

# ASSOCIATION BETWEEN DEPRESSIVE SYMPTOMS AND SELF-ESTEEM AMONG ADOLESCENTS

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## Abstract

The correlation between depressive symptoms and self-esteem among adolescents is a highly researched topic that is essential to the creation of efficient support networks and therapies for potentially vulnerable adolescents.

**Objective:** To investigate the association between depressive symptoms and self-esteem among adolescents in secondary school.

**Materials and Methods:** A descriptive cross-sectional study was conducted and a stratified random sample of (385) students from (12) secondary schools was selected randomly from (56) secondary schools during the period from 15th October to 1st September. The study instrument consists of three parts, the first was related to socio-demographic data, the second consisted of Burn's Depression Scale (BDS), the third part consisted of Rosenberg Self-Esteem Scale (RSS).

**Results:** the findings of the investigation show that the participants had moderate level of depressive symptoms with total mean of scores ( $m.s=1.8$ ), where (10.6%) had sever depressive symptoms, (63.6%) had moderate depressive symptoms and (25.7%) had mild depressive symptoms, and their self-esteem was high with total mean of scores ( $m.s=2.51$ ), Where the study showed that (58.4%) of study participants with high level, (34.3%) of them with moderate level, and (7.3%) of them had low self-esteem. Study results indicate there was inverse linear correlation between depressive symptoms and self-esteem ( $r= -0.112$ ,  $p=0.029$ ) among adolescents at a  $p$ -value  $\leq 0.05$ .

**Conclusions:** Study results indicate that there was an inverse linear relationship between depressive symptoms and self-esteem among adolescents. Researchers emphasize the importance of educating parents, teachers, and other caregivers about the importance of creating a supportive and nurturing environment for adolescents, which can help bolster their self-esteem and reduce the risk of developing depressive symptoms.

**KEYWORDS:** Depressive Symptoms, Self-esteem, Adolescents

## 1. Introduction

Young people frequently suffer from depression, a mental condition that can have many detrimental effects. Epidemiological studies estimate that 2.6% of children and adolescents worldwide experience depressive illnesses. The 12-month prevalence of depressive illness can range from 5.5% to 11.3% in different Western nations. Additionally, by the time they are in their early 30s (1). Depression's side effects include impaired academic performance, substance abuse, and cigarette smoking. When compared to their peers who are not sad, adolescents who exhibit signs of depression have lower self-perceptions of their overall health, use medical services more frequently, and report more unfavorable employment experiences. Depression in children is notably linked to poor social functioning, especially in terms of peer interactions (2). Early-life depression has been linked to negative psychosocial outcomes, such as poorer social support and worse educational performance, due to its high frequency and recurrence, most often inadequate attention is not given to adolescent depressive illnesses, which causes depression to return in later adulthood (3). There may be a continuum of depressive symptom intensity in people between the ages of (10 and 19) called depressive symptoms, minor depression, major depressive disorder, and

dysthymia, each stage is associated with a pronounced rise in psychosocial dysfunction, depressive symptoms like depressive disorder, result in poor academic performance and interpersonal issues (4). One of the most reliable indicators of adolescent suicidal ideation and conduct is depressive symptoms, regardless of severity. Subthreshold levels of depression are also linked to an elevated risk for suicidal ideation, therefore while if Major Depressive Disorder outperforms other disorders at progressively predicting suicidal ideation, The best practices recommend that clinicians and researchers gather additional data from a variety of informers to help overwhelm the limitations of trusting solely upon self-report. The early detection and prevention of depression and its associated suicidal symptoms in adolescents is facilitated by depression screening (5). Although adolescent depression is quite common and has a significant impact on adulthood health and well-being, its symptoms are seldom identified and treated, adolescent depression presents primarily as somatic or bodily symptoms, making diagnosis difficult. In addition, the presentation is distinguished from the normal depressed presentation in an adult by strong irritation, mood reactivation, and the volatility of symptoms (6). Self-esteem is characterized as a person's attitude toward oneself, whether it be positive or negative. "An

individual's assessment of themselves, whether favorable or unfavorable" is the definition of self-esteem. Recently, it has been proposed that suicide conduct among male convicts, teenagers, and young people from community samples is correlated with poor self-esteem, another systematic review for the period 2001 to 2011, shows that low self-esteem was a frequent precipitant for adolescent suicide (7). Low self-esteem, which is defined as a person's general feeling of worthiness, has been proven to be a significant predictor of several behavioral outcomes among adolescents and is one component that is frequently associated with increased suicidal ideation in this age group and they may consider suicide when they are despondent because they feel unworthy and have poor self-esteem, suicide is the most harmful outcome of having very low self-esteem (8). The actual self is a person's personality as it is, an idealized version of oneself is what one calls their ideal self; it is the result of life's experiences and lessons acquired. Suicidal thoughts in teenagers have also been linked to low self-perception, which is a significant contributing factor. It is further proposed that when an individual feels challenged in their self-worth, they experience failure and suicidal thoughts. Furthermore, the contrast between the ideal and actual selves is the central cause of the development of suicidal ideation, but the degree of difference between the ideal self and the actual self is the cause. central to the development of suicidal ideation. People are really important factors in initiating suicidal ideation (9).

## 2. Materials and Methods

**Study design:** Descriptive study.

**Study setting:** The current study was conducted on secondary school which were located in Iraq; Thi-Qar Governorate; Al Nasiriya City.

**Study sampling:** The target population sample was (37110) students spread over 56 secondary schools in Al Nasiriya city center, these schools were distributed across the city's neighborhoods and areas, the sample size of the study was based on the Richard Geiger equation. A descriptive cross-sectional study was conducted and a stratified random sample of (385) students from (12) secondary schools was selected randomly from (56) secondary schools in Al Nasiriya city center during the period from 15th October to 1st September. Data was collected by a direct interview with each student participant in the study using a questionnaire that was prepared and adopted, which provided the study's data. The study instrument consists of three parts, the first was related to socio-demographic data such as age, gender, grade level ..., etc, the second consisted of (17) items of Burn's Depression Scale (BDS), the third part consisted of (8) items of Rosenberg Self-Esteem Scale (RSS). Descriptive and inferential statistical data analysis approaches were applied in order to analyze the data of the present study through using (spss-ver.26).

**Instrument of study:** The tool consists of three parts:

Part 1: Socio-demographic data that include: age, gender, grade level, type of family; student arranged in family; the educational level of fathers and mothers, occupation level of fathers and mothers, and monthly income.

Part 2: The second part was related to depressive symptoms and used Burn's Depression Scale (BDS) which includes 10 items to assess thoughts and feelings, 7 items to assess activities and personal relationships, and 3 items to assess physical symptoms.

Part 3: The third part related to self-esteem consisted of (8) items of Rosenberg Self-Esteem Scale (RSS).

**Ethical Approval:** The study was achieved in accordance with the ethical approval before data collected, the study protocol appraised and approved by nursing collage domestic committee, theme information, and permission form (dated June 26, 2023).

## 3.Results

The systematic data analysis results were presented in tables, and these matched the study's aims in the following ways:

Table 1: Frequencies, and Percentage of Participants and their Family Demographic Data

N	Demographic data	Rating	F.	%
1	Age	16	120	31.2
		17	122	31.7
		18	80	20.8
		19 and above	63	16.4
2	Gender	Male	186	48.3
		Female	199	51.7
3	Type of family	Nuclear Family	336	87.3
		Extended Family	49	12.7
4	Family Member	3-6	165	42.9
		7-10	195	50.6
		More than 10	25	6.5
5	Father's Level of Education	Below preparatory school	162	42.1
		Preparatory school	55	14.3
		Institute	64	16.6
		College and above	104	27.0
6	Mother's Level of Education	Below preparatory school	232	60.3
		Preparatory school	61	15.8
		Institute	33	8.6
		College and above	59	15.3
7	Father's employment	Unemployed	132	34.3
		Employed	212	55.1
		Retired	41	10.6
8	Mother's employment	Housewife	295	76.6
		Employed	76	19.7
		Others	14	3.6
9	Monthly income	Low	65	16.9
		Moderate	130	33.8
		High	190	49.4
10	Social status	Single	369	95.8
		Married	10	2.6
		Separate	6	1.6
11	Lived with	With one of the parents	33	8.6
		With parents	347	90.1
		With someone else	5	1.3
12	Resident	Urban	356	92.5
		Suburban	25	6.5
		Rural	4	1.0

F= Frequency; %= Percent

This table shows that (31.2%) and (31.7%) of study participants age were 16 and 17 years respectively, (51.7%) were female, (87.3%) were lived in a nuclear family, and (50.6%) were lived in family with (7-10) members. In addition, (42.1%) and

(60.3%) of fathers and mothers respectively were below preparatory school. In terms of parents' occupation, the data show that moms (76.6%) were housewives, and fathers (55.1%) worked, with 49.4% having a high monthly salary. Also the study results indicate that (95.8%) of study subjects were single and (90.1%) lived with their parents. Finally the results show that (93.5) of students didn't had any physical illness and (92.5%) of their resident were urban.

Table 2: The level of depressive symptoms and self-esteem among the adolescents

Main domain	Level	F	%	m.s	Level
Depressive symptoms	Mild	99	25.7	1.85	M
	Moderate	245	63.6		
	Sever	41	10.6		
	Total	385	100.0		
Self-esteem	Low	28	7.3	2.51	H
	Moderate	132	34.3		
	High	225	58.4		
	Total	385	100.0		

F= Frequency; %= Percent; m.s=mean of score;;H=High; M=Moderate L=Low

The study results indicate that the participants had moderate level of depressive symptoms with total mean of scores (m.s=1.8), where (10.6%) had sever depressive symptoms, (63.6%) had moderate depressive symptoms and (25.7%) had mild depressive symptoms, and their self-esteem was high with total mean of scores (m.s=2.51), Where the study showed that (58.4%) of study participants with high level, (34.3%) of them with moderate level, and (7.3%) of them had low self-esteem.

Table 3: The correlation between depressive symptoms and self-esteem among study participants

Main domain	Depressive symptoms		
	r	P value	Sig.
Self-esteem	-0.112	0.029	S

=(p-value ≤ 0.05)

This table shows the Spearman correlation coefficients between depressive symptoms and self-esteem for the study sample, where the results showed that there was inverse correlation between depressive symptoms and self-esteem (r= -0.112, p=0.029) among adolescents at a p-value ≤ 0.05.

4.Discussion:

The Demographic characteristics of the study participants:

According to the demographic data of the study sample, table (1) show that most of the study participants were (16 and 17) years old, more than half were female, most of them lived in a nuclear family, and more than half lived in a family with (7-10) members. In addition, most of their fathers and mothers were below preparatory school. In relation to the parents' employment situation, the findings show that more than half of fathers were employed, and the majority of mothers were housewives, also nearly half had high monthly income. Finally, the study results indicate that the majority of study subjects were single and lived with their parents.

Depressive symptoms among adolescents

Table (2) indicate that the level of depressive symptoms was moderate level, that can be attributed to a combination of biological, psychological, and social factors, hormonal changes during adolescence, combined with increased academic and

social pressures, may contribute to the development of depressive symptoms in this age group. Adolescents may also struggle with identity formation, peer relationships, and family dynamics, all of which can impact their mental health. This finding consists with that of Saleh & Bahir (2020) who conducted “study aims to identify the anxiety, depression and suicidal behavior that affect adolescents in Al-Shirqat city”, results reveal that the adolescents had moderately severe depression (10).

Adolescent’s self-esteem

Results show that the total level of self-esteem among adolescents were high level, a possible explanation for this might be adolescents often receive positive reinforcement and encouragement from parents, teachers, and peers, which can contribute to a sense of self-worth and confidence. These finding supported by Naganandini (2017) conducted the study (Self-esteem among adolescents), “It revealed that highest that is (55%) of adolescents had normal level of self-esteem, (36.67%) of adolescents had high level of self-esteem and (8.33%) adolescents had low level of self-esteem” (11).

The correlation between depressive symptoms and self-esteem

Finally, the results indicate that there was an inverse linear relationship between depressive symptoms and self-esteem (r=-0.112, p=0.029), that mean prevalence of depressive symptoms among adolescents increased with low self-esteem due to negative score of spearman coefficients, these relationships may partly be explained by adolescents with lower self-esteem may be more prone to negative self-perception and cognitive distortions, leading to increased depressive symptoms. Negative beliefs about oneself can contribute to feelings of hopelessness, worthlessness, and sadness, and they may have less effective coping mechanisms, making them more susceptible to experiencing depressive symptoms when faced with stressors or challenges. This finding supported by Moksnes et al (2016), them conducted the study “(The association between stress, self-esteem and depressive symptoms in adolescents), the results revealed there were a strong, inverse association was found between self-esteem and depression” (12).

5.Conclusions and recommendations

The current study set out to find out how adolescent students in secondary school felt about themselves in relation to depressed symptoms. According to study findings, adolescent self-esteem and depressed symptoms had an inverse linear association. In order to assist teenagers, feel more confident and lower their chance of experiencing depressive symptoms, researchers stress the value of teaching parents, teachers, and other caregivers about the need of providing a loving and supporting atmosphere.

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