IS LOW SELF-ESTEEM A RISK FACTOR FOR DEPRESSION AMONG ADOLESCENTS? AN ANALYTICAL STUDY WITH INTERVENTIONAL COMPONENT

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ABSTRACT

Background: Self-esteem is an important factor for helping persons deal with life stressors. It is an important determinant of psychological well-being that is particularly problematic during an adolescent life stage. Low self-esteem might contribute to depression through both interpersonal and intrapersonal pathways. Many theories of depression postulate that low self esteem is a defining feature of depression. Aims: Self-esteem in adolescents has been associated with a number of risk and protective factors in previous studies. This study examined the relationship between low self esteem and depression among adolescents. Methods: This study used a case control (retrospective) design. Samples of 1120 adolescents, aged 14-17 years were selected for the study. Screening was done by using MINI-KID and the level of depression was assessed by using Beck depression inventory. Self esteem was measured by Rosenberg self esteem scale. Odds Ratio and Multivariate logistic regression were used to examine the relation between self-esteem and socio-demographic variables. Results: The odds ratio analysis revealed that adolescents who had low self esteem found to have 3.7 times (95% CI=1.9-6.9 and p-value 0.001) more risk of developing depression than the adolescents who had high self esteem. Conclusions: The findings implied that low self-esteem is a risk factor for depression among adolescents. Adolescents with low self esteem have to be identified earlier and prompt interventions will prevent future psychiatric illnesses. As an intervention towards the educational component pamphlet was distributed to the adolescents, parents and teachers. A concept programme called “Self Esteem Education & Development – SEED” programme, is planned for, from High school level.

Keywords: Self esteem; Depression; Adolescents, SEED Programme

INTRODUCTION

Self-esteem is defined as a person’s feeling of self worth.¹ Self-esteem is an important factor for helping persons deal with life stressors.² It is an important determinant of psychological well-being that is particularly problematic during adolescent life stage.¹ Adolescence as a time of increasingly heightened self-scrutiny and greatly fluctuating self-esteem. Adolescents have varying levels of self-esteem, which appears to be influenced by such factors as gender, ethnicity, and social class. It can also vary within an individual- an adolescent may have different levels of self esteem in different domains such as social, scholastics, athletics, appearance, and general conduct and actions.³ Self-esteem changes significantly during adolescence, which provides important insight into the dynamics
of adolescent self-esteem. Environmental issues such as socioeconomic status, family relations and language barriers may be factors contribute to the difference in the self-esteem level. Studies have found that one-third to one-half of adolescents struggle with low self-esteem, especially in early adolescence. The results of low self-esteem can be temporary, but in serious cases can lead to various problems including depression, anorexia nervosa, delinquency, self-inflicted injuries and even suicide. Adolescence with low self-esteem is more likely to do poorly in school, to become pregnant, or to impregnate a partner.

Gender has been reported to have an influence on developing self-esteem during adolescence. Boys are more likely to have high self-esteem at this stage of life than girls. Adolescent girls have greater dissatisfaction with physical appearance that can lead to low self-esteem. Adolescent boy's self-esteem can be affected by contradictory societal messages. Middle-class and upper-class adolescents have higher self-esteem than less affluent adolescents. Ethnic differences were found to be predictors of self-esteem in a study conducted in Los Angeles, where self-esteem was found to be significantly lower in Asians than Caucasians adolescents. In the United States, Black adolescents have higher self-esteem than biracial adolescents followed by Asian adolescents.

Quality of family relations has a strong influence on self-esteem. Family environment is one of the most fundamental and central environments in adolescent life. Family cohesion has significant effects on changes in adolescent self-esteem. Self-esteem and family functioning are positively correlated with relatively greater effect in girls compared to boys. Relationships with parents and relationships with peers are two important sources of support that contribute to adolescent’s self-esteem. Adolescence is a period of increased vulnerability to stressful life events such as depression. The contributory factors to depression are many and varied. This study examined the important contributory factor to depression such as low self-esteem.

There is a correlation between low self-esteem and depression, and the resulting risk of suicide, increased unmarried sexual intercourse, teen pregnancy and alcoholism among today’s adolescents. Studies conducted in the 1990’s reveal that depressed mood and low self-esteem occur with disproportionately high prevalence among adolescents. Also recently emerging studies suggests that low self-esteem contributes to the development of depression. Documented studies on gender differences in both self-esteem and depression reveal that during early adolescence, more girls are affected than boys from depression. For instance, although boys experience a similar or even higher rate of depressive symptoms than do girls prior to adolescence, roughly twice as many as boys become depressed once they reach adolescence.

Many theories of depression postulate that low self-esteem is a defining feature of depression. Indeed numerous studies have documented strong concurrent relations between low self esteem and depression. The vulnerability model hypothesizes that low self esteem serves as a risk factor for depression, especially in the face of major life stressors. According to Becks (1967) cognitive theory of depression, negative beliefs about the self – one of three central components of depressive disorders are not just symptomatic of depression but play a critical causal role in its etiology.

Low self-esteem might contribute to depression through both interpersonal and intrapersonal pathways. One interpersonal pathway is that some individuals with low self-esteem excessively seek reassurance about their personal worth from friends and relationship partners, increasing the risk of being rejected by their support partners and thereby increasing the risk of depression. A second interpersonal pathway is that some individuals with low self-esteem seek negative feedback from their relationship partners to verify their negative self-concept, which may further degrade their self-concept. A third interpersonal pathway is that low self-esteem motivates social avoidance, thereby impeding social support, which has been linked to depression and individuals with low self-esteem are more sensitive to rejection and tend to perceive their relationship partner’s behaviour more negatively, thereby undermining attachment and satisfaction in close relationships.

A fourth interpersonal pathway is that individuals with low self-esteem engage in antisocial behaviours,
such as aggression and substance abuse that might contribute to their feeling excluded and alienated from others. An intrapersonal pathway explaining how self-esteem contributes to depression might operate through rumination. The tendency to ruminate about negative aspects of the self is closely linked to depression. Suicide is the third leading cause of death among adolescents. The major reason for suicide is unrevealed depression and the contributing factor is low self-esteem. This study aimed to explore the relationship between depression and low self-esteem.

**METHODS**

**Participants:** The sample for this study was recruited from the total enrollment of three private and one government, higher secondary schools (grades 9-12) from a school district in Puzhal block, Tiruvallur district that agreed to participate in the study. The community in which the schools are located is a small urban community. The parents of all eligible children (N=1120) in the higher secondary schools were asked to provide informed consent for their children to participate. Parents who did not return consent forms were excluded from the study. Assent was obtained from the adolescents prior to data collection. Ethical clearance certificate was obtained from International Centre for Collaborative research, OmayalAchi College of nursing, Chennai.

Sample size calculation

**Anticipated values of the population proportions**

\[ P_1 & P_2 \]

**Level of significance** 100 (1-\( \alpha \)) %

**Power of test** 100 (1-\( \beta \)) %

**Medically meaningful difference** =

\[ d = (Z_{0.025} + Z_{0.025}) / (\alpha + \beta) \]

\[ n = \left[ (P_1(100-P_1) + P_2((100-P_2)) / (P_1-P_2)^2 \right] \]

\[ \alpha = 2.58, \beta = 1.28, d = 12\% \]

\[ n = \left( 65 \times 35 \right) + \left( 53 \times 47 \right) / 12 \]

\[ n = 493 \text{ per group} \]

There were two groups of samples taken. School going adolescents with depression consisted of 560(cases) and school going adolescents without depression consisted of 560(control) who were attending the school in Puzhal block. The samples were matched based on their age, gender, education, medium of study and type of school.

**MEASURES**

**MINI-KID**:\ The MINI –Kid was used to screen depression among adolescents. The tool consists of 9 questions. If five or more answers coded Yes, then the adolescent likely to have Major Depressive Episode.

**Beck depression Inventory**:\ The Beck Depression Inventory is a self-report questionnaire used in the evaluation of the existence and severity of depression symptoms. It consists of 21 questions related to possible depression symptoms. Each question is answered on a 4-point scale, ranging from 0 to 3. This inventory generally has high reliability and in the present study reliability score was 0.85.

**Rosenberg self esteemScale**:\ Rosenberg Self esteem scale is a ten- item uni-dimensional scale designed to measure an individual’s level of self-esteem. The items answered on a four point scale ranging from strongly agree to strongly disagree. Scores range from 10 to 40, higher scores indicating a higher level of self-esteem. The Cronbach’s alphascoreof the scale in the present study was 0.86.

**Data analyses:** Data was analyzed using the Statistical Package for Social Sciences Programme (SPSS) version 17.0. Descriptive statistics was used to describe the demographic variables. Student’s independent t-test was used to compare the self esteem score between case and control group. Karl Pearson correlation coefficient was used to examine the relationship between level of depression and self esteem. Chi square test was used to find the association between self esteem and the demographic variables. Odds Ratio and Multivariate logistic regression was used to examine the strength of association between the level of depression and self-esteem.

**RESULTS**

A total of 2432 school going adolescents were screened. 640 students got the highest score in Mini-kid and 612 students (cases) were confirmed by the certified Medical Practitioner. To improve the efficacy of the study the samples were matched and a total of 1120 school going adolescents from four schools (three private and one government) were finally included for analysis. Of these 50% (n=560) were boys and 50% (n=560) were girls. The students ranged in age from 14-17 years. Students from class IX, X, XI and XII standard chosen equal numbers...
The majority of the adolescents in case group, 77.5% (n=434) and in control group 74.9% (n=280) lived in a nuclear family.

Table 1: Percentage of Self Esteem Score N=1120

<table>
<thead>
<tr>
<th>statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>On the whole, I am satisfied with myself</td>
<td>33.8%</td>
<td>1.1%</td>
<td>41.1%</td>
<td>2.7%</td>
</tr>
<tr>
<td>At times, I think I am no good at all</td>
<td>62.3%</td>
<td>1.6%</td>
<td>31.3%</td>
<td>4.3%</td>
</tr>
<tr>
<td>I feel that I have a number of good qualities</td>
<td>58.8%</td>
<td>2.1%</td>
<td>17.3%</td>
<td>15.5%</td>
</tr>
<tr>
<td>I am able to do things as well as most other people</td>
<td>64.6%</td>
<td>.5%</td>
<td>18.9%</td>
<td>15.2%</td>
</tr>
<tr>
<td>I feel I do not have much to be proud of</td>
<td>48.8%</td>
<td>3.2%</td>
<td>28.8%</td>
<td>19.3%</td>
</tr>
<tr>
<td>I certainly feel useless at times</td>
<td>40.5%</td>
<td>1.1%</td>
<td>28.0%</td>
<td>16.1%</td>
</tr>
<tr>
<td>I feel that I am a person of worth, at least on an equal plane with others</td>
<td>43.0%</td>
<td>1.6%</td>
<td>33.4%</td>
<td>13.4%</td>
</tr>
<tr>
<td>I wish I could have more respect for myself</td>
<td>54.6%</td>
<td>1.6%</td>
<td>26.3%</td>
<td>10.9%</td>
</tr>
<tr>
<td>All in all, I am inclined to feel that I am a failure</td>
<td>60.5%</td>
<td>.5%</td>
<td>26.1%</td>
<td>15.0%</td>
</tr>
<tr>
<td>I take a positive attitude toward myself</td>
<td>58.8%</td>
<td>2.1%</td>
<td>30.7%</td>
<td>15.5%</td>
</tr>
</tbody>
</table>

Table 2: Level of self esteem in case and control group

<table>
<thead>
<tr>
<th>Level of self-esteem</th>
<th>Group</th>
<th>Cases</th>
<th>Control</th>
<th>Chi square test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Low</td>
<td>436</td>
<td>77.9%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Moderate</td>
<td>124</td>
<td>22.1%</td>
<td>102</td>
<td>18.2%</td>
</tr>
<tr>
<td>High</td>
<td>0</td>
<td>0.0%</td>
<td>458</td>
<td>81.8%</td>
</tr>
<tr>
<td>Total</td>
<td>560</td>
<td>100.0%</td>
<td>560</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

*** Extreme significant at  P≤0.001

Majority of the adolescents in case group 60.4% (n=338) and in control group 54.3% (n=304) were resided in urban region. 60% (n=336) of adolescents in case group and 55.2% (n=309) of them in control group had one sibling. Majority of the adolescents in case group 53.3% (n=297) and in control group 55.2% (n=309) were the first born child.

Of the 560 adolescents who completed the BDI, 52 (9.3%) presented with minimal depression. Mild depression was found in 142 (25.4%) adolescents. The number of adolescents who reported moderate depression was 256 (45.7%) and severe depression was 110 (19.6%). Thus a total of 336 (65.3%) adolescents presented with moderate to severe depression.

Considering the overall score in case group adolescents mean score is 17.27 with SD of 3.24 where as among control group adolescents mean score is 33.30 with SD of 2.56, so the difference is 16.13, this difference is large and it is statistically significant at p<0.001 level.

The Pearson’s correlation test results showed a statistically significant, negative, moderate relationship between depression and self esteem. The r value is - 0.43 at P<0.001 level, which means when the level of depression increases their self esteem score decreases moderately.

The odds ratio analysis revealed that adolescents who had low self esteem found to have 3.7 times (95% CI=1.9-6.9 and p-value 0.001) more risk of
developing depression than the adolescents who had high self esteem. The adjusted odds ratio using multivariate logistic regression identifies low self esteem among adolescents were associated with more depression.

**DISCUSSION**

Low self esteem emerged as a risk factor for depression in adolescence. This finding demands a closer examination of this factor in the Indian cultural context.

In case group boys had a statistically significant low self esteem score than girls. In control group girls had a statistically significant high self esteem score than boys.

This study found that in case group early adolescence had a low self esteem score than the late adolescence and in control group middle adolescence had a high self esteem score. This finding is consistent with the study conducted by Harter\(^6\), Hirsch\(^7\) (1991) and results revealed that one-third to one-half of adolescents struggle with low self-esteem, especially in early adolescence.

In the case group government school students had low self esteem than the private school students and it was statistically significant. Self esteem is lower among adolescents of low socioeconomic status and the majority of the students studying in a government school belongs to low socioeconomic status. This findings consistent with the study conducted by Sadhukishore (2013)\(^3\,^4\) and Parthia PM (2013)\(^3\,^5\).

Pratha PM(2013)\(^3\,^5\) conducted a study to assess the self esteem among 60 adolescents studying in private schools in Chennai. The findings revealed that in experimental group 6 (20%) and in control group 17 (56.66%) had low self esteem.

The study found that case group adolescents who had more than three siblings had low self esteem and control group adolescents who had one sibling had high self-esteem. This findings consistent with the study conducted by Sadhukishore (2013)\(^3\,^4\) and Herman (2003)\(^3\,^6\).

The overall mean self-esteem score difference between case and control group adolescents in Puzhal Block was 16.13. There were statistically significant associations between self-esteem and age, gender, family monthly income, mothers education, involvement in religious activity and recreational activity in case group. There were statistically significant associations between self-esteem and age, gender, family monthly income and distance from home to school in control group.

Depression among adolescents was associated with low self-esteem. The findings implied that low self-esteem is a risk factor for depression among adolescents. Internal emotional deficiency may function as a personal vulnerability factor to depression, and significantly impinge on the wellbeing of the adolescents. Therefore, greater importance should be given to the presence of low self-esteem during adolescence with the aim of increasing the possibility for adolescents to grow and function encouragingly across their life span.

Adolescents with low self esteem have to be identified earlier and prompt interventions will prevent future psychiatric illnesses. As an intervention towards the educational component pamphlets was distributed to the adolescents, parents and teachers. The researcher intended to generate evidence and recommended school authorities to strengthen the mental health component in the school health programme and appoint a school counsellor.

A model program called “Self Esteem Education & Development – SEED” program, is planned, for introducing in the high school level. This is an educational intervention programme at regular intervals, to be developed by the authors. This is based on “building from what they have and teaching from what they know”. The concept is that, everybody has a talent and everybody has a basic knowledge and desire to do something for the benefit of the society. This will be brought out, for recognition, by the peers, teachers, parents and the society. Self recognition and self realisation, of one’s potentials, and their usefulness to the society, will lead to the building up of self dignity and self esteem.

The National programs like National Social Service Scheme – NSS, implemented in schools and colleges can be made use for piloting the “Self Esteem Education & Development – SEED” programme.

**CONCLUSION**

The findings implied that low self-esteem is a risk factor for depression among adolescents. Adolescents with low self esteem have to be identified earlier and prompt interventions will prevent future psychiatric illnesses. As an intervention towards the educational
component pamphlets was distributed to the adolescents, parents and teachers. A concept programme called “Self Esteem Education & Development – SEED” programme, is planned for, from High school level.

ACKNOWLEDGEMENT

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