



Prevalence of depression and its correlates among undergraduates in Sri Lanka



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ABSTRACT

Aims: There is a dearth of mental health research on undergraduates in Sri Lanka. This study examines the prevalence of depression in a sample of Sri Lankan undergraduates, their exposure to threatening life events and the predictors of their depression.

Methods: Responses of 4304 undergraduates were obtained on the Patient Health Questionnaire-9 and a measure of exposure to threatening life events, with binary logistic regression models used to identify the demographic and life event correlates of screening positive for Major Depressive Disorder (MDD). **Results:** PHQ-9 diagnoses of 'Major' and 'Other' depression were obtained by 9.3% and 13.5% of undergraduates, respectively. A higher likelihood of MDD was seen among those who were older and those living in hostels (compared to home), although no differences were seen between genders or those studying in different faculties. Likelihood of MDD was higher in undergraduates exposed to multiple threatening life events as well as those exposed to physical threat; family deaths; romantic break-ups; a problem with a close associate; educational difficulties; unemployment and domestic violence, and among male undergraduates harassed by another student.

Conclusions: MDD is prevalent in these undergraduates and universities need to develop services to assist them. Such services may also need to focus on supporting those who have experienced threatening life events, particularly those that arise as a result of being an undergraduate, as these may increase the risk of MDD.

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1. Introduction

The prevalence of depression in undergraduates is high across many countries (Ibrahim et al., 2013; Steptoe et al., 2007). Despite this, their low rates of help-seeking (Blanco et al., 2008; Eisenberg et al., 2007a; Zivin et al., 2009) and evidence that depression is related to other problems in undergraduates, such as suicidal ideation and attempts (Garlow et al., 2008; Kisch et al., 2005), substance abuse (Buckner et al., 2007; Mushquash et al., 2013), acute infectious illnesses (Adams et al., 2008) and poor academic

achievement (Andrews and Wilding, 2004; Hysenbegasi et al., 2005), highlight the need to identify those affected by depression to provide them with appropriate interventions.

In attempting to identify undergraduates at risk of depression, studies have examined if any demographic characteristics such as their gender (Eisenberg et al., 2007b; Said et al., 2013; Wong et al., 2006; Young et al., 2010), age and study level (Ibrahim et al., 2013) or study field (Bayram and Bilgel, 2008; Dyrbye et al., 2006; Ovuga et al., 2006) are correlates of depression. However, these findings are not consistent. The differences in prevalence of depression in undergraduates in various countries, which might be associated with variations in the related cultural beliefs and socio-political and economic situations (Khawaja et al., 2013; Mikołajczyk et al., 2008; Steptoe et al., 2007), highlight that examination of the potential correlates of depression must be considered within the framework of such contextual differences.

The relationship between undergraduate depression and exposure to negative or threatening life events has also been extensively examined, with many studies showing higher prevalence and

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severity of depression in those exposed to such events (Amritha et al., 2013; Clay et al., 1993; Kuiper et al., 1986; McLennan, 1992; Rubio and Lubin, 1986; Vrana and Lauterbach, 1994). Furthermore, exposure to multiple as opposed to single events is associated with an increased risk of the onset of depression and severity of symptoms (Patton et al., 2003; Vrana and Lauterbach, 1994). However, the undergraduate's perception of the impact of the event might be a stronger predictor of negative wellbeing than the frequency of event-exposure (Burns and Machin, 2013).

There has been relatively little research examining the mental health of undergraduates in Sri Lanka and their exposure to threatening life events. One study found that psychological distress of these undergraduates (40%) was significantly higher than their age-matched peers (26%) (Kuruppuarachchi et al., 2002). High rates of depression symptomatology were also seen in undergraduates in a Sri Lankan university, with mean depression scores higher than the standard cut-off for elevated depressive symptoms (Torabi and Perera, 2006). An examination of the first-year students in this cohort found that elevated depressive symptoms were extremely high, and significantly higher in medical students (76%) than their non-medical peers (60%) (Perera, 2011). These findings highlight the need for further research examining depression among the general undergraduate population in Sri Lanka. Furthermore, although some studies have examined these undergraduates' exposure to threatening life events such as verbal, emotional, sexual and physical abuse (Haj-Yahia et al., 2009; Jayasinghe et al., 2004; McCaslin et al., 2009; Premadasa et al., 2011), these have not examined the effects of such exposure on depression, highlighting another area requiring research. Observations that undergraduates from less developed countries experience more stressful life events further indicate the importance of such an examination (Vázquez et al., 2014; Vazquez et al., 2007).

This study examines the prevalence and demographic correlates of depression among undergraduates at the University of Colombo, one of the largest universities in Sri Lanka (University Grants Commission Sri Lanka, 2013). It also examines the relationship between these undergraduates' exposure to threatening life events and a diagnosis of depression.

2. Materials and methods

2.1. Participants

Undergraduates in all years of study at five of the six faculties of the University of Colombo, namely the Faculties of Arts, Management and Finance, Law, Medicine and Science and an affiliated institute of the University, the School of Computing, participated. Data was not collected from the Faculty of Education as second and third year students of this faculty attend lectures at the Faculty of Arts and it was expected that these students would be represented during data collection from this faculty.

2.2. Measures

This study is part of a larger depression literacy survey done among the study population. The survey questionnaire was in two versions; as English–Sinhala, and English–Tamil, with both versions containing the questions in English and participants able to use the version with their preferred translation. The present study utilised the following measures.

2.2.1. Participant information

Participants' demographic details including gender, age, ethnicity, religion, district and place of residence, faculty and year of study were examined.

2.2.2. Measure of depression

The Patient Health Questionnaire-9 (PHQ-9), a nine-item measure based on the nine diagnostic criteria for Depressive Disorders in the Diagnostic and Statistical Manual of Mental Disorders-IV, was used (Kroenke and Spitzer, 2002). If, in the preceding 2 weeks, five or more symptoms were present for at least 'more than half of the days' a diagnosis of 'Major Depression' is given, while if this is so for two to four of the symptoms, a diagnosis of 'Other Depression' is given. However, for both diagnoses, either the symptom of depressed mood or anhedonia must be present. Furthermore, if the symptom on suicidal thoughts is at all present, it is considered in the symptom count for a diagnosis. While scores of 1–4 indicate minimal depression, scores of 5, 10, 15 and 20 represent the minimum thresholds of mild, moderate, moderately severe and severe depression respectively. The PHQ-9 has been a reliable and valid measure for clinical and general populations (Kroenke et al., 2001; Martin et al., 2006). The Sinhala and Tamil validated versions of the PHQ-9 (Institute for Research and Development, 2007) were used for the two versions of the questionnaire.

2.2.3. Measure of exposure to threatening life events

The twelve-item List of Threatening Experiences (LTE) which has good reliability and validity (Brugha et al., 1985; Brugha and Cragg, 1990) was adapted. Items relevant to an undergraduate population (Roberts and Kassel, 1997) and the Sri Lankan context (Catani et al., 2008; Haj-Yahia et al., 2009; Jayasinghe et al., 2004; McCaslin et al., 2009; Miller et al., 2009; Premadasa et al., 2011) were added, leading to an 18-item measure. These additional items included difficulties with studies and exams, abuse by a student or staff member at university and exposure to natural disasters, war, armed conflict or terrorism and domestic violence. A rating scale was incorporated to measure if the events occurred in the past year and how 'upsetting' these events were (Roberts and Kassel, 1997), with items rated as follows: did not happen, happened – not upsetting, happened – moderately upsetting, happened – extremely upsetting, not relevant. If an event had occurred more than a year ago but feelings of distress were still present, participants rated how upsetting the event was in the past year.

2.3. Procedure

The composite depression literacy surveys were distributed, completed and returned during lectures.

2.4. Ethics approval

Approval was obtained from the Ethics Review Committees of the Faculty of Medicine, University of Colombo and University of Melbourne.

2.5. Statistical analysis

Missing responses permitted, were 10% (1 item) for the PHQ-9 and 20% (3 items) for the LTE (for total event count). Missing responses were not prorated but instead considered to indicate an absence of the relevant symptom or experience, reflecting a conservative approach when examining these variables.

Mann–Whitney *U* tests found significant differences ($p < 0.05$ – 0.001) in PHQ-9 item-ratings between the English–Sinhala and English–Tamil versions for six of the nine items, including the item on low mood. These differences were not unidirectional; either indicating differences between the item translations or differences in the symptom profiles of the two language groups. There was good internal consistency of the PHQ-9 for both the English–Sinhala and English–Tamil versions, with Cronbach alphas of 0.86

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