



“ASSESSMENT OF EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON IDENTIFICATION OF DEPRESSION SYMPTOMS IN ADOLESCENTS AMONG PARENTS IN SELECTED AREA, TIRUPATI.”

Mrs. P. Lalithamma¹, Dr S. Hemalatha² DrM. Bhagyalakshmi³

¹M.Sc nursing, Department of Mental Health Nursing, College of Nursing, SVIMS, Tirupati, Andhra Pradesh, India.

²Assistant Professor, Department of Mental Health Nursing, College of Nursing, SVIMS, Tirupati, Andhra Pradesh, India.

³Assistant Professor, Department of Mental Health Nursing, College of Nursing, SVIMS, Tirupati, Andhra Pradesh, India.

ABSTRACT

INTRODUCTION :

Depression is one of the most prevalent and common mental health illnesses. Adolescent depression may affect the teen's socialization, family relations, and performance at school, often with potentially serious long term consequences.

Objectives:

1. To assess the knowledge on identification of depression symptoms in adolescents among Parents in pretest.
2. To evaluate the effectiveness of structured teaching programme on identification of depression symptoms in adolescent among parents in post-test.
3. To find out the association between the knowledge on identification of depression symptoms in adolescent among parents with their selected socio demographic variables.

Methodology: Quasi- experimental with one group pre-test and post- test design was adopted for this study. The study was conducted in Nehru Nagar and Chennareddy colony, Tirupati among parents of adolescents by convenient sampling technique. The data was collected through structured questionnaire for identifying the depression symptoms and followed by a teaching programme. After 7days the post-test was administered through the same questionnaire. The post-test Mean scores of identification of depression symptoms among parents of adolescents was 17.12 and standard deviation was 2.953. The collected 't' value is 7.84 which was statistically significant at 0.01 level. The association between identification of depression symptoms in adolescent among parents with their selected socio demographic variables were statistically significant at 0.01 level respectively in post-test. Where as the demographic variable namely age of parents in years and significant association with identification of depression at 0.05 level.

Results: show that the pre-test and post-test scores among parents of adolescents. In pre test Majority 88% of parents had inadequate knowledge, 10% of them had moderate knowledge and only 2% of them had adequate level of knowledge on identification of depressive symptoms in adolescents after post test the results were

Conclusions: Identification of the depression symptoms in adolescents is very important present days majority of adolescents not expressing their needs and problems and confined to the mobiles. After providing structured Teaching programme there was significant difference in the post-test scores. The findings suggested that most of the parents have shown interest to identify depression symptoms among adolescents. There was an increased knowledge regarding early identification of depressive symptoms among adolescents.

KEY WORDS: Assess, Effectiveness, Structured Teaching Programme, Depression symptoms, Adolescents, Parents.

INTRODUCTION

Depression is a common illness and the burden of depression is on the rise globally. The World Health Organization projects depression as one of the most common mental illnesses with more than 264 million people affected worldwide. Depression in adolescence is a common mental health disease with a prevalence of 4–5% in mid to late adolescence. It is a major risk factor for suicide and can also lead to social and educational impairments. Consequently, identifying and treating this disorder is crucial.

Depression is a common mental disorder characterized by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, feelings of tiredness and poor concentration, are a leading cause of disability and a significant source of the burden of disease worldwide. Family history and issues with family or others may also increase your teenager's risk of depression. India has one of the highest prevalence's of mental illnesses globally, without adequate medical infrastructure to help those in need.

Depression can look different in men and women. Although men, women, and people of all genders can feel depressed, how they express those symptoms and the behaviors they use to cope with them may differ.

NEED FOR THE STUDY

Depression is a common mental disorder seen across all age groups, including children and adolescents. The life time risk of depression in males 8 to 12% and in females is 20 to 26%. However, the life time risk of major depression is about 8%. Depression affects people by changing their level of functioning in many areas of their life. Depression is the leading cause of disability in the world. More than 264 million people suffer from depression worldwide. Adolescents aged 12 to 17 years old had the highest rate of major depressive episodes (14.4%) followed by young adults 18 to 25 years old (13.8%)

In India depression is one of the most prevalent and common mental health illnesses that people suffer from along with anxiety. Every year, about 2,00,000 Indians take their lives. The statistics are even higher if one starts to include the number of attempts of suicide. In the year 2022 the prevalence rate of depression in India is 4.50% and the cases stand at 56,675,969.

RESEARCH PROBLEM:

“ASSESSMENT OF EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON IDENTIFICATION OF DEPRESSION SYMPTOMS IN ADOLESCENTS AMONG PARENTS IN SELECTED AREA, TIRUPATI.”

OBJECTIVES:

- To assess pretest level of identification of depression symptoms in adolescent among parents.
- To find out the association between identification of depression symptoms in to evaluate the effectiveness of structured teaching programme on identification of depression symptoms in adolescent among parents in post-test.
- To find out the association between the knowledge on identification of depression symptoms in adolescent among parents with their selected socio demographic variables.

METHODOLOGY

RESEARCH APPROACH:

Research approach for the present study is “Quantitative research approach

RESEARCH DESIGN:

The Research design adopted for the present study was **Quasi- experimental with one group pretest and post test design.**

STUDY SETTING:

The present study was conducted in Nehru Nagar and Chennareddy colony, Tirupati, Tirupati district. There was accessibility and availability of the sample for data collection, easily approachable and has adequate sample for data collection.

POPULATION:

A population is an entire set of individuals or subjects have same characteristics. Population for the present study was parents of adolescents residing in Nehru nagar and Chennareddy colony, Tirupati.

3.6 SAMPLE:

The sample of this study was parents of adolescents residing in Nehru Nagar and Chennareddy colony, Tirupati, Tirupati district.

3.7 SAMPLE SIZE:

The size of the sample for the present study was 50 parents with adolescents.

3.8 SAMPLING TECHNIQUE:

Sampling is the process used in statistical analysis in which pre-determined number of observations is taken from a large population

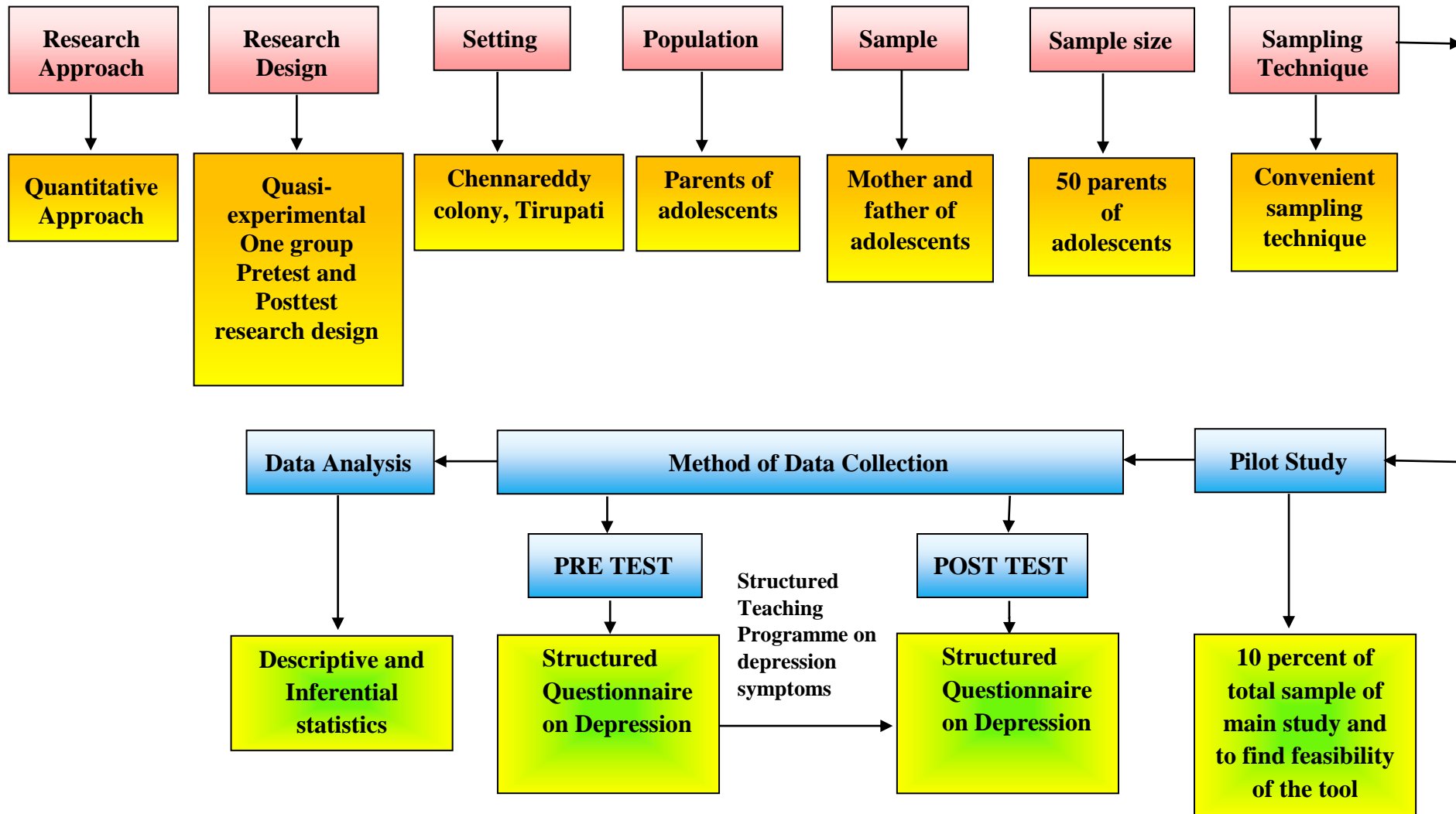


FIG 2. SCHEMATIC REPRESENTATION OF RESEARCH DESIGN

CRITERIA FOR SAMPLE SELECTION:**Inclusion Criteria:**

- Parents having adolescents residing at Chennareddy colony, Tirupati.
- Parents who were available at the time of datacollection.
- Parents who were willing to participate in thestudy.

Exclusion Criteria:

- Parents who are not willing to participate in the study.
- Parents who are having other than adolescents.

DESCRIPTION OF THE TOOL**SECTION I: Demographic Data**

Demographic variables include age of child, religion, type of family, number of children in the family, age of the parent, educational status of parent, monthly family income, Occupation of the parent, relation of parents to child, previous history of depression in the family and source of information regarding depression symptoms.

SECTION II: Consists of structured questionnaire regarding Identification of depression symptoms consists of 22 multiple choice questions with three options. Correct answer carry 1 mark and wrong answer carry 0 mark.

RESULTS:**SECTION –I****Frequency and percentage distribution of socio demographic variables among Parents of adolescents.**

Table 1: Results shows that 38 percentage of parents having adolescents within the age group of 14 – 15 years. For season causing depression, most 42% of parents opted late summer and early winter. 60% of parents of adolescents were from nuclear family, majority of the parents 58% had only one child, 44% of parents were within age group of 31 – 40 years, most of the participants (32%) had no formal education, 36% were labour/coolie, 48% earning Rs. <20,000/-, regarding to identification of parents to child feelings first 88% were identified by mother, 52% of fathers had previous history of depression in family and 46% gained information from mass media.

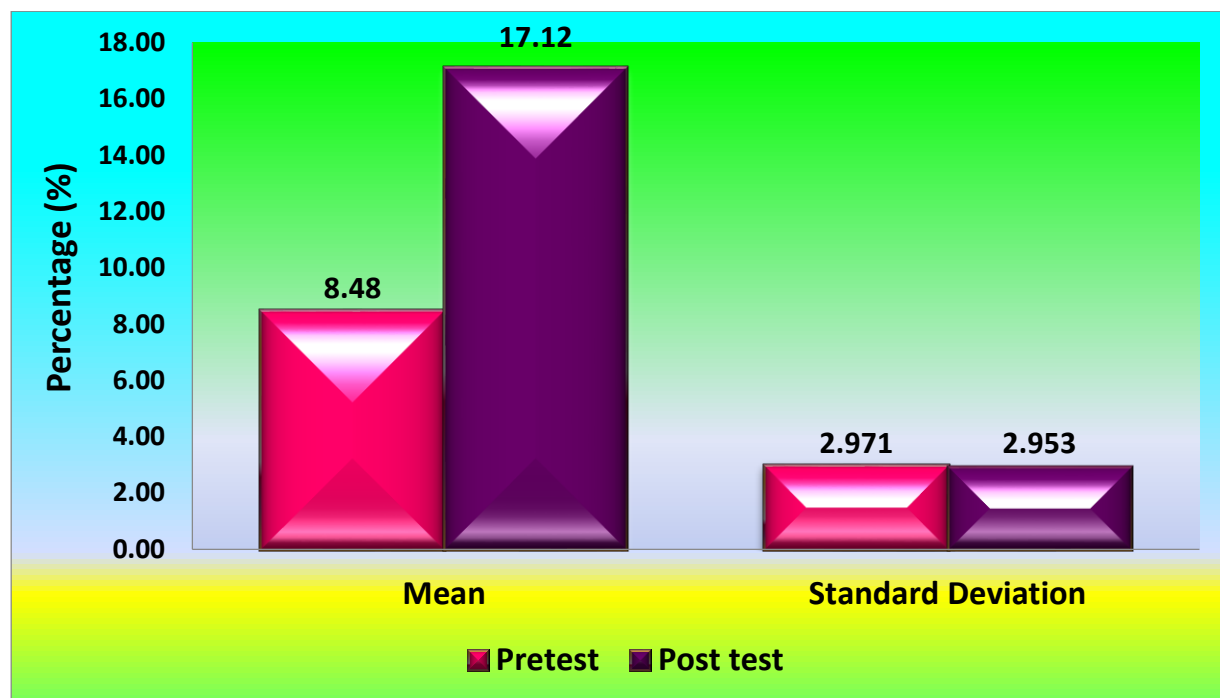
Section II : Frequency and percentage distribution of level of Pretest and Posttestknowledge on depressive symptoms Scores among parents of adolescents.

(n = 50)

	Level of Depression			Mean	SD
	Inadequate (<50%)	Moderate (51 -75 %)	Adequate (>75%)		

	N	%	N	%	N	%		
Pretest Depression	44	88.0	5	10.0	1	2.0	8.48	2.971
Post test Depression	5	10.0	21	42.0	24	48.0	17.12	2.953

Above table shows that majority 88% of parents had inadequate level of identification of depression, 10% of them had moderate level and only 2% of them had adequate level of knowledge on identification of depression. In post test only 10% had inadequate level, 42% had moderate level and 48% had adequate level of identification of depression.



Mean and Standard deviation of Level of Pretest and Posttest identification of depression Scores among Parents of adolescents.

Section III : Association of level of posttest depression Scores among parents of adolescents with their Selected Demographic Variables.

There was a statistically significant association between level of identification of depression among parents of adolescents with selected demographic variables such as age of child, type of family, education, previous history of depression in family and source of information were statistically significant at 0.01 level respectively in posttest. Whereas the demographic variable such as age of parent in years had significant association with identification of depression at 0.05 level.

Section IV : Comparison of Pretest and Posttest depression symptoms identification among parents of adolescents.

Depression	Mean	Standard deviation	t – Score	P Value
Pre test	8.48	2.971	7.84**	0.00001
Post test	17.12	2.953		

Above table shows the statistical difference between the pretest and posttest scores of identification of depression among parents of adolescents. The difference between pretest and posttest mean scores was significant at 0.01 level.

CONCLUSION:

The findings suggested that most of the parents have shown interest to identify depression symptoms among adolescents. There was an increased knowledge regarding identification of depression symptoms among parents after structured teaching programme.

IMPLICATIONS:

- Nurse administrators able to monitor unacceptable behaviors that may lead to violence among Adolescents.
- Research may be done continuously in order to identify depression among Adolescents.

Nursing practice:

- The Nurses are providing care to identification of depression and its Management in adolescence to reduce criminal activities among Adolescence.
- Parents to take on a novel teaching role involving the management of multiple tasks.

Nursing Education:

The curriculum of Nursing education can be more focused on identification of depression symptoms among Adolescents and educating self-improvement i.e; self-esteem focussing on meditation and yoga, conducting personality development programme, frequent student – parent – Teacher counselling programmes.

Nursing Administration:

Nurse administrator must monitor unacceptable behaviours that may lead to violence among Adolescents.

Nursing Research:

Research will provide the Nurses credibility to influence decision making and policy making to provide necessary knowledge to clients.

Recommendations:

On the basis of the findings of the present study, following recommendations were made.

Study may be conducted on a large sample.

- A comparative study can be undertaken in parents between rural and urban areas and comparison between adolescent Boys and Girls.
- The similar study can be conducted to assess the knowledge and practices of different techniques of depression symptoms identification.
- The study can be under taken in High school students
- Experimental study can be conducted on reducing the depression symptoms.

REFERENCES

1. Chin, P. and Jacobs, M. (Eds).(1987). Theory and nursing (2nd ed.). St Louis : C.V. Mosby publications page no. 561 to563.
2. Kothari, C.R., (2004). Research methodology (2nd revised edition), New Delhi: New age International (P) limited publishers. Pg. No :31.
3. Mangal (2006). Textbook of statistics in psychology and education. Jaypee publications. Pg no: 01 to 450.
4. Mary C. Townsend (2015). Textbook of Psychiatric Mental Health Nursing, 1st edition, New Delhi: Jaypee medical publishers (P) Ltd, Pg no: 261 to 273.
5. Bansal V, Goyal S, Srivastava K. Study of prevalence of depression in adolescent students of a public school. Ind Psychiatry J 2009; 18 : 43-6.
6. Bhattarai D, Shrestha N, Paudel S. Prevalence and factors associated with depression among higher secondary school adolescents of Pokhara Metropolitan, Nepal: a cross-sectional study. BMJ open.2020; 10(12):e044042. <https://doi.org/10.1136/bmjopen-2020-044042> PMID: 33384401; PMCID:PMC7780534.
7. Duchesne S, Ratelle CF. Attachment security to mothers and fathers and the developmental trajectories of depressive symptoms in adolescence: which parent for which trajectory? J Youth Adolesc. 2014 Apr;43(4):641-54. doi: 10.1007/s10964-013-0029-z.
8. Bansal V, Goyal S, Srivastava K. Study of prevalence of depression in adolescent students of a public school. Ind Psychiatry J 2009; 18 : 43-6.
9. Bhattarai D, Shrestha N, Paudel S. Prevalence and factors associated with depression among higher secondary school adolescents of Pokhara Metropolitan, Nepal: a cross-sectional study. BMJ open.2020;

- 10(12):e044042. <https://doi.org/10.1136/bmjopen-2020-044042> PMID: 33384401; PMCID:PMC7780534.
10. Duchesne S, Ratelle CF. Attachment security to mothers and fathers and the developmental trajectories of depressive symptoms in adolescence: which parent for which trajectory? *J Youth Adolesc.* 2014 Apr;43(4):641-54. doi: 10.1007/s10964-013-0029-z.
 11. Moeini, B., Bashirian, S., Soltanian, A.R. et al. Prevalence of depression and its associated sociodemographic factors among Iranian female adolescents in secondary schools. *BMC Psychol* 7, 25 (2019). <https://doi.org/10.1186/s40359-019-0298-8>.
 12. Oderinde, K.A., Dada, M. and Ogun, O.C. 2018. Prevalence and Predictors of Depression among Adolescents in Ido Ekiti, South West Nigeria.