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DEPRESSION IN ALBANIAN ADOLESCENTS: EXPLORING FAMILY, PEER AND SCHOOL IMPACT

DEPRESIONI NË ADOLESHENTËT SHQIPTAR: NJË VËSHTRIM NË ROLIN A FAMILJES, SHOQËRISË, DHE SHKOLLËS

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ABSTRACT

Depression, especially in adolescence can have a huge impact on the lives of those affected by it. Adolescents in Albania, like in other countries, can be affected by depression but it is not known to what extent, and if there are any culturally specific risk or protective factors. This study explored the role of family, peer and school factors on depression symptoms amongst Albanian adolescents using a cross-sectional design. The results suggest that depressive symptoms were related to: a) family factors (lack of family support, presence of conflict in the family, and evaluation of the adolescent behaviour from parents), b) school factors (the adolescent's evaluation of teachers and school, and evaluation of the adolescent's behaviour from the teachers), c) and anxiety levels.

Key words: depression, adolescence, family, peer, school

PERMBLEDHJA

Depresioni, sidomos në adoleshencë, mund të ketë një rol shumë të rëndësishëm nëe jetën e atyre qe preken prej tij. Adoleshentët në Shqipëri, si në vendet e tjera, mund të preken nga depresioni por nuk është e qartë se deri në cfarë mase, dhe nëse ka faktorë kulturorë që ndihmojnë apo pengojnë zhvillimin e depresionit. Ky studimi eksploroi rolin a familjes, shoqërisë dhe shkollës mbi depresionin tek adoleshentët Shqiptar, duke përdorur një format një-kohor studimi. Resultatet tregojnë se depresioni lidhet me a) faktorë familjarë (mungesë të mbështetjes në familje, konflikt në familje, dhe vlerësimin nga prindërit e adoleshentëve), b) faktorë shkollor (vlerësimi i shkollës dhe mësuesve nga adoleshentët, dhe vlerësimi i sjelljes së adoleshentëve nga ana e mësuesve) dhe c) nivelet e ankthit.

1. INTRODUCTION

Depression has been described as a black cloud of desperation, experienced by some as lack of energy and concentration, and others as easy irritation for no reason. The symptoms vary from one person to another, but if they last longer than two weeks, and interfere with the normal everyday function , the person experiencing them could be suffering from clinical depression (American Psychiatric Association, 1994).

A disorder initially attributed to adults, was shown to affect younger ages (adolescents and children) starting in the 80s (Bumberry, Oliver, & McClure, 1978; Lewinsohn, Hops, Roberts, Seeley, & Andrews, 1993).

1.1. Depression risk or protective factors

There are a number of risk factors that help in the development or maintenance of depression, which can be classified into biological, psychological, and environmental (Spence, Sheffield, & Donovan, 2003). They include depression in the family, experience of traumatic events, physical illness, and experience of other psychological problems. There are also a number of protective factors like family and peer support, and positive self-evaluation (Cheng & Lam, 1997; Lewinsohn, Clarke, & Rohde, 1994).

The quality of close interpersonal relations has been strongly linked to depression (Bumberry et al., 1978; Carey, Kelley, Buss, & Scott, 1986; McKinney, Donnelly, & Renk, 2008; Myers & Winters, 2002). However, this link is complex, and multidirectional; interpersonal relations can be buffering or increase risk of depression. If important interpersonal relationships are conflicting, they can be a further source of concern

and increase the risk or help maintain depression levels. A number of studies have shown that the conflict between parents and children is associated with high levels of depression (Stark, Humphrey, Crook, & Lewis, 1990) and other types of mental disorders (Meiser-Stedman, Yule, Dalgleish, Smith, & Glucksman, 2006).

There are differences between family and peer relations. Some studies suggest the effect of the two relations is accumulative, and others that peer support is useful only where family support is scarce (Cumsille & Epstein, 1994).

1.2. Why study depression in adolescence

A number of researchers (Fergusson, Horwood, Ridder, & Beautrais, 2005; Gupta & Derevensky, 1998; Lewinsohn et al., 1993; Liu, 2007) suggest that the study of depression in adolescence is crucial due to the importance of adolescence in many aspects of personal development. Depression in adolescence has been linked to problems in adulthood like unemployment and crime (Chiles, Miller, & Cox, 1980; Kandel & Davies, 1986; Newcomb & Bentler, 1988), depression (Harrington, Fudge, Rutter, Pickles, & Hill, 1990), and increased risk of suicide (Coles, 1989).

Marcotte, Alain, and Gosselin (1999) found that adolescents suffering from chronic depression have less belief in themselves and decreased ability to face hardship and difficulties in life.

1.3. Gender differences

Studies have shown that women are twice as likely to experience depression, (including in adolescence) although it is not clear why (Allgood-Merten, Lewinsohn, & Hops, 1990; Cumsille & Epstein, 1994; Marcotte et al., 1999). It is possible that gender differences are related to body image perception and self-esteem issues associated with the age (Allgood-Merten et al. 1990; Lewinsohn et al. 1993) Differences can be found also between younger adolescents and older adolescents, (McKinney et al., 2008) though there are many debates about the definition of adolescent ages. To date the study of depression amongst Albanian adolescents has been very limited, and so has been the validation of diagnostic tests in the Albanian language and context.

1.4. Aims of the study and hypothesis

The aim of this study is to explore the relationship between depression symptoms and interpersonal relations amongst Albanian adolescents; specifically the familial, school and friendship ones. The depressive symptoms are expected to be related negatively to school and teacher evaluation (H1), negatively with teacher and parent evaluation of the adolescents' behaviour (H2), negatively with the perceived independence the adolescent have in their lives (H3), negatively with family support (H4), positively with family conflict (H5), positively with the negative reaction of friends towards one's failures (H6), and positively with anxiety levels (H7).

2. METHODOLOGY

2.1. The sample

Ninety-five high school and first year university students from Tirana took part in the study. This is a convenience sample, acceptable for an exploratory study (Breakwell, Hammond, Fife-Schaw, & Smith, 2006).

Age ranged from 14 to 22 years (M=18.2; SD =1.6). Sixty-one participants were female (64.2%) and 34 (35.8%) male. There were no significant age differences between the two groups. The higher percentage of female participants is common in such studies due to their willingness to participate in research (Lewinsohn et al., 1993). Participants were asked to report on their economical, family situation, school results, parental education levels as good, normal or bad (see table 1). The continuous movement of the population, and lack of complete studies on the demographics of the population did not allow the establishment of representativeness of this sample to the city, or wider population.

2.2. The questionnaire

The participants were informed that the purpose of this study was to investigate the presence of depressive symptoms and relationship to important factors. Depresion was measured using 10 items from Beck Depression Inventory (BDI) (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961). BDI is one of the most widely used and tested depression inventories. The items included in this study focused on pessimism, suicide ideas, loss of interest, self-esteem, loss of energy, changes in eating habits and sleep.

3. RESULTS

The BDI reliability scores for this sample were α=0.69 when one of the items was excluded, and it preserved the 1 factor structure.

3.1. Mean of depression scores by age and gender

The mean of the depression symptoms was higher amongst the 14-18 year olds M=0.66 (SD= 0.51), compared to 19-22 year olds, M=0.47 (SD=0.30) and the difference was statistically significant $t(94) = 27.60$, $p < .001$. As expected the mean of depression scores was lower amongst male participants M=0.51

(SD=0.43) compared to females M= 0.64 (SD=0.46), and the difference was statistically significant $t(94) = 33.21$, $p < .001$.

3.2. Relationship amongst independent variables

Bivariate correlation results showed that with age there was an increase in teacher evaluation ($r(95) = 0.26$, $p < 0.017$), and school evaluation ($r(95) = .24$, $p < 0.026$), and a reduction in self-esteem scores ($r(95) = -0.28$, $p < 0.028$). Girls reported better school results, ($r(95) = 0.24$, $p < 0.023$), and higher levels of conflict at home ($r(95) = .32$, $p < 0.011$).

Not surprisingly bad family relations were related to higher family conflict ($r(95) = -.261$, p=0.039). The adolescents who had good school results reported less use of drugs and alcohol. ($r(95) = -.307$, p=.015), higher family support ($r(95)$, r=0.34, p=0.007), and surprisingly more health problems ($r(95) = 0.26$, p=0.042). The levels of parental education were related to each other ($r(95) = 0.55$, p<0.001). Fathers education was positively related to anxiety levels ($r(95) = 0.34$, p=0.008).

The evaluation of teachers was positively related to family support ($r(95) = 0.41$, p=0.002), and negatively related to family conflict ($r(95) = -0.20$, p=0.035).

Positive evaluation of school was associated with higher self-esteem ($r(95) = -0.31$, p=0.027), and higher family support ($r(95) = 0.32$, p=0.020). Low self esteem was associated with less family support ($r(95) = 0.34$, p=0.008).

	Good	Average /normal	Bad
Economical situation	27.4%	67.4%	5.3%
Family situation	44.2%	52.6%	3.2%
School results	36.8%	48.4%	12.6%
	University	High school	Elementary
Mother's education	34.7%	28.4%	4.2%
Father's education	45.3%	15.8%	5.3%

Table 1. Economical situation and family education levels

3.3. Impact of family, peer and school factors on depression

Hierarchical Multiple Regressions (HMR) were performed to establish whether family, school and peer situation was related to depression in adolescence. Each path was tested separately, controlling for gender and age.

Consistent with our hypotheses, depression levels were predicted by evaluation of school (H1) (β=-.217, t96=-1.999, p=0.050), evaluation of teachers (β=-.230, t96=-2.120, p=0.037), the way teachers and parents evaluate the adolescents behaviour (H2) (β=.417, t96=3.560, p=0.001), family support (H4) (β=-.301, t96=-2.399, p=0.020), family conflict (H5) (β=.315, t96=2.477, p=0.016), and anxiety levels (H7) (β=.456, t96=3.963, p<0.001).

Unlike school evaluation, school results in themselves did not relate to depression (β=-.083, t96=-0.785, p=0.43), nor did the peer reaction towards failure (H6) (β=.116, t96=0.896, p=0.374). Contrary to the predictions high levels of perceived independent (H3) were associated with higher levels of depression (β=.346, t96=2.861, p=0.006).

4. DISCUSSION

This study aimed at measuring the effect of family, school and peer relations on depression amongst Albanian adolescents. As predicted the evaluation of teachers and school, the teachers and parental view of adolescent's behaviour, and family conflict or support were related to depression symptoms. Similar results have been found in past studies (Allgood-Merten et al., 1990; Lewinsohn et al. 1993) where satisfaction with family environment can protect against depression. However, it is not the actual family situation but the adolescent's perception and satisfaction with the family situation, as expectation might not meet reality.

The results also showed that there was no direct relation between peer reaction towards adolescent's mistakes and depressive symptoms. Before clear conclusions can be drawn it is important to emphasise that this study only measures one aspect of peer support, and the issues should be investigated further. Allgood-Merten et al. (1990) and Lewinsohn et al. (1994) also did not find a relation between peer support and depression, though previous studies had found some relationship. The authors argue that this could be due to the sample type, as they used a clinical sample. The present study found no peer support in a non clinical sample, suggesting that there might be other underlying reasons or factors that mediate the role of peer support.

Other individual factors like anxiety levels, and self-esteem, were related to depression but these factors are not independent from family influence.

Finally, as in previous research, girls reported more depression symptoms than boys, and younger adolescents were more affected then older ones.

Despite its exploratory nature the present study had a number of limitations that should be addressed in future work like: using different measures of depression, measuring comorbid disorders (especially anxiety in full), having a larger and more representative sample, and using methodologies other than cross-sectional that could allow causality inferences.

As the study highlighted the importance of family, school and peer factors even within the Albanian context, interventions on depression should take into account all these factors.

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