

# Comparison of Depressive Disorders in Working and Non-Working Adolescent

Depressive Disorders in Working and Non-Working

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## ABSTRACT

**Objective:** To determine the prevalence of depressive disorders in working and non-working adolescent and their comparison among them.

**Study Design:** Cross-sectional descriptive study

**Place and Duration of Study:** This study was conducted at the Fellows Clinic Sukkur from January 2017 to June 2017.

**Materials and Methods:** One hundred and sixty patients of both genders and age from 10 to 19 years were enrolled. Patient's socio demographics such as age, sex, body mass index, education status, socio-economic status and locality were recorded after taking written consent. Patients were divided into two groups I and II, group I had 80 working adolescents and group II with 80 non-working adolescents.

**Results:** Mean age of the patients in group I was  $15.5 \pm 2.1$  years with mean BMI  $22 \pm 4.3$  kg/m<sup>2</sup> and in group II mean age was  $14.9 \pm 2.5$  years with mean BMI  $22.3 \pm 3.7$  kg/m<sup>2</sup>. In group I 30 (37.5%) cases were literate, 28 (35%) were from high socio economic status and 45 (56.25%) were from urban area while in group II 28 (35%) were literate, 32 (40%) had high socio-economic status and 42 (52.5%) had urban residency. 30 (37.5%) patients had depression, 32 (40%) had anxiety and 35 (43.75%) cases had stress in group I as compared to this 23 (28.75%) patients had depression, anxiety found in 27 (33.75%) cases and stress found in 25 (31.25%) patients.

**Conclusion:** The frequency of depressive disorders among children workers was significantly higher than that of non-workers and there is need to diagnose this earlier to overcome and reduce its severity.

**Key Words:** Adolescent, Workers, Non-workers, Depression, Anxiety, Stress

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## INTRODUCTION

Unipolar depressive illness is a widespread problem with mental health in teenagers throughout the world and is approximately<sup>1</sup> year old in mid- to late adolescence of 4–5%.<sup>2,3</sup> The second-to-third largest reason for death in this age group<sup>4</sup> is depression in teenagers and more than half of the adolescent victims

reported depression in deaths, which is the key risk factor for suicide.<sup>5</sup> Depression also results in severe social and educational deficiencies<sup>6,7</sup> as well as increased smoking, substance misuse, and obesity.<sup>8,9</sup> It is so crucial to recognize and treat this disease.

Depression is described as a cluster of unique impairment symptoms. In adolescents and adults, the clinical and diagnostic characteristics are largely similar (panel).<sup>10,11</sup> Depression is defined in the two principal classification systems (international classification of disease-10 [ICD-10] and the American Mental Disorders-IV Diagnostics and Statistics Manual (DSM-IV)), although DSM-IV is a single-exception for children and adolescents, allowing for the core diagnostic symptoms to be irritable instead of depressed.<sup>12</sup> Depression in teenagers is more common than in adults, however probably due to the presence of irritability, mood responsiveness and adolescent changing symptoms.<sup>13</sup> Depression can also be neglected if the major difficulties exhibited are unexplained health complaints, food disorder, anxiety, school refusal, decreasing academic performance, abuse of posture or problems of behavior.

Depression in young people might in some ways be seen as the early-coming substitute of the adult

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equivalence, due of its significant connections in later life with recurrence.<sup>14</sup> The disease has comparable neurological clinical characteristics and patterns as adults and is linked to the family history of the disease.<sup>11</sup> However, there are major disparities in treatment response between the two illnesses, with highly separate viewpoints on the best therapy approaches.<sup>10</sup> Prepubertal child depression in adolescents or adults is less common than adolescent depression, and several of its causal, epidemiological and prognostic traits seem to be different from these diseases.<sup>15,16</sup>

We concentrate on adolescent unipolar depression. When there is proof, we concentrate rather than on symptoms of depressive disorder. In some cases, however, the only evidence available studies are which report depressive symptoms. These situations are observed despite the research findings for depression and depressive disorder often have considerable commonalities.

## MATERIALS AND METHODS

This cross-sectional study was conducted at Fellows Clinic Sukkur over a period of six months from 1<sup>st</sup> January to 30<sup>th</sup> June 2017 and comprised of 160 adolescents. Patients' baseline details were recorded after taking informed consent. Patients of age from 10-19 years and those did not give any written consent were excluded. Patient's details demographics age, sex, body mass index, education status, socio-economic status and residency were recorded after taking written consent. Patients were divided into two groups I and II, group I had 80 working adolescents and group II with 80 non-working adolescents. Frequency of depression, anxiety and stress were calculated among both groups. Complete data was analyzed by SPSS 24.

## RESULTS

Mean age of the patients in group I was 15.5±2.1 years with mean BMI 22±4.3 kg/m<sup>2</sup> and in group II mean age was 14.9±2.5 years with mean BMI 22.3±3.7 kg/m<sup>2</sup>. In group I 30 (37.5%) cases were literate, 28 (35%) were from high socio economic status and 45 (56.25%) were from urban area while in group II 28 (35%) were literate, 32 (40%) had high socio-economic status and 42 (52.5%) had urban residency (Table 1).

Around thirty-eight percent (37.5%) patients had depression, 32 (40%) had anxiety and 35 (43.75%) cases had stress in group I as compared to this 23 (28.75%) patients had depression, anxiety found in 27 (33.75%) cases and stress found in 25 (31.25%) patients of group II. Significantly, depressive disorders were greater in working adolescents as compared to non-working adolescents (Table 2).

**Table No.1: Socio demographic characteristics of adolescents who attended fellow clinic (n=160)**

Variable	Group I	Group II
Mean age	15.5±2.1	14.9±2.5
Mean BMI	22±4.3	22.3±3.7
<b>Gender</b>		
Male	50 (62.5%)	50 (62.5%)
Female	30 (37.5%)	30 (37.5%)
<b>Education</b>		
Literate	30 (37.5%)	28 (35%)
Illiterate	50 (62.5%)	52 (65%)
<b>Socio-economic status</b>		
High	28 (35%)	32 (40%)
Low	52 (65%)	48 (60%)
<b>Locality</b>		
Urban	45 (56.25%)	42 (52.5%)
Rural	35 (43.75%)	38 (47.5%)

**Table No.2: Comparison of depressive disorders among both groups (n=160)**

Disorders	Group I	Group II
<b>Depression</b>		
Yes	30 (37.5%)	23 (28.75%)
No	50 (62.5%)	47 (71.25%)
<b>Anxiety</b>		
Yes	32 (40%)	27 (33.75%)
No	48 (60%)	53 (66.25%)
<b>Stress</b>		
Yes	35 (43.75%)	25 (31.25%)
No	45 (56.25%)	55 (68.75%)

## DISCUSSION

In the factories, workshops, restaurants, cafes, etc., children and adolescents are at risk for working conditions. The 21 physical, social, emotional, mental and spiritual health are damaging to it.<sup>17</sup> Child labour, which has numerous dimensions of childhood's lifetime development that impair the child's ability to achieve proper educational chances, potential and dignity, and to deny them their infancy and innocence is becoming endemic and menacing for society in general. The topic of child labor is pervasive and has shifted from regional to 22 international fora.<sup>18</sup>

In this study, majority were males 62.5% with mean age 15.5±2.1 years with mean BMI 22±4.3 kg/m<sup>2</sup>. Our findings were comparable to the previous study.<sup>19</sup> Eighty cases were working adolescents and the same were non-working. Among these 30 (37.5%) cases were literate, 28 (35%) were from high socio economic status and 45 (56.25%) were from urban area in working group while in group II 28 (35%) were literate, 32 (40%) had high socio-economic status and 42 (52.5%) had urban residency.<sup>20</sup>

A WHO special panel report highlighted the need of treating mental health issues in low-income and middle-income countries with inadequate resources, with depression as a particular concern for teenagers.<sup>21,22</sup>

The treatment of children exposed to traumatic IPT incidents by trained local community workers is one potential technique. The IPT among local community staff significantly enhanced depressive symptoms in adolescent girls.<sup>23</sup>

Stress was more common among working teens, the conclusions of current research showed. A careful analysis of the findings showed that 37.5% of the work force was depressed, 40% were anxieties and 43.75% was stressful. This discovery was validated by earlier studies. Their natural psycho-social health was not developed by children engaged in varied workplace work; almost 40% of kid workers suffered from 23 aberrant psychological growths.<sup>24</sup> In another study, working youngsters showed lower levels of adaptive ability, lower physical health and undesired social behaviour, use of scoundrels and excessive use of cigarettes. They committed themselves, destroyed their social and emotional well-being, leading to depression and suicide. They also committed themselves. There have also been 24 reports of violence and antisocial behavior.<sup>25</sup>

As far as difference in the presentation of symptoms of depression, stress and anxiety is concerned, the only statistically significant difference was discovered in stress and anxiety among working and non-working adolescents. It is also indicated by the research investigations that environmental factors played a crucial part in generating stress reactions in adolescents exposed to hazardous working situations. But if a closer focus is paid to the processes of sadness and anxiety, it pointed several diverse causes ranging from hereditary sensitivity to environmental and personality factors in both working and non-working groups. Therefore, it is proposed that preventative efforts should be implemented for both working and school going adolescent 25 addressing their individual requirements and concerns.<sup>26</sup>

## CONCLUSION

The frequency of depressive disorders among adolescent workers was significantly higher than that of non-workers and there is need to diagnose this earlier to overcome and reduce its severity.

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