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Depression Literacy among Adolescents in Selected Schools of Dhangadhi Sub -Metropolitan City in Province - 7, Nepal

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ABSTRACT

Introduction: Depression literacy can be characterized as understanding depression as a mental condition, as well as knowing about its epidemiology, etiology, symptoms, prognosis, and accessible treatment choices. Adolescents with a high degree of depression literacy have a better understanding of depressive disorder and its consequences. This study aimed to assess the depression literacy among adolescents in the selected schools of Dhangadhi Sub- Metropolitan City.

Methods: A descriptive cross-sectional study was conducted to assess depression literacy among adolescents aged 10-19 years from selected schools, Dhangadhi, Nepal after the ethical approval from Nepal Health Research Council (NHRC). A semi-structured questionnaire with D-lit tools was self-administered among 422 respondents for data collection. Dhangadhi Sub-Metropolitan City was selected conveniently whereas the schools were selected by simple random sampling and respondents were selected through the census method. Obtained data were analyzed by using SPSS version 20.

Results: Out of 422 respondents, nearly a third (22.7%) had adequate knowledge about depression. The majority of participants were male (53.1%) belonging to 14-16 years (76.5%). Likewise, more than one-third (66.8%) of respondents answered the correct meaning of depression as 'Depression is the mood state in which a person becomes distressed, sad and experiences unpleasant sensations.'

Conclusions: The level of adequate literacy was found to be very low. Thus, efforts should be initiated to enhance knowledge on mental health issues and further studies are needed to generate a database for effective policymaking and planning for interventions.

Keywords: Adolescent; Depression literacy; Dhangadhi; Nepal.

INTRODUCTION

Depression is a significant mental illness marked by a loss of interest in activities, unhappiness, and a lack of energy to accomplish tasks, resulting in disability.^{1,2} Depression literacy refers to a person's understanding of depression as a mental condition, as well as its epidemiology, causes, symptoms, prognosis, and treatment choices.³

Adolescent depression has risen to become the ninth biggest cause of mortality and disability.⁴ Teenagers' lack of awareness of depression influences how they seek treatment; depression literacy is important since it may help individuals combat diseases by addressing depressed symptom identification, contributing to therapy, and making important depression decisions.^{3,5} Although, various depression-related studies had been

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conducted in Nepal, depression literacy study, especially among adolescents was very rare. This study aimed to assess depression literacy among the adolescents of the selected schools of Dhangadhi Sub – Metropolitan City of Province -7.

METHODS

A descriptive cross-sectional study was conducted among 422 students of selected schools of Dhangadhi, Nepal after the ethical consideration from NHRC (Ref no.375/2019). Written parental consent was obtained before enrolling students in the study. The adolescents aged 10-19 years from 3 selected schools (class 8- 10) of Dhangadhi sub-metropolitan city were taken in this study while the adolescents who were absent during the process of data collection were excluded.

Sample size calculation: The sample size was calculated using the formula:

Sample size = Z^2pq/d^2

$$= (1.96)^2 0.5 \cdot 0.5 / (0.05)^2$$

$$= 384$$

Where, P= 0.5(50% prevalence was taken as there wasn't any relevant study done in Nepal)

q=1-p= 0.5,

Confidence Interval (C.I)=95%=1.96

Margin of error (e)= 5%=0.05

Adding the 10% non-response, the final sample size was 422. Schools were selected through simple random sampling techniques whereas respondents were selected using the census method.

A semi-structured questionnaire with D-lit tools was self-administered to the respondents which consisted of socio-demographic characteristics and literacy on depression with 20 modified items of D-lit.

D-lit Questionnaires

The Depression Literacy Questionnaire measured depression-specific mental health literacy. The questionnaire covered 22 items which were true or false questions. Each item had three options: true, false, or don't know. One point was given for each right answer. Higher ratings reflected a greater understanding of depression's mental health. The reliability of the D – lit tool was approved by several studies in which Cronbach's alpha (α) = 0.70(n=40) and 3-month test-retest reliability(r) =0.71, p=0.02(n=12).⁶

All the data after collection were entered and analyzed using SPSS 20. The obtained results were presented using tables.

RESULTS

Out of 422 respondents, 22.7% were found to have adequate knowledge about depression. Likewise, more than one-third (66.8%) of respondents answered the correct meaning of depression.

Table 1. Depression literacy among adolescents (n=422)

Depression literacy	n(%)
Adequate	96(22.7)
Inadequate	326(77.3)
Meaning of depression by respondents	
Depression is the normal state	15(3.6)
Depression is the mood state in which a person becomes distressed, sad and experiences unpleasant sensations	282(66.8)
Depression is the state when the person becomes happy and excited	27(6.4)
None	98(23.2)

Table 2 represents that out of total respondents the majority (76.5%) were of age group 14-16 years. More than half of the participants were male (53.1%) and belonged to the Brahmin/Chhetri ethnic group. Similarly, data on the educational status of parents reported that the majority of participants' fathers (21.8%) had a primary level of education while about one-third (33.6%) of respondents' mothers were illiterate. Agriculture was found to be the occupation of a major proportion of participants' parents, where fathers' occupation as agriculture made up a total of 39.8% and mother's occupation as agriculture accounted for 50% respectively. Likewise, the monthly income of the family of 47.2% of respondents was found to be less than NPR 10,000.

Table 2. Socio-demographic characteristics (n=422)

Socio-demographic characteristics	n(%)
Age(in years)	
10-13	58(13.7)
14-16	323(76.5)
17-19	41(9.7)
Gender	
Male	224(53.1)
Female	198(46.9)
Ethnicity	
Brahmin/Chhetri	263(62.3)
Janajati	133(31.5)
Dalit	22(5.2)
Muslim	2(0.5)

Socio-demographic characteristics	n(%)
Others	2(0.5)
Father's education	
Illiterate	54(12.8)
Literate	44(10.4)
Primary	92(21.8)
Lower secondary	65(15.4)
Secondary	78(18.5)
Higher secondary	49(11.6)
Bachelor or above	40(9.5)
Mother's education	
Illiterate	142(33.6)
Literate	83(19.7)
Primary	92(21.8)
Lower secondary	38(9.0)
Secondary	35(8.3)
Higher secondary	25(5.9)
Bachelor or above	7(1.7)
Father's occupation	
Agriculture	168(39.8)
Private job	89(21.1)
Government job	53(12.6)
Foreign employment	77(18.2)
Business	26(6.2)
Daily wages	8(1.9)
Others	1(0.2)
Mother's occupation	
Agriculture	211(50.0)
Private job	33(7.8)
Government job	3(0.7)
Foreign employment	19(4.5)
Business	8(1.9)
Daily wages	8(1.9)
Home-maker	140(33.2)
Monthly income (in NPR)	
Less than 10,000	199(47.2)
10,000 - 30,000	144(34.1)
30,000 - 50,000	48(11.4)
More than 50,000	31(7.3)

Table 3 represents the response given by the respondents regarding the cause of depression. The majority of respondents believed that stressful life events (63.3%), economic status (60.4%), educational status (45.7%), and biochemical disturbance (41.2%) are the major

reasons behind depression.

Table 3. Literacy about causes of depression (n=422)

Characteristics	Yes, n (%)	No, n(%)	Don't know, (n%)
Response on stressful life events causing depression	267(63.3)	40(9.5)	115(27.3)
Response on heredity factors causing depression	141(33.4)	128(30.3)	153(36.3)
Response on economic status in causing depression	255(60.4)	51(12.1)	116(27.5)
Response on evil spirits/ghosts/witch crafts/black magic in causing depression	66(15.6)	242(57.3)	114(27.0)
Response on biochemical disturbances in causing depression	174(41.2)	107(25.4)	141(33.4)
Response on educational status in causing depression	193(45.7)	106(25.1)	123(29.2)

DISCUSSION

Depression is still poorly understood by healthcare professionals, patients, and the general public, particularly concerning its etiology, signs, and symptoms, and treatment of depression. Therefore, many people with depression do not seek help, do not know where to turn, and thus have a negative attitude toward treatment, or fear being stigmatized for seeking help.⁷ Thus, this study was intended to find out the literacy of depression among adolescents.

Our study reported that the majority of respondents were male 53.1% which is opposed to the findings presented by the study conducted in New York. Moreover, we found out that adequate depression literacy was among 22.7% of participants which is comparatively less than the study conducted in New York which reported depression literacy among 40% of participants. This might have resulted due to the huge difference in the sample size of both studies.⁸ However, a study conducted in China and Nigeria showed a contrasting result to the findings of our study which reported only 16.4% and 4.8% of respondents had adequate mental health literacy with correct identification of depression.⁹

According to a study conducted in Patan hospital and

Chitwan medical college of Nepal a large proportion of participants believed that mental illness was caused as a result of biochemical disturbances making up a total of 97.2% and 99% respectively.^{10,11} However, our study reported a total of 41.2% of participants who believed that mental illness is caused as a result of biochemical disturbances in the brain. The variance in the result of the present and referred study might be due to the different target populations of the referred and present study.

CONCLUSIONS

The study reported that less than one-third of participants had adequate knowledge of depression. Thus, efforts should be initiated to enhance knowledge on mental health issues and further studies are needed to generate a database for effective policymaking and planning for interventions.

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Not Applicable

CONFLICT OF INTEREST

None

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