

# The Causes of Youth Depression and Its Implications on Their Personality Development; A Case Study in District Faisalabad

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## Abstract

*Depression is the most sensitive issue and psychological disease and youth are going under this mental illness. People feel hopeless tension in every matter due to depression. It has very bad effect on individual's personality and family, society and also nation are affecting by the disease of depression. The plan of the study was to identify the causes of depression among rural youth in District Faisalabad, Pakistan. Three union councils (UC180, UC157 and UC274) were selected from Jinnah Town through simple random sampling technique. Then two villages from UC no 180 (Malvayianwala and Talianwala), two villages from UC no 157 (Chohla and Prokianwala) and two villages from UC no 274 (Chokera and Rizwan Town) were selected randomly. At the end 180 respondents were selected through simple random sampling technique from selected villages. Data were collected through well designed interview schedule. Then*

*composed data were analyzed by using SPSS. The research has found that 50.1 percent of the respondents said that they sometime felt depression. About 33.8 percent of the respondents reply that depression was a feeling of hopelessness. A greater part of the respondents, i.e. 64.6 percent felt relax after sharing their feelings when they got depressed. A greater part of the respondents i.e. 86.6 percent said that financial difficulties were the main cause of depression. A great majority of the respondents i.e. 83.4 percent replied that lack of attachment with religion was the main cause of depression. So government should introduce technical programs among the youth to lower and then eradicate the problem of unemployment in order to make them independent in the early years of their youth.*

**Keywords:** Youth Depression, Mental Health, Rural Health Development, Rural Sociology

## Introduction

It is regular for youth to become depressed after the loss of a family member or close companion. However, if the youth experiences significant problems at home, school or work, has major suicidal thoughts, or stays depressed for more than two months; the depression is no longer normal and warrants a formal mental health assessment and treatment. A thorough physical test by the primary care physician is a most important part of the estimate for depression. This exam can help to optimize the health of the youth, rule out general medical situation and if present, recognize the direct physiological belongings of substances such as alcohol or drugs. All youth considering a health practitioner for any cause should be screened for possible depression. Health practitioners need to make sure that signs of bad temper or removal are not credited to the youth's "character" when there are indications of clinical depressions. This distinction is necessary, as the youth will remain depressed and carry on having problems if this symptom is incorrectly recognized to his or her personality (Brent, 2009).

The specific cause of depression likewise with most psychiatric issue, real depressive issue seems, by all accounts, to be a multi factorial and heterogeneous gathering of clutters including both hereditary and natural variables. Proof from family and twin studies show that with sadness that creates in early youth, the transmission from guardians to kids has all the earmarks of being connected more too psychosocial impacts than to hereditary qualities. Pre-adult onset and grown-up onset dejection, while more heritable than pre-pubertal sadness, in like manner mirror a communication amongst qualities and ecological stressors (Rice, 2010).

Misery assumes a part in more than one portion of all suicide endeavors, though the lifetime danger of suicide among patients with untreated depressive issue is almost 20%. Suicide was the tenth driving reason for death in the United States in 2009, representing 36,909 passings; it was the second driving reason for death in individuals 25-34 years old, the third driving cause in individuals matured 10-24 years, and the fourth driving cause at ages 35-54 (CDC, 2010).

Contrasted and members without a misery history, those with late-life gloom supposedly have expanded all-cause dementia hazard; be that as it may, early-life wretchedness had no relationship with dementia hazard. Treating dejection has been recommended to perhaps stunt movement to gentle psychological weakness and after that to dementia, despite the fact that there has been little assessment of this theory to date (Li et al. 2011)

Sadness has been accounted for to twofold the danger of creating gentle subjective debilitation and the probability that the mellow psychological disability will form into dementia. The Diabetes and Aging Study demonstrated that when discouragement is co grim with sort 2 diabetes, it expands the danger of all-cause dementia by around 2-fold contrasted and diabetes alone (Katon et al. 2012).

While no single life occasion is thought to bring about dejection, unpleasant occasions can trigger, or intensify, despondency. Some examination has demonstrated those with a particular hereditary variation from the norm are at more serious danger of melancholy amid upsetting life occasions. Early youth

injury is proposed as a reason for dejection in kids, teenagers and grown-ups. Other ecological components adding to discouragement include:

- Death of a friend or family member
- Loss of a vocation
- Financial inconveniences
- High stress circumstances

One of the reasons for youth sadness is thought to be educated sentiment defenselessness. A few high scholars with sadness seem to feel like they can't discover answers to life's issues. Reasons for despondency in youth incorporate the greater part of the above, yet there are sure dangers more basic to every sex. A natural reason for misery in men will probably be employment related while an ecological reason for despondency in youth will probably include their social connections (Harry, 2012)

. In young people, hyper and depressive manifestations might be (blended scene), which is a typical presentation of bipolar issue among adolescents. Hypomanic side effects might be very short at the onset of bipolar issue and might be slighted. Wellbeing hazard practices, for example, smoking, cannabis use, and hard medication

use start prior in youths who have higher depressive side effects when contrasted and their companions. Mediation and founding treatment programs amid early pre-adulthood may keep these danger practices later in puberty (Hooshmand et al., 2012).

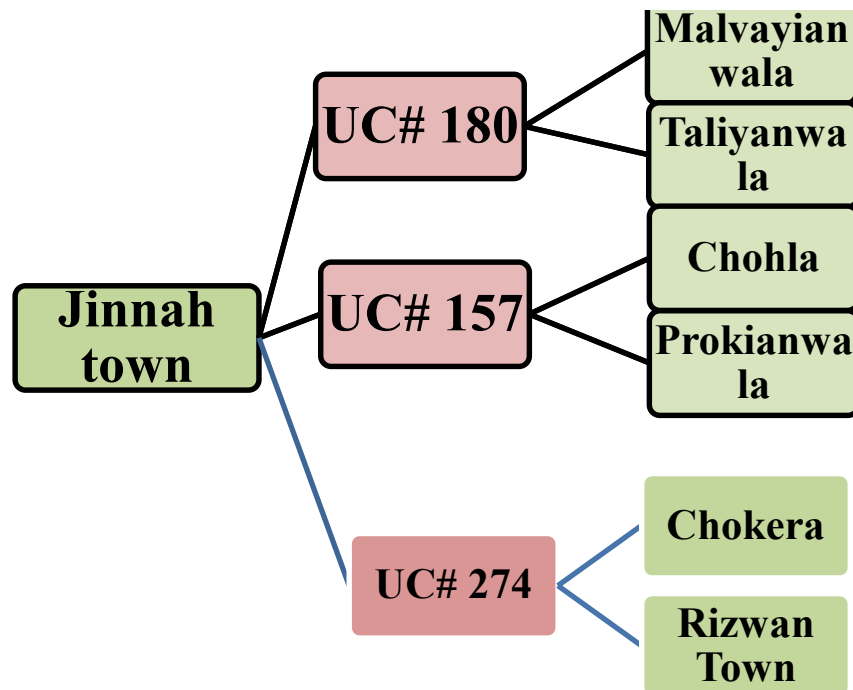
### Objective

The main objective of this research is to investigate the extent and causes of depression and its impact on the personality of rural youth.

## MATERIALS AND METHODS

### Study Area

The study site selected for this research is Faisalabad tehsil of district Faisalabad randomly. Three union councils (UC180, UC157 and UC 274) were selected randomly. Then six villages (two from each UC) were selected randomly.



### Sample Size

Sample can be defined as accurate envoy of the population, which has all the

characteristics of preferred population. 180 respondents (30 from each village) were selected randomly from the study area.

**Data collection:**

**Construction of data collection tool**

Social science deals with human nature, Feelings, emotions and minds of human being. To study all these factors it was compulsory that data collection tool was very accurate and reliable. Interview schedule was prepared with open and close ended questions to collect the data from respondents. It was structured to get all the required information from the respondents.

**Interviewing the respondents:**

Interview was conducted from respondents to collect facts. The investigator himself

interviewed each respondent to make sure unbiased response and then rechecked each questionnaire for accuracy and uniformity because it was very difficult to approach the same respondent at any subsequent stage.

**Analyzing of data:**

Collected data was analyzed using the Statistical Package for Social Sciences. Descriptive statistics, including frequencies, percentages, means and standard deviations, were used to summarize different variables. Data was interpreted with the help of a computer software i.e. statistical package for social sciences.

**RESULTS AND DISCUSSION**

**Table.1**  
**Distribution of the respondents regarding their understanding by depression**

<b>Understand by depression</b>	<b>Frequency</b>	<b>Percentage</b>
Low mood	<b>45</b>	<b>25.0</b>
Long Phase of depression	<b>35</b>	<b>19.4</b>
Feeling of hopelessness	<b>61</b>	<b>33.8</b>
Continuous feeling of sadness	<b>24</b>	<b>13.5</b>
Poor concentration	<b>15</b>	<b>8.3</b>
<b>Total</b>	<b>180</b>	<b>100.0</b>

Table 1 shows that 33.8 percent of the respondents thought depression is a feeling of hopelessness and to 19.4 percent of the respondents think depression is a long phase of depression, 25.0 percent of the

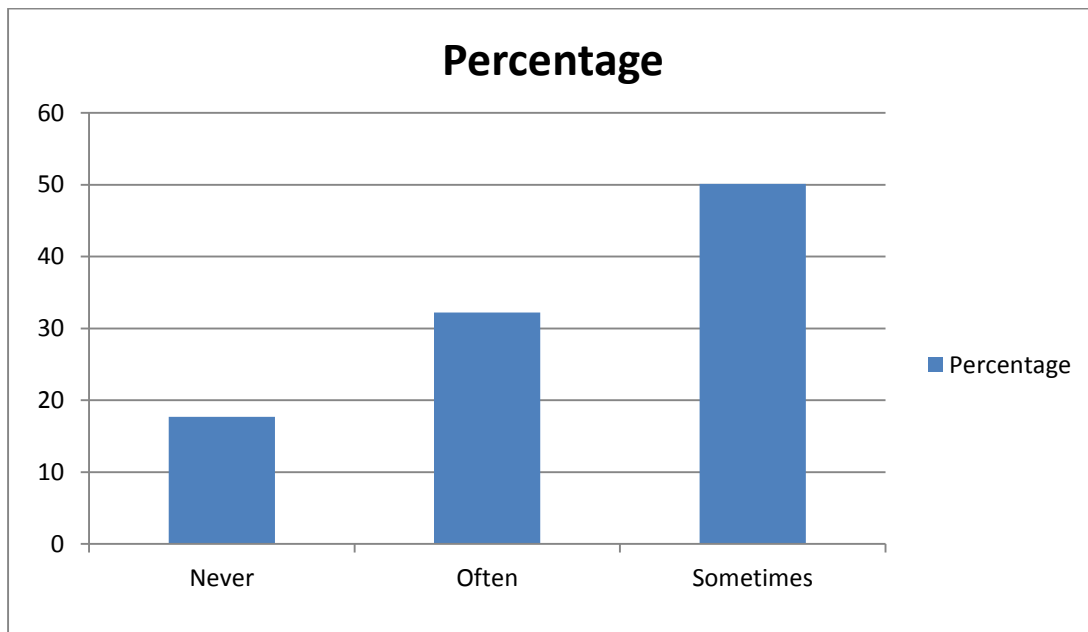
respondents said that depression is a low mood, 13.5 percent of the respondent's depression is a continuous feeling of sadness. To 8.3 percent of the respondents, depression is a poor concentration.

**Table.2**

**Distribution of the respondents regarding their feeling of depression**

Feeling of depression	Frequency	Percentage
Never	32	17.7
Often	58	32.2
Sometimes	90	50.1
Total	180	100.0

**Fig.1**



**Fig.2: Distribution of the respondents regarding their feeling of depression**

Table 2 and fig.1 is showing that 50.1 percent of the respondents were sometimes felt depression, 32.2 percent of the respondents were often feel depression and 17.7 percent of the respondents were never feel depression

**Table.3**

**Distribution of the respondents according to their views about main cause of depression**

Main causes of depression	Yes		No		Total	
	F	%	F	%	F	%
Stressful environment of the family	155	86.1	25	13.9	180	100.0
Conservative thinking of the family	69	38.3	111	61.7	180	100.0
Death or illness of loved one	69	38.3	111	61.7	180	100.0
Financial difficulties	156	86.6	24	13.4	180	100.0
Ignorance of other	70	38.8	110	61.2	180	100.0
Gender difference	86	47.7	94	52.2	180	100.0
Physical disability	110	61.2	70	38.8	180	100.0
Lack of attachment with religion	150	83.4	30	16.6	180	100.0

Table 3 shows that majority of the respondents i.e. 86.6 percent said that financial difficulties are the main cause of depression and 86.1 percent of the respondents said that stressful family environment is the cause of depression. To 61.2 percent of the respondents, physical disability is the cause of depression and 38.3 percent of the respondents had opinion that conservative thinking of the family is the cause depression. To 83.4 percent of the

respondents, lack of attachment with religion is the cause of depression. 38.3percent of the respondents said that death and illness of loved one, 38.8percent of the respondents said that ignorance of others are the causes of depression and 47.7 percent of the respondents said that gender difference is the cause of depression. Table 3 also shows that majority of the respondents i.e. 61.7 percent of the respondents said that death or illness of

loved one is not the cause of depression and 61.2 percent of the respondents said that ignorance of others is not the cause of depression. 16.6 percent of the respondents felt that lack of attachment with religion is not the cause of depression and 61.7 percent of the respondents said that conservative thinking of family is not the cause of

depression. 38.8 percent of the respondents said that physical disability is not the cause of depression, to 13.9 percent of the respondent's stressful family environment is not the cause of depression and 13.4 percent of the respondents said that financial difficulties are not the cause of depression.

**Table.4**

**Distribution of the respondents according to their opinion that depressed youth get involved in negative activities**

Negative activities	To some extent		To great extent		Not at all		Total	
	F	%	F	%	F	%	F	%
Start smoking	64	35.5	92	51.1	24	13.4	180	100.0
Use drugs	80	44.4	88	48.9	12	6.7	180	100.0
Become terrorist	16	8.8	12	6.6	152	84.6	180	100.0
Commit suicide	40	22.2	34	18.8	106	59	180	100.0

Table 4 shows that majority of the respondents i.e. 48.9 percent said that youth got involved in using drugs to great extent due to depression, 51.1 percent of the respondents said that to great extent youth start smoking due to depression. About 22.2 percent of the respondents had an opinion that to some extent youth commit suicide due to depression and 6.6 percent of the respondents said that youth had become

terrorist due to depression. Many of the respondents i.e. 84.6 percent said that youth never become terrorist due to depression and to 59 percent of the respondents youth never commit suicide due to depression. 6.7 percent of the respondents said that youth never start using drugs due to depression and 13.4percent of the respondents said that youth never start smoking due to depression.

**Table.5**

**Distribution of the respondents regarding their activities when they get depressed**

Activities during depression	Frequency	Percentage
Isolate yourself	83	46.3
You get busy	24	13.3
You start smoking, drinking and take some relaxants	15	8.3
Thinking about suicide	24	13.3
Thinking positively and try to release your depression	34	18.8
Total	180	100.0

Table 5 shows that 13.3 percent of the respondents got busy when they get depressed and 18.8 percent of the respondents thought positively and try to release their depression when they got depressed. 46.3 percent of the respondents

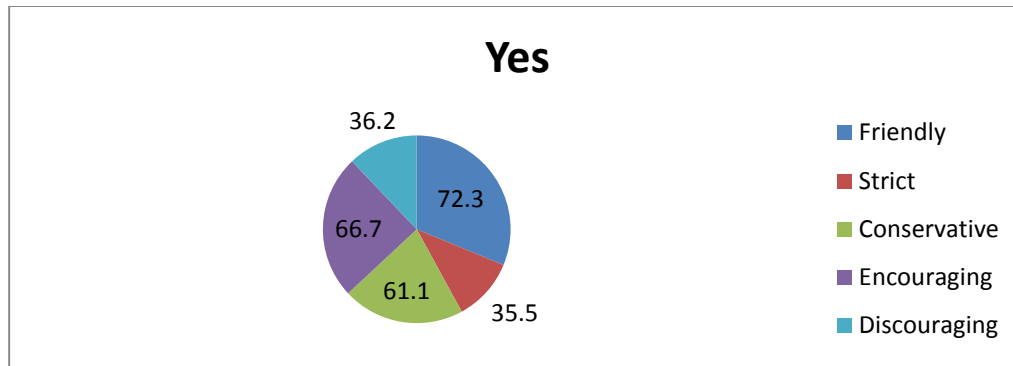
felt isolate themselves when they got depressed, 8.3 percent of the respondents started smoking drinking and took some relaxants when they got depressed and 13.3 percent of the respondents were thinking about suicide when they got depressed.

**Table.6**

**Distribution of the respondents regarding their family environment**

Family environment	Yes		No		Total	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Friendly	130	72.3	50	27.7	180	100.0
Strict	64	35.5	116	64.5	180	100.0
Conservative	110	61.1	70	38.9	180	100.0
Encouraging	120	66.7	60	33.3	180	100.0
Discouraging	65	36.2	115	63.8	180	100.0

**Fig.2**



**Fig.2: Distribution of the respondents regarding their family environment**

Table 6 and fig.2 is showing that majority of the respondents 72.3 percent had friendly family environment, 66.7 percent had encouraging family environment and 61.1 percent of the respondents were having

conservative family environment. About 35.5 percent of the respondents had strict family environment and remaining 36.2 percent of the respondents were having discouraging family environment.

**Table.7**

**Association between education of the respondents and the impact of depression on their personality**

Education of the respondents	Respondents opinion about impact of depression on their personality			Total
	Low	Medium	High	
Illiterate	18	13	19	50
	33.3%	29.2%	37.5%	100.0%
Matric	15	35	15	65
	17.8%	64.4%	17.8%	100.0%
Above matric	10	20	35	85
	9.1%	27.3%	63.6%	100.0%
Total	43	68	69	180
	20.8%	48.3%	30.8%	100.0%

Chi-square = 21.62

d.f. = 6 P-value = .001\*\*

Gamma =.251

\*\* = Highly significant

Table 7 presents the association between education of the respondents and the impact

of depression on their personality. P-value shows a highly significant association

between education of the respondents and the impact of depression on their personality. Gamma value shows a positive relationship between the variables. It means highly qualified respondents had lower impact of depression on their personality as compared to illiterate respondents. So the hypothesis “Higher the education of the respondents, lower will be the impact of depression on their personality is accepted.

## CONCLUSIONS

About 38.3 percent of the respondents replied that depression was a feeling of hopelessness. A majority of the respondents i.e. 86.6 percent said that financial difficulties were the main cause of depression. A large majority of the respondents i.e. 83.4 percent replied that lack of attachment with religion was the main cause of depression. Depression is a psychological, rational and mental sickness. It was recognized as a disease of fifty years old people or above to fifty but it is found with high rate among the young people now-a-days. The focus of the study was to find out the causes of depression among rural youth. Mostly people replied that they sometime felt depression and they understood depression as feeling of

hopelessness. Majority of the people replied that lack of attachment with religion was the major cause of depression. In our society economic problems are the cause of psychological strains and depression among the youth. Government should introduce technical programs among the youth to lower and then eradicate the problem of unemployment in order to make them independent in the early years of their youth.

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