

Epidemiology of Depression Among Internally Displaced Secondary School Students in Tikrit

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Abstract

Introduction: Depression is one of the most common and important diseases that may affect each person's lifetime all over the world. Depression may present as a chronic or recurrent type and affects all patient's daily life activities, personal, and social functions and may end with suicide. Depression affects all ages, genders, and populations. Depression can affect the whole body, and begins with mood, feelings, thinking, and behaviors. In general depression may affect 5% of the population at any time and affects females twice as much as males in adolescence. Depression in the adolescent period has unique characteristics because of its association with major personality changes, identity separation from parents, gender appearance, sexuality, and early decision making. This research aims at evaluating the prevalence of depression in secondary school students in Tikrit city.

Subjects and methods: This is a study in pediatric, and public health nursing and all ethical and administrative agreements were undertaken to conduct the study, from the Ministry of Education, and Department of education in the Tikrit Education Directorate. This is a descriptive study with an analytic component carried out on secondary school students in Tikrit district. A questionnaire was presented to all students in the schools in the classroom, on one day, depending on the help and cooperation of the school's administration and teachers during spare time. The students filled out the questionnaires in about 35 minutes after explanation of each item by the researcher and returned them to the researcher at the end of the session.

Results: The study revealed that 31 (19.4%), 19 (11.9%) of males and 91(56.9%), 30 (18.8%) are of females were of moderate and high depression score respectively. The study further revealed that 58 (25.1%), 23 (10%) of Internally Displaced Students (IDPS) were of moderate and high depression score respectively as shown in Table 2. The study revealed that 27 (23.3%), 13 (11.2%) of male IDPS were of moderate and high depression score respectively. The study also revealed that 31 (27%), 10 (8.7%) of females IDPS were of moderate and high depression score respectively.

Conclusions: The study revealed that 58 (25.1%), 23 (10%) of IDPS were of moderate and high depression score respectively. The current study found that the prevalence of depression by using the Columbia scale among secondary schools students aged (12-18) in Tikrit district was 81 (35.1%) %. Gender of the students has a significant effect on the occurrence of depression which is more in females.

Key words: IDPS student, Depression, Epidemiology of Depression in IDPS in Tikrit

Introduction

One of the common psychiatric diseases is depression, which is usually a disabling disorder that influences a patient's work, study, family, pattern of sleeping and eating habits, general wellbeing and ability to enjoy life. [1-2] Depression affects 7-18% of all people at least one time in their lives, before 40 years of age (3). According to the United Nations High Commission for Refugees (UNHCR) IDPs are persons obliged to leave their homes but not to cross an international border (.). The psychosocial factors which might be affected by displacement, and which pose a negative influence on mental health, are the following; social participation and support, and feeling of powerlessness (5).

There is a higher depression rate for IDPS who fled toward socially and culturally distinct communities and who try to adapt to the new social situation after migration (6). The specifics of IDPS status indicate a particular vulnerability to psychological distress because the movement between different cultures is a source of risk for psychological difficulty in any case. The displaced persons usually have a history of exposure to trauma, and are suspended between a frightening past and an uncertain future (7). Depression is one of four most prevalent psychological reactions reported in displaced persons [8, 9].

Displaced persons have a complex state, because displacement in itself is a risk factor for depression, in addition to the trauma of the events that cause additional stressors that unfold and persist afterwards [10-12]. In addition to material and administrative hardships such as little access to social and medical services, bad living circumstances, repair or replacement of lost or damaged possessions, difficult processes of application for aid from governmental organisations, and difficulty finding employment, the loss of social networks and support, and routines of normal life can severely add to the displacement burden as social, economic, and psychological factors. Many researchers have found that post-disaster stressors may be a common cause of depression in populations affected by disaster [13,14] and, commonly, have associated stressful life conditions with depression [15,16].

The development of mental health problems including depression following displacement and traumatic events may vary depending not only on affected individuals' characteristics but also on their communities and especially community social cohesion. [17-20]. Community Social cohesion represents the bonding between the person and their communities, these attachments may be demonstrated in feelings of belonging, willingness and ability to cooperate, and shared values among community members [21]. A few researchers, have found a relation between living in communities of high social cohesion and a lower risk of developing mental health disorders such as depression [22-24]. The aim of the study is to evaluate the prevalence rate of depression in secondary school students in Tikrit district. Suicide attempts and ideation form

a dangerous public health disorder in adolescents. Suicide represents the third highest cause of death in adolescents between the ages of 10-24, standing for 12% of all reported deaths in this age group in 2005 in the United States. [25] Recent evidence indicates that adolescent suicide may be increasing. In addition to adolescent suicide deaths, suicide ideation and attempts in adolescents represent major problems with greater prevalence. [26]

Patients and methods

The study was conducted at secondary schools in Tikrit district. A representative sample of 231 students aged 12-18 were assessed and asked to answer the questionnaire that included demographic information, family history of depression and if they are displaced, using the Columbia depression scale (DISC) of -22- items.

A formal administrative approval sheet was taken to conduct the study from the Ministry of Education, Department of Education in Tikrit Education Directorate. The study was carried out in the secondary schools in Tikrit District. This was a descriptive study with analytic component carried out on secondary schools, students in Tikrit district. Questionnaires were presented to all students in the classrooms in the schools that day, depending on the help and cooperation of the school's administration and teachers during spare time. The students filled out the questionnaires in about 35 minutes after explanation of each item by the researcher and returned them to the researcher at the end of the session.

Results

Study revealed that 58 (25.1%), 23 (10%) of IDPS were of moderate and high depression score respectively as shown in Table 1 and this shows that 81 (35.1%) were very likely to develop depression.

The study revealed that 27 (23.3%), 13 (11.2%) of male IDPS were of moderate and high depression score respectively and that 31 (27%), 10 (8.7%) of female IDPS were of moderate and high depression score respectively as shown in Table 2. This shows that 41 (35.7%) of IDPS females were very likely to develop depression in comparison to 40 (34.5%) of male IDPS who were of moderate and high depression score respectively

Suicidal thoughts were found in 29 (12.6%) of IDPs and suicidal attempts were found in 50 (21.6%) of IDPs. In the current study, 22% of IDPS students had history of suicidal attempt with another 13% who had history of suicidal ideation.

Table 1: Depression score among IDPS

Depression score	IDPs No. (%)
Weak	74 (32%)
Mild	76 (32.9%)
Moderate	58 (25.1%)
High	23 (10%)
Total	231 (100%)

Table 2. Depression scores in IDPS according to gender

Depression score	Male IDPs No (%)	Female IDPs No (%)
Weak	40 (34.5%)	34 (29.6%)
Mild	36 (31%)	40 (34.8%)
Moderate	27 (23.3%)	31 (27%)
High	13 (11.2%)	10 (8.7%)
Total	116 (100%)	115 (100%)

Discussion

In 2014, Iraq suffered from invasion and occupation of a terrorist organization to Iraqi governorates which obliged millions of people to be displaced to other nearby unaffected cities. This big population mass suddenly lost their houses and livelihoods and were either in camps or lived in a miserable situation in the cities. This put extra burden on the Iraqis who lived for more than 2 decades, in a vicious circle of sanctions, wars, and displacement which influenced all life, and health aspects of children, women, and adolescents. [27-28].

The mental and psychological diseases usually occur gradually following interaction of multiple factors as conflicts and violence, continuous stresses, environmental factors and internal psychogenic factors that contain Internalizing factors (fear of new situations, sadness, self underestimation, hopelessness, unhappiness, many worries, seeming to have less fun); and Externalizing factors (unnecessary risky behaviours, ignoring rules, misunderstanding feelings of others, fights with other children, teased by others, blame others for troubles, refuse to share) (29). Iraq already had very serious problems due to severe deficiencies in mental and psychological health care services (30-31). This study revealed that 81 (35.1%) of IDPS students were very likely to develop depression and this is higher than what was found by a study in Tikrit with the same scale, who found that (14.9%) had depression. The mass displacement and associated loss of family members and relatives and loss of houses and possessions may explain the condition (27).

This is even higher than the Mirela Grgić study which was conducted five years after they had experienced traumas of war, where 17.9% of displaced children ages 12-15 manifested clinically significant depression (32). This means that 41 (35.7%) of IDPS females were very likely to develop depression in comparison to 40 (34.5%) of male IDPS who were of moderate and high depression score respectively, which shows a small female predominance. In the current study, female to male ratio is lower than the Hassen AJ study who found that the ratio was (1.3:1), and this may be explained by long duration of displacement and persistent stress (27). The results of the current study are still lower than a study carried out in Turkish immigrants, which revealed a prevalence rate of depression of 36.1% in females and 27.9% in males) (33).

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