

## ABSTRACT

Depression remains a major public health problem. Recent reviews indicate that mental health problems in the adolescents are increasing of which depression constitutes an important part. Adolescent depression may affect the adolescent's socialization, family relations, and performance at school, often with potentially serious long-term sequences (Lewinsohn et al. 1993). Adolescents with depression are at risk for increased hospitalizations, recurrent depressions, psychosocial impairment, alcohol abuse, and antisocial behaviors with the most devastating outcome being suicide, the third leading cause of death among older adolescents. (Garrison et al 1992).

Though depression remains a major public health problem among adolescents, little is known about the views and understandings of adolescent depression in Sri Lanka.

The objectives of the present study was to determine the prevalence, associated factors and selected outcomes depression among late adolescents in Galle municipality area.

The study was a cross-sectional study of a two stage cluster sample of 412 late adolescents utilizing a pre tested self administered questionnaire which included locally adapted and validated CES-D scale (Ferdinando 2006) to detect depression and two locally adapted scales to determine the perceived stress (Perceived Stress Scale) and self esteem (Rosenberg Self-Esteem Scale).

The data was processed and analyzed with the SPSS<sup>®</sup> statistical soft ware.

Data analysis was done using standard statistical methods such as Chi square, Mann-Whitney and Fisher's Exact test. Uni-variate Odds ratios were calculated to quantify the strengths of associations.

Only 98.3% of the sample completed the questionnaire sufficiently to allow computation of a depression score. Forty two percent screened positive for depression (mild to moderate - 21% of males and 21% of females, severe-21% of males and 21% of females).

The risk of depression was higher among those who felt that they had insufficient income in their families (OR= 1.8, CI=1.2-2.7). Having parents with less supportive mother (OR= 8.5, 95% CI=2.9-25.1) or father (OR= 6.9, 95% CI=2.0-24.2), having less opportunity to play (OR= 2.3, 95% CI=1.5-3.4), having poor relationships between parents (OR= 2.1, 95% CI=1.4-3.1) and having parents with conflicts (OR= 2.1, 95% CI=1.3-3.1) were independently associated with a high depression score. Respondents reporting that their fathers consume alcohol were 2.3 times as likely to be depressed as respondents who had fathers that do not consume alcohol (OR= 2.3, 95% CI=1.5-3.4). Perception of level of facilities for study purposes at home were also associated with depression (OR= 4.3, 95% CI=1.1-16.0). When consider the self perception, adolescents who felt unsafe at home (OR= 3.1, 95% CI=1.4-7.1), never felt enjoyable schooling (OR= 5.0, 95% CI=2.24-10.7), were faced stressful events during the last year (OR= 3.0, 95% CI=1.9-4.4), having high perceived stress ( $u=8573.5$ ,  $z = -9.853$ ,  $p < 0.001$ ), having low self esteem(  $u=10519.5$ ,  $z= -8.184$ ,  $p < 0.001$ ) were independently associated with a high depression score. Stressors due to parents expectations (OR= 2.0, 95% CI=1.2-2.8) were also associated with a high depression score.

Depression was independently associated with poor school performances (OR= 2.6, 95% CI=1.7-4.0) and parasuicidal behavior.

The study reveals that the level of self reported depression was high among these respondents and associated factors identified include insufficient economical status, having unsupportive parents, poor opportunity to play, poor relationship between parents, conflicts between parents, father's alcohol consumption, less facilities for study & daily living, feeling unsafe at home, not enjoyable schooling, high level of perceived stress and low self esteem. Depression was independently associated with poor school performances and parasuicidal behavior.

Considering the above factors it is warranted that appropriate screening programs for depression and may be for other mental health problems are integrated in to the school health system.

**Key words:** Adolescent, Depression, CES-D