Perceived Social Support - A Risk Factor for Depression Among Adolescents: An Analytical Study

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Abstract
Objectives: To examine the relationship between perceived social support and depression among adolescents.

Materials and Methods: A community based case control study was conducted at higher secondary schools in Puzhal block, Thiruvallur District.

Results: A total of 1120 adolescents were included in the study, 560 cases and 560 controls. All the study participants were between 14 to 17 years of age. The cases and controls were matched based on their age, gender, education, type of school and medium of study. The odds ratio analysis revealed that adolescents who had inadequate perceived social support were found to have 1.9 times (95% CI= 1.0-3.6 and p<0.05) more risk of developing depression than the adolescents who had adequate perceived social support.

Conclusions: Adolescents with lack of perceived social support have to be identified early, and prompt interventions will prevent future psychiatric illnesses.

Keywords: perceived social support, risk factor, depression, adolescents, psychological health, adolescent health.

Introduction
Perceived social support acts as a protective and positive resource for mental health among adolescents. Negative and unhealthy social support can be destructive to a person’s overall wellbeing [1].

For adolescents, family support is the most important element in their lives. As part of their growth experience, adolescents usually expect a lot of things from their parents. Inadequate support from the parents will increase the chance of getting depression among adolescents, who get into unfortunate situations with their parents. This occurs because adolescents become confused when they expect to get plenty of help and positive reinforcement from their parents, but it does not happen.

Besides family support, peer support is also a very important factor for adolescents. Children expect a lot from their friends. Peer support can be considered as an alternate method of getting social support, if the adolescents receive adequate attention from their parents.

Receiving social support is very essential for adolescents to become successful among themselves and achieve a satisfactory level at school.

Adolescence is the period of stress and strain. Researchers have shown that adolescents lacking strong social support will have a tendency towards smoking and drug abuse. Recent research has shown that drug abuse has increased significantly among adolescents. The most important threat for this group is the possibility of facing repeated helpless situations (such as feeling insecurity, pressure and emotional disturbances, as well as having conflict with parents, friends or school), which may lead to depression and suicide in adolescents [2].

Social support is a major factor in preventing negative symptoms such as depression and anxiety among adolescents. Depressed individuals do not nurture the opportunity of receiving support from others. The manner in which a depressed individual seeks support is maladaptive. Depressed individuals might be in relationships with people who are unavailable for support for a variety of reasons.

A dominant perspective is that deficits in social support increase the risk of depression. Theoretically, the perception that one is accepted and valued in one’s interpersonal environment bolsters esteem, confidence, and efficacy which guard against depression. The stress-buffering model asserts that social support mitigates the relation between stressful life events and depression. Deficits in perceived support have predicted future increase in depressive symptoms during adolescence. Studies that examined parental support and peer support found that only the former showed prospective effects. Some studies have found prospective effects for adolescent girls but not adolescent boys [3].

**Materials and Methods**

A case control study was conducted at higher secondary schools in South India, between July 2013 and January 2014. Ethical approval was obtained from the Institutional Ethics Review Board and formal permission was obtained from the Chief Education Officer (CEO), Thiruvallur District and the Principal of the selected private school. The samples were recruited from one private and one government higher secondary school.

A total of 2432 school going adolescents studying in 9th to 12th were screened using MINI-Kid [4], which is a screening tool for depression. 640 students who scored highly in the MINI-kid were subjected to further assessment by the Psychiatrist, who confirmed their depressive status. 612 students from this high scoring group were enrolled as cases whereas 612 students who had a low score in MINI-kid were enrolled into the control group. Prior to data collection, the informed consent form was handed over to the 1224 students (612-cases & 612-control) and 1198 parents gave their written informed consent. Finally, 1120 adolescents (560-cases and 560-control group) were confirmed as the study samples.

Beck Depression Inventory (BDI), [5] which has been proved to be a psychometrically sound measure for screening depression among adolescents, was administered to the case group. BDI was used specifically to classify the case group adolescents into minimal, mild, moderate and severe depression. Modified Multidimensional Scale of Perceived Social Support was administered to the adolescents in case and control groups. The scale is based on the Zimet, Dahlem and Farely multidimensional scale of perceived social support [6] which includes 12 items relating to the source of social support, namely family, friends or significant others. The original tool was a seven point Likert scale which was modified into a four point Likert scale, as suggested by the experts, to make it more culturally acceptable.
among our population. The perceived social support scale is a suitable measure for school-based mental health research in Asia. This inventory generally has high reliability and in the present study, the reliability score for Beck depression inventory was 0.9 and Modified multidimensional scale of perceived social support was 0.91.

**Statistical analysis:** Statistical analysis was performed using the Statistical Package for Social Sciences Programme (SPSS) version 17.0. Descriptive statistics and inferential statistics such as Student’s independent T-test, Karl Pearson correlation coefficient, Chi square test, Odds Ratio and Multivariate logistic regression was used for analysis.

**Results**

Six hundred and twelve adolescents (25%) were diagnosed to have depression during the study period. The Beck Depression Inventory scoring revealed that 45.7% of the adolescents had moderate, 25.4% had mild, 19.6% had severe, and 9.3% had minimal depression. **Figure 1** depicts the level of perceived social support among school going adolescents in the case and control groups.

In the case group, the mean perceived social support score was 22.80 with SD of 3.233 whereas in the control group, the score was 38.75 with SD of 5.174. The Percentage difference with 95% Confidence Interval score between case and control was 33.2% (32.2% - 34.2%) which was statistically significant at p<0.001 level.

The study findings reported that there is a fair negative relationship between the level of depression and the level of perceived social support. The r value was -0.36 at p<0.001 level which is depicted in **Figure 2**.

The odds ratio analysis revealed that adolescents who had inadequate perceived social support were found to have 1.9 times (95% CI=1.0-3.6) (p< 0.001) more risk of developing depression than the adolescents with adequate perceived social support. Demographic variable such as less family monthly income had significant association with perceived social support in case group.

**Fig 1:** Percentage distribution of level of perceived social support among school going adolescents in case and control group
**Fig 2:** Scatter diagram with regression estimate shows the negative correlation between Perceived Social Support score and Depression score

**Discussion**

The study findings revealed that the overall mean perceived social support score difference between the case and control group was 15.95. In the case group, 56.3% and 38.7% of the adolescents experienced moderately adequate and inadequate perceived social support whereas in the control group 70.4% of the adolescents experienced adequate perceived social support.

Perceived social support score among adolescents with depression was high compared to adolescents without depression. It was consistent with the study conducted by Galambos L, Leadbeater J et al [7] who found that a decrease in social support was linked to an increase in depressive symptoms among adolescents in Canada. Mohanraj, Subbhiah, Watson [8] study also reported that peer acceptance acted as a protective buffer against depression among adolescents in India. Stice, Ragan et al [1] study also reported that deficits in social support increase the risk for depressive pathology but suggest that deficits in parental support may be more damaging than deficits in peer support during adolescence.

The present study reported that when comparing the dimensions of perceived social support, both case and control groups got a high family support mean score, than peer and significant others support. The case group family support mean score was comparatively lower than the control group which is depicted in **Table 1**. This finding was consistent with the study conducted by Young F et al [9]. The study findings highlight the importance of parent and peer support in predicting future depression among community adolescents.
Table 1 Comparison of domain wise perceived social support score among school going adolescents between case and control group (N=1120)

<table>
<thead>
<tr>
<th>Social support</th>
<th>Group</th>
<th>Student independent t-test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Case (n=560)</td>
<td>Control (n=560)</td>
</tr>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Family support</td>
<td>8.28</td>
<td>1.69</td>
</tr>
<tr>
<td>Peer support</td>
<td>7.16</td>
<td>1.83</td>
</tr>
<tr>
<td>Other support</td>
<td>7.36</td>
<td>1.97</td>
</tr>
<tr>
<td>Total</td>
<td>22.80</td>
<td>3.70</td>
</tr>
</tbody>
</table>

* Significant at p≤0.05 ** highly significant at p≤0.01 *** very high significant at  p≤0.001

The current study is limited because of adolescents’ sickness, absenteeism, unwillingness, incomplete questionnaires and matching. The findings implied that perceived social support is a risk factor for depression among adolescents. Adolescents with inadequate perceived social support have to be identified early and prompt interventions will prevent depression, suicide and other psychiatric illnesses. Students and parents were counselled for perceived social support by the researcher and reinforcement was done by the school counsellor or school heath nurse.

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Conflict of Interest: None declared.

References