Adolescence Depression in Pakistan: A New Horizon for Research

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With the inception of human life in the form of a zygote, growth and development brings various changes in the body. However, some developmental stages of life have profound consequences and adolescence is one such period of life. It is a time of 'rapid physical (pubertal), emotional, cognitive and social development' [1]. Research studies from the Western context estimate that as high as 18% of adolescents suffer from depression and the ratio of girls suffering from depression is almost double than boys [1-3]. In the absence of adequate research studies in the Pakistani context, it is difficult to estimate the prevalence of depression; however, one systematic review cautiously cites prevalence of depression and anxiety at 34% in the overall population of Pakistan [4].

Adolescence which literally means 'to grow into maturity' is initiated by pubertal changes in boys and girls from the age of 11. Researchers argue that both physiological and social factors contribute to these changes [5].

Physiological changes at puberty, including growth in genitals and gonads and appearance of secondary sexual characteristics, are caused by hormonal changes. Changes such as menstruation in girls and nocturnal emission in boys create disturbance in their lives, even cause fear and isolation. Since these changes are more dramatic in its effects in females than in males, therefore it is more likely that females have more challenging time in re-adjustment to this new phase of life [3]. Researchers disagree on the precise causes that make girls more prone to depression. However, female hormonal changes are considered as the root cause of the problem [1].

On the other hand, social factors also contribute to increase the prevalence of depression in adolescent girls. Talking about sexual development and anything related to sex is considered a taboo in our society. Parents and other important older individuals around adolescents avoid engaging in meaningful discussion and systematic information sharing regarding pubertal changes and the impact of these changes on person’s emotional life and overall health. One Karachi-based study concluded that ‘the first menstruation experience as reported by participants was shocking (44%), fearful (30%) and stressful (18%), as according to them they were never given any information about menstruation before it occurred’ [6]. Girls also exhibit a negative self-image and lower self-esteem more often than boys during puberty [6]. One study from Lahore found statistically significant relationship between adolescence depression and social factors such as unemployment, underage marriage, early child bearing, violence and sexual harassment [7].

Psychosocial factors also have a role in adolescence depression. From this stage, child and parent relationship gradually changes from that of protection-dependency to cooperative, care, equality, and respect. Personal identity and values start taking shape, leading to autonomy and independence [8]. If parents are unwilling to realize the change in situation, as sometimes parents do and disregard sentiments of their adolescent child, a significant break in child-parents relationship may occur.

Finally, cognitive development also plays an important role in the perception and management of depression [1]. According to the cognitive theory of development, human intellectual development is punctuated by certain phases of physiological growth, and puberty marks entry into the final phase of human cognitive development known as ‘formal operations’ [9].

This phase is characterized by the ability to work intellectually with more abstract ideas as compared to previous phases and adolescent starts thinking about reasons behind different things. Sometimes, this newly found intellectual treasure leads to a situation of intense arguments. Adolescents’ tendency of sticking to their views and showing little concern for other point of views creates conflicting situation and leads to emotional frustration, isolation and depressive attacks [1].

Some researchers consider certain level of adolescence depression as a natural part of puberty. Not every adolescent experiences severe psychological issues. However, it is important to recognize and address any unusual signs of depression and here lies the real challenge. Feeling of emotional stress, anxiety, loneliness and low self-esteem are considered normal part of growing up and thus it goes untreated. However, if the symptoms persist it could
severely affect adjustment into normal life and it can become a life-long disorder. One of the most adverse impacts is positive correlation between depression and chances of adolescent suicide attempt as they see suicide as an escape from the situation [8].

Adolescent depression may also affect teen’s socialization among peers and family relations, performance at school, habits, normal routine patterns and other activities, potentially resulting in serious long-term consequences [7]. Adults with a history of adolescence depression may have serious social adjustment issues. Moreover, extreme guilt feeling and social isolation may cause low self-esteem, substance abuse and criminal activities [2].

Parents, teachers and healthcare professionals sometimes fail to correctly identify symptoms of depression or disregard it as routine ‘mode swings’ [10]. Thus, adolescents have little support and they usually struggle to overcome the situation at their own. Hospitals, media and schools can all play a significant role in raising awareness of this issue in general public, especially among parents. Both print and electronic media are powerful tools for mass awareness and can provide a platform for directing adolescents to creative and meaningful activities.

Hospitals should set up a special unit in psychiatry wards that not only provide treatment for adolescence depression but also act as a counseling and public information resource center. Such centers can also provide data to formulate hypothesis and answer important questions.

Lastly, schools should also play an important role as they are in direct and regular contact with adolescents. Teachers should be properly trained in identifying common youth issues, so that appropriate help can be provided promptly. Furthermore, schools can arrange awareness sessions, co-curricular activities and individual confidential counseling programs under the supervision of an expert psychologist.

While reviewing this topic, I found very few studies that were conducted in our context. As social factors contribute significantly in the stressful (or otherwise) situation during adolescence period, each society may have specific social and cultural factors with specific solutions. It is very likely that social conditions, especially in the under-developed regions of Pakistan, contribute more significantly in the prevalence of depression amongst teenage girls than other factors. Hence, it is of utmost importance that sociologists, psychologists and healthcare professionals take up this issue in their academic investigations.

REFERENCES