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# Factors of Depressive Symptoms Among Elementary, Middle, and High School Students

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A B S T R A C T

Little attention has been paid to the individual, family, friends, and school profiles of depressed children during the transition from childhood to adolescence. This study aimed to describe the evolution of factors associated with depressive symptoms among elementary, middle, and high school students. This was a secondary analytic study using three datasets of a cohort of Korean children or adolescents. Children or adolescents with depressed symptoms reported lower self-esteem, peer attachment, academic performance, and adaptability in school. Other risk factors for depressive symptoms that included gender, obesity, family conflict, and with whom they discussed personal issues showed different patterns from the elementary school years to high school years. A sex difference (female > male) of depressive symptoms was evident only among high school students. Influences including individuals, family, friends, and school factors for adolescents varied depending upon school years. Understanding the correlates/risk factors could guide the screening and management of depressive symptoms.
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Depressive symptoms have become a major concern in Korea because of the association with increased substance abuse and suicide (Ahn, 2009, Min et al., 2012). The first onset of most depressive symptoms begins in the first few decades of life (Ministry of Health and Welfare, 2012). In recent years, the prevalence of depressive symptoms among Koreans under 14-years-of-age was 2.4% in a recent national survey (Ministry of Health and Welfare, 2012) and 10.3–17.3% of those 14–16-years-of-age suffered from depressive symptoms based on studies in a local area and small city (Kwak et al., 2008; Shin, Cho, Shin, & Park, 2013). The onset of depressive symptoms in Korean adolescents is reportedly 20.5% in 15–19 year old males and 13.7% in 15–24 year old females, which are among the highest in gender- and age-specific findings (Ministry of Health and Welfare, 2012). Despite the growing interest in the increased onset of depressive symptoms from childhood to adolescence, no study has compared these age groups to clarify factors germane to the depressive symptoms.

Depressive symptoms in childhood or adolescence are serious problems that can trigger other health problems (Afifi, Enns, Cox, & Martens, 2005) and antisocial behaviors (McCarty et al., 2012; Ritakallio, Luukkaala, Marttunen, Pelkonen, & Kaltiala-Heino, 2010). More seriously, most depressive symptoms are not limited to a specific time but can persist for life (Copeland et al., 2013; Thapar, Collishaw, Pine, & Thapar, 2012), which has a negative impact on family and interpersonal relationships (Ahn, 2009; Naicker et al., 2013). Families (Bayer, Sanson, & Hemphill, 2006; Kaltiala-Heino, Rimpelä, Rantanen, & Laippala, 2001) and other environmental influences including friends (Ritakallio et al., 2010) and school (Han & Grogan-Kaylor, 2013) should be considered when exploring the trigger factors of depression and in planning the appropriate preventive strategic settings targeting depressive symptoms among children and adolescents.

Studies on depressive symptoms in adolescents have reported various characteristics or associated factors categorized as individual, family, friends or others, and school. Individual characteristics consist of gender (Cyranowski, Frank, Young, & Shear, 2000; Kaltiala-Heino et al., 2001; Ministry of Health and Welfare, 2012; Wade, Cairney, & Pevalin, 2002), health status (Afifi et al., 2005), body shape (Richardson, Garrison, Drangsholt, Mancl, & LeResche, 2006), and self-esteem (Chun & Springer, 2005; Park, 2009). Family category includes vulnerable family structure (Kwak et al., 2008; Park, 2009), lower economic status (Shin et al., 2013), family life stress or conflict (Bayer et al., 2006; Chun & Springer, 2005), and family relationships (Kaltiala-Heino et al., 2001; Ritakallio et al., 2010). The category of friends or others involves relationships (Kaltiala-Heino et al., 2001; Ritakallio et al., 2010). School involves grades (Cho et al., 2001), academic stress (Hong et al., 2011), and school adaptability (Han & Grogan-Kaylor, 2013). The collective data indicate that depressive symptoms are expected to change from childhood to adolescence owing to biological and neurological development (Cyranowski et al., 2000). However, it is noteworthy that family, friends, and school environmental support are important influences to mood status of adolescents during this critical time (Han & Grogan-Kaylor, 2013).

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While partial associations with some of these variables have been reported, little is known of the role of these factors in early depressive symptoms.

Information on the related factors of depressive symptoms from earlier to later developmental periods could assist in early intervention efforts for policy decisions (Copeland et al., 2013). To this end, the current study was designed to describe the associated factors of depressive symptoms in adolescents using data from the Children Supplementary Survey of Korean Welfare Panel Study (CSS-KoWePS) conducted in 2006, 2009, and 2012. In addition, because of paucity of this type of research, the possibility for future research or intervention is discussed, comparing the present results with previous findings from literature reviews from Korea and other countries.

## METHODS

### *Study Design and Sample*

This study was approved by the Institutional Review Board of Chonbuk National University (JBNU 2014-02-008). Data were drawn from three waves of CSS-KoWePS, a prospective cohort study administered by the

**Table 1**
Study Variables.

| Variables | Measurement |
|---|---|
| 1. Dependent variables | |
| Depressive symptom | Depressive symptoms were based on the subject's responses on the 10 questions (Korea Welfare Panel Study, 2013) examining the experience of depressive symptoms listed in the *Diagnostic and Statistical Manual of Mental Disorders* (Evans et al., 2005) and Korean form of Kovacs' Children's Depression Inventory (Cho & Lee, 1990) during the preceding 12 months: feel loneliness, feel sad or depressed, cry, no one loves him/her, feel worthless, feel excessive guilty, diminished ability to think or concentrate, irritable mood, feel fatigue or loss of energy, and not get along with others. Response were measured on a 3-point scale from 1(not at all), 2 (somewhat or sometimes true), and 3 (often true) (Cronbach's $\alpha = .763$ in 2006, .806 in 2009, .710 in 2012). In this study, the cut-off point of 1.7 (90 percentile) or more was used to define depressive symptoms in accordance with previous studies' outcome in adolescents (Kwak et al., 2008; Ministry of Health and Welfare, 2012; Shin et al., 2013), and below 1.7 was considered as non-depressed. |
| 2. Independent variables | |
| 2.1. Individuals | |
| 2.1.1. Gender | Female or male |
| 2.1.2. Health problems | One question examined that subjects reported the current health problem based on medical diagnosis (such as cancers, heart diseases, thyroid diseases, etc.) at survey time. Responses were categorized as yes for subjects who reported one or more, and no for others. |
| 2.1.3. Obesity | Based on the reported weight and height, body mass index (BMI) was calculated. Cut-off criteria for obesity was a BMI ≥25 $kg/m^2$ or ≥95 percentile at the 2007 Korean BMI-for-age-growth charts, which were gender-and age-specific for children and adolescents (Korea Centers for Disease Control and Prevention, The Korean Pediatric Society, & Committee for the Development of Growth Standard for Korean Children and Adolescents, 2007). |
| 2.1.4. Self-esteem | Twelve questions (Korea Welfare Panel Study, 2013) were used to examine respondent's overall evaluation of his or her own worth during the last year including eight positive sentences (I am as valuable a person as others, I can do anything, I am satisfied with myself, I have a lot of talent, I have I have a strong commitment than others, I do my best even though I'm not good at first), and four reversed score sentences with negative expression (I felt like a loser, I don't have anything to boast about, I often feel useless, and I feel unable to do things). These questions were measured on a 4-point Likert scale (Cronbach's $\alpha = .845$ in 2006, .904 in 2009, .891 in 2012). The average score ranged from 1 to 4, with a higher score indicating more of self-esteem. |
| 2.2. Family | |
| 2.2.1. Family structure | This item was categorized as both parents and others (single parent family, grandparent family, or other custodian). |
| 2.2.2. Economic status | Two groups according to the poverty index ratio (household income/national poverty line): ≤100% (poor households) and >100% (general income households). |
| 2.2.3. Stressful life events in family | Subject responded to a question the existence of what the most concerning issue was in family including economic problems, joblessness, housing, family health, alcohol problems, and family relationship during the past 12 months. The answer was dichotomized as 0 for non-stressful life events and 1 for stressful life events. |
| 2.2.4. Family conflict | Four questions (Korea Welfare Panel Study, 2013) were used to examine dealing with family issues (argue with family, insult, throw something, and hit family member) during the last year. These questions were measured on a 5-point Likert scale (Cronbach's $\alpha = .770$ in 2006, .793 in 2009, .798 in 2012). The average score ranged from 1 to 5. A higher score indicated more severe family conflict. |
| 2.3. Friends or others | |
| 2.3.1. Discussing personal issues | One question examined whom subjects discussed personal issues with. The answer was recoded as with family members, with friends, and with others. |
| 2.3.2. Peer attachment | Four questions (Korea Welfare Panel Study, 2013) were used to examine the relationships with friends (friends like him/her, be on good terms with friends, staying with him/her when feeling lonely, and helping him/her with troubles). These questions were measured on a 4-point Likert scale (Cronbach's $\alpha = .829$ in 2006, .830 in 2009, .801 in 2012). The average score ranged from 1 to 4, with a higher score indicating more of peer attachment. |
| 2.4. School | |
| 2.4.1. Grade | Grades 4–6 (in elementary school) at 2006, 7–9 (in middle school) at 2009, and 10–12 (in high school) at 2012 by recoding the school type of Korea |
| 2.4.2. Academic performance | One question examined that subjects described his/her work at school as failing, below average, average, above average, or excellent. The answer was recoded as three categories: below average (including failing), average, and above average (including excellent). |
| 2.4.3. School adaptability | Six questions (Korea Welfare Panel Study, 2013) were used to discern the level of satisfaction with his or her school situation (feel a lot of pleasure in school, join an academic activity, do well in school classes, usually complete homework on time, follow teachers' direction, and be on good terms with teachers). These questions were measured on a 4-point Likert scale (Cronbach's $\alpha = .750$ in 2006, .756 in 2009, .741 in 2012). The average score ranged from 1 to 4, with a higher score reflecting more school adjustment. |

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