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Parents, friends, and depression: A multi-country study of adolescents in South Asia

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ABSTRACT

Purpose: This study investigates the association between social support networks, as measured by parental involvement and close friendships, and depression among adolescents in South Asia.

Methods: Nationally representative samples of adolescents between the ages of 12 and 16 + years (n = 16,592) from the Global School Based Health Surveys from India, Sri Lanka, Pakistan, and Myanmar were analyzed to provide prevalence rates of depression. Additionally, differences in past year depressive symptoms were compared cross-sectionally by social support from parents and friends, separately. This was done by computing prevalence ratios adjusting for potential confounders and demographic factors.

Results: Of all adolescent respondents in the study, 14.5% met the criteria to be screened for depression, while 50% reported having three or more close friends, and 80% reported having very involved parents. Adjusted prevalence ratios indicated that those with close friendships were much less likely to be screened for depressive symptoms compared to their counterparts, as were adolescents with very involved parents. However, low and moderate levels of parent involvement were not found to be significantly associated with adolescents' propensity for being screened for depressive.

Conclusion: Social support is a social determinant of adolescent mental health in South Asia that has received little scholarly attention to date. This study highlights the importance of research and interventions involving parents and close friends in building programs for adolescents that target mental health.

1. Introduction

Mental health disorders account for a large proportion of the disease burden in adolescents across the world. Research suggests that most mental health disorders begin between the ages of 12 and 25 years (Patel, Flisher, Hetrick, & McGorry, 2007), making adolescent mental health an important area of public health research and intervention. Recognizing the role of social support in preventing mental health problems in a number of countries (Adamczyk & Segrin, 2015; Cheng et al., 2014; Hakulinen et al., 2016; Wang & Sheikh-Khalil, 2014), the World Health Organization (WHO) has identified social support as a social determinant of health, suggesting that family, friends, and the community at large are well-positioned to play a significant role in fostering good physical and mental well-being (Marmot, 2005). Good health is not only an end in itself, but is associated with factors that promote well-being and quality of life over the lifespan: education, stable employment, and income (Metzler, Merrick, Klevens, Ports, & Ford, n.d.).

In line with the WHO, mounting evidence suggest that parent involvement and close friendships are protective against mental health problems among adolescents (Blomfield Neira & Barber, 2014; McKenzie et al., 2013; Olsson, Nordström, Arinell, & von Knorring, 1999; Van Zalk et al., 2010). Research shows that adolescents with close ties are more likely to report better physical health and mental health (Olsson et al., 1999), while those with insecure attachments are at higher risk of depression (Margolese, Markiewicz, & Doyle, 2005).

However, much of this research has been limited to samples in Western countries; research on social support among adolescents and mental health in South Asia remains scant. To begin to address this gap, the current study assesses the association between social support, conceptualized by two separate constructs, parent involvement and close friendships, and being screened for depression among nationally representative samples of adolescents between the ages of 13 and 17 years in India, Pakistan, Myanmar, and Sri Lanka. The study used the most recent data available from all South Asian countries featured in the Global School-Based Health Surveys. The total sample size is 16,592 with 7368 adolescents from India, 1747 adolescents from Myanmar, 4977 adolescents from Pakistan, and 2500 adolescents from Sri Lanka.

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This study extends previous research by examining the association between social support and adolescent mental health in a region that has not been the subject of such study before. In addition, this research used nationally representative data, which allows the findings to be generalized to the population. This study, thus, lays the groundwork for future studies to examine the antecedents of adolescent mental health in South Asia, while expanding the knowledge base.

1.1. Mental health in South Asia

Nationally representative rates of depression among adolescents in South Asia are few in the scientific literature (Murshid, 2017), but estimates of prevalence suggest a high incidence of depression in this population, ranging from 14% in urban Bangladesh (Nasreen, Alam, & Edhborg, 2016) to 32.7% in a rural sample in India (Waghachavare, Quraishi, Dhumale, & Gore, 2014). These data suggest great disparity in adolescent mental health between low- and middle-income countries that is likely driven by economic disparity (Blomfield Neira & Barber, 2014; Margolese et al., 2005; McKenzie et al., 2013). In addition, these data raise the possibility that depression among adolescents is a serious but understudied public health concern in the region (Burr, 2002).

The high prevalence of mental health problems in South Asia may be explained in part by the region's limited infrastructure for providing mental health services. This lack of infrastructure results in limited understanding of mental health problems among the general population; indeed, mental health problems are stigmatized and hidden, which contributes to their ongoing prevalence since help-seeking for mental health problems remain low (Patel et al., 2007).

While infrastructure to support individuals with mental health problems, particularly for those from low socio-economic backgrounds, remains dismally limited in South Asia, it would seem that parents and friends may be better positioned to play an important role in limiting adolescent depression since they are already present in adolescents' lives and arguably concerned for their welfare. In the absence of current research examining protective factors for depression in adolescents in South Asia, this study aims to begin to address this gap by assessing the role of parents and friends in adolescent reports of depression symptoms using nationally representative data from India, Pakistan, Myanmar, and Sri Lanka, i.e. all the countries from which data are available.

This study is guided by the hypothesis that adolescents with involved parents and close friends will be less likely to report symptoms of depression than their counterparts. We also anticipate that those who experience poverty, as measured by food insecurity, will be more likely to report symptoms of depression because economic hardship modifies adolescent's social support systems (Waghachavare et al., 2014). Parents in low-income families, for instance, may not be as present in the lives of their adolescent children because both parents have to work multiple jobs. Studies from India and Bangladesh indicate that low-income parents leave their children at home unattended for extended periods of time because they are unable to afford childcare, and that adolescents in these families may become homeless when their parents cannot afford to provide them with basic necessities (Baruah, 2007; Koehlmoos, Uddin, Ashraf, & Rashid, 2009). Lack of parental supervision and homelessness put adolescents at greater risk of experiencing violence - including sexual violence - particularly in high-density slum areas where housing complexes are unstable, temporary structures that offer no privacy (Sodhi & Verma, 2003). Experience of violence may contribute to a greater likelihood of reporting depression and other mental health problems among adolescents, studies find (Halpern, Spriggs, Martin, & Kupper, 2009).

Financial hardship may also alter adolescents' other forms of social support. For example, research shows that adolescents from low socio-economic backgrounds are less likely to form friendships because they are more likely to miss activities that often require higher economic resources, such as traveling to and from sports events (Hjalmarsson & Mood, 2015). This lack of opportunity to form friendships and be in the company of peers may contribute to isolation among adolescents, which in turn may put them at higher risk of developing mental health problems such as depression (Roelofs, Lee, Ruijten, & Lobbestael, 2011).

Extant literature also identifies that age, level of education, physical activity, missing school, and gender are associated with adolescent mental health (Naicker, Galambos, Zeng, Senthilselvan, & Colman, 2013; Nicoleta, 2014). We hypothesize that South Asian adolescents will display similar characteristics as seen elsewhere, and thus control for these constructs in the current study.

1.2. The current study

This is the first multi-country study to examine the association between social support and adolescent mental health in South Asia. In doing so, this study provides a culturally relevant understanding of mental health in the region among adolescents, a group that has received little attention from a mental health policy standpoint in the region (Metzler et al., n.d.).

The current study is guided by the following research questions:

1) Are adolescents who report high parent involvement less likely to be screened for depression compared to adolescents who report no or low parent involvement?
2) Are adolescents who report to have close friends less likely to be screened for depression compared to adolescents who do not report to have close friends?

2. Methods

2.1. Data

This study is based on secondary data from the Global School-Based Health Surveys (GSHS) from Pakistan, Myanmar, and Sri Lanka. The GSHS used probability proportional to size sampling to select schools and then classrooms within the schools to produce nationally representative samples of school children between the ages of 12 and 16 in grades 6 through 10. Students voluntarily consented to complete the anonymous survey on computers distributed by trained staff during one class period. Students reported on their nutrition, physical activity, hygiene, mental health, alcohol use, tobacco use, drug use, sexual behaviors, violence/injury, and protective factors such as social supports.

The GSHS contains detailed questions on mental health outcomes and social support as well as demographic variables that allow us to control for various confounders, which makes the data particularly suitable to answer the current research questions.

GSHS data is publicly available in de-identified format which is why Institutional Review Board approval was not required.

2.2. Measures

The GSHS questionnaire included a core set of 48 questions. The questions were translated and pilot tested before use. Descriptions of the variables of interest in this study are provided below:

2.2.1. Independent variable: parent involvement and number of close friends as indicators of social support

Students responded to questions on parent involvement in four domains: if parents check homework, understand “troubles,” know what their children are doing, and go through their children's things (Lereya, Samara, & Wolke, 2013; Wang & Sheikh-Khalil, 2014). Respondents indicated their agreement to the statements using a five-point Likert scale indicating the frequency of their involvement: no, rarely, sometimes, most of the time, always.