the sense of guilt, and the entire situation comes as a result of failing to treat the problems and misunderstandings by their families or teachers as if nothing has happened, which reflects with a deterioration of their psychological and social situation.

Worrying is the fact that 6% of the students have contemplated suicide, 5% of students would like to die, while 4.5% of students have suicidal thoughts in any opportunity. It is known fact that depressive disorders are the major negative diseases that the society is facing, exerting a great influence on social, emotional and professional functions. People, in this case including teenagers that are depressed may lose their interest in activities that previously cherished (held dear), now they may have difficulties in: focusing, memorizing details, decision making, sleep disturbance, loss of energy, fatigue, pain or somatic problems, and suicidal thoughts.

Through analyzing the outcomes from the answers collected from students at these two schools, we understand that: around 20.5% of students have a mild depression, 14.4% of students have a moderate level of depression, while 4.8% of students have problems with depression of severe/extreme level. The welfare of the young people is an increasing concern

for public health in Kosovo. The level of knowledge on depression is low among students and their families. Lack of knowledge and understanding on the consequences of depression poses a constant risk for the young people. The situation is not risky for the young people only (for themselves), but becomes a potential source of family and social problems. The conclusions show that mental health issues among the young people need to be further analysed and interventions base on facts need to be implemented in order to promote a safe and healthy behavior and life.

ACKNOWLEDGEMENTS

BIBLIOGRAPHY

Akiskal, H., Hirschfeld, R., Yerevanian, B. (1983). The relationship of personality to affective disorders. A critical review. *Archives of General Psychiatry, vol. 40*, no. 7, 801–810 http://dx.doi.org/10.1001/archpsyc.1983.01790060099013

Akiskal, H., Mundt, C., Hahlweg, K., Fiedler, P. (1996). *The temperamental foundations of affective disorders in Interpersonal Factors in the Origin and Course of Affective Disorders*. Eds., Gaskell, London, UK.

American Psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders*. 4th Edition.

Bonichini, S., Axia, G., Bornstein, H. (1976). *Validation of the Parent Health Locus of Control Scales in an Italian Sample Selye H. The stress of life*. New York: Mc Graw Hill.

Blazer, D., Kessler, R., McGonagle, K., Swartz, M. (1994). The prevalence and distribution of major depression in a national community sample: the National Comorbidity Survey. *American Journal of Psychiatry, vol. 151*, no. 7, 979-986 http://dx.doi.org/10.1176/ajp.151.7.979   PMid:8010383

Commodari, E., Di Nuovo, S., Bongiorno, F., Caruso, F. (2002). Perception of stress in different types of pathologies: depression and anxiety. *The Italian Journal of Psychiatry and Behavioural Sciences.* 12(1):32–36.

Dragoti, E. (2004). *Psikologjia Sociale*. Tiranë

Hirschfeld, R., Klerman, G., Lavori, P., Keller, M., Griffith, P., Coryell, W. (1989). Premorbid personality assessments of first onset of major depression. *Archives of General Psychiatry, 46*(4), 345-350 http://dx.doi.org/10.1001/archpsyc.1989.01810040051008   PMid:2649038

Kanner, D., Coyne, C., Schaefer, C., Lazarus, S. (1981). Comparison of two modes of stress measurement: daily hassles and uplifts versus major life events. *Journal of Behavioural Medicine*. 4:1–39.   http://dx.doi.org/10.1007/BF00844845

Kendler, S., Kessler, R., Neale, M., Heath, A., Eaves, L. (1993). The prediction of major depression in women: toward an integrated etiologic model. *American Journal of Psychiatry, vol. 150, no. 8,* 1139–1148 http://dx.doi.org/10.1176/ajp.150.8.1139 PMid:8328557

Kendler, S., Karkowski, L., Prescott, C. (1999). Causal relationship between stressful life events and the onset of major depression. *American J. of Psychiatry, vol. 156, no.* 6, 837–841. http://dx.doi.org/10.1176/ajp.156.6.837   PMid:10360120

Koxhaj, A., Tomini, F. (2006). *Menaxhimi i Komunikimit*. Tiranë

Lazarus, S., & Folkman, S. (1984). *Stress, Appraisal and Coping*. New York: Springer

Lemyre, L., Tessier, R. (2008). Measuring psychological stress, concept, model, and

measurement instrument in primary care research. *Canadian family physician médecin de famille canadien 49:1159-60, 1166* [PMC free article] [PubMed]

Liberman, A. (2005). *Word Origins and How we Know Them.* Oxford: Oxford University Press. Retrieved 29 March 2012.

Ramadani, N. (2005). *Shëndetësia Publike & Etika.* Prishtinë

Suli, A., Çomo, A., Alikaj, V. (2004). *Psikologjia Mjekësore*. Tiranë

Weissman, M. (1987). *Advances in psychiatric epidemiology: rates and risks for major depression*. American Journal of Public Health, vol. 77, no. 4, 445–451. http://dx.doi.org/10.2105/AJPH.77.4.445 PMid: 3826462 PMCid: PMC1646931

Zhurda, Y. (2009). *Psikologjia*. Tiranë