DEPRESSION AMONG THE TSUNAMI AFFECTED CHILDREN AT KANYAKUMARI DISTRICT-AS PERCEIVED BY HIGH SCHOOL STUDENTS

I. Jeyanthi# and A. Umesh Samuel Jebaseelan

Abstract

Disasters are abnormal experiences; they cause distress and emotional reactions in almost all people. However, exposure to natural disaster has a devastating impact on the psychological and social well being of the children. A disaster like Tsunami disrupts the process of interaction the child has with his / her environment. It leads to displacement wherein the child loses his familiar environment (home, school, peers, etc). In any disaster; the psychosocial impact is one of the major impacts that arise due to different types of losses faced by the survivors.

This study is an attempt to highlight the depression among the tsunami affected children at kanyakumari district. Depression among the high school students have been studied by using Adjustment inventory scale developed by Becks (1988). The universe of the present study consists of 400 students studying eighth, ninth, and tenth standard from four schools in kanayakumari district during the year 2006-2007 and were affected by tsunami. Census method was used to study all the high school students in the universe. For this research, descriptive design has been adopted.

Introduction

Children are the most important assets of a country, because they are the future generation, who could provide their potentials, for the country’s development. Childhood is very important, because it shapes their future. While, all the periods in a life span are important, some are more important than the others because of their immediate effects on the attitudes and behavior, whereas others are significant because of their long-term effects. Childhood is one of the periods when both the immediate effects and long-term effects are important. Some periods are important for their physical and some for their psychological effects. Childhood is important for both. Accompanying these rapid and important physical developments, especially during late childhood period, rapid mental developments occur. These give rise to the need for mental adjustments and the necessity for establishing new attitudes values and interests.

When children experience a traumatic event, which they are unable to comprehend or cope up with, they tend to behave in a manner that is not always pleasant. For instance, children become disruptive in class, start performing badly in school. At home, they might wet the bed, use bad language, misbehave with visitors or scream and shout at family members. All these can actually make
those around the child angry and that is not the solution. One needs to understand why the child is behaving in such a way. The child unknowingly resorts to such behavior in order to deal with pain and sufferings being experienced within him.

Tsunami by its devastation, had left it prints, not only on the shore side but also in people’s mind especially the children. They are the ones who bore the brunt in large and were affected psychologically. Hence, the researcher concentrated on studying depression among the tsunami affected children as perceived by high school students.

What is Depression?

Depression is a serious medical illness; it is not something that you have made up in your head. It is more than just feeling "down in the dumps" or "blue" for a few days. Its feeling "down", “low”, and "hopeless" for weeks at a time.

Depression also called clinical depression, Dysthymic disorder, Major depressive disorder, unipolar depression. Depression is a serious medical illness that involves the brain. It is more than just a feeling of being "down in the dumps" or "blue" for a few days. The-depressed child may pretend to be sick, refuse to go to school, cling to a parent, or worry that the parent may die. Older children may sulk, get into trouble at school, be negative, grouchy, and feel misunderstood. Because normal behaviors vary from one childhood stage to another, it can be difficult to tell whether a child is just going through a temporary "phase" or is suffering from depression. Sometimes the parents become worried about how the child's behavior has changed, or a teacher mention, "your child doesn't seem to be himself."

Types of depressive disorder

There are several forms of depressive disorders. The most common are major depressive disorder and dysthymic disorder.

Major depressive disorder, also called major depression, is characterized by a combination of symptoms that interfere with a person's ability to work, sleep, study, eat, and enjoy once–pleasurable activities. Major depression is disabling and prevents a person from functioning normally. An episode of major depression may occur only once in a person's lifetime, but more often, it recurs throughout a person's life.

Dysthymic disorder, also called dysthymia, is characterized by long–term (two years or longer) but less severe symptoms that may not disable a person but can prevent one from functioning normally or feeling well. People with dysthymia may also experience one or more episodes of major depression during their lifetimes.

Some forms of depressive disorder exhibit slightly different characteristics than those described above, or they may develop under unique circumstances. However, not all scientists agree on how to characterize and define these forms of depression. They include:

Psychotic depression, which occurs when a severe depressive illness is accompanied by some form of psychosis,
such as a break with reality, hallucinations, and delusions.

Postpartum depression, which is diagnosed if a new mother develops a major depressive episode within one month after delivery. It is estimated that 10 to 15 percent of women experience postpartum depression after giving birth.1

Seasonal affective disorder (SAD), which is characterized by the onset of a depressive illness during the winter months, when there is less natural sunlight. The depression generally lifts during spring and summer. SAD may be effectively treated with light therapy, but nearly half of those with SAD do not respond to light therapy alone. Antidepressant medication and psychotherapy can reduce SAD symptoms, either alone or in combination with light therapy.2

Bipolar disorder, also called manic-depressive illness, is not as common as major depression or dysthymia. Bipolar disorder is characterized by cycling mood changes—from extreme highs (e.g., mania) to extreme lows (e.g., depression).

Why do people get depression?
There is no single cause of depression. Depression happens because of a combination of things including:

Genes - some types of depression tend to run in families. Genes are the "blueprints" for who we are, and we inherit them from our parents. Scientists are looking for the specific genes that may be involved in depression.

Brain chemistry and structure - when chemicals in the brain are not at the right levels, depression can occur. These chemicals, called neurotransmitters, help cells in the brain communicate with each other. By looking at pictures of the brain, scientists can also see that the structure of the brain in people who have depression looks different from in people who do not have depression. Scientists are working to figure out why these differences occur.

Environmental and psychological factors - trauma, loss of a loved one, a difficult relationship, and other stressors can trigger depression. Scientists are working to figure out why depression occurs in some people but not in others with the same or similar experiences. They are also studying why some people recover quickly from depression and others do not.

What are the signs and symptoms of depression?
People with depressive illnesses do not all experience the same symptoms. The severity, frequency and duration of symptoms will vary depending on the individual and his or her particular illness.

Symptoms include:
- Persistent sad, anxious or "empty" feelings
- Feelings of hopelessness and/or pessimism
- Feelings of guilt, worthlessness and/or helplessness
- Irritability, restlessness
- Loss of interest in activities or hobbies once pleasurable, including sex
- Fatigue and decreased energy
- Difficulty concentrating, remembering details and making decisions
Insomnia, early--morning wakefulness, or excessive sleeping
Overeating, or appetite loss
Thoughts of suicide, suicide attempts
Persistent aches or pains, headaches, cramps or digestive problems that do not ease even with treatment

How do children and adolescents experience depression?
Unlike adults, most children deny rather than admit depression. Symptoms of depression vary with the developmental stage of the child. Denial of symptoms, aggression, excessive crying, and physical symptoms may be more common among preadolescent children. A child with depression may pretend to be sick, refuse to go to school, cling to a parent, or worry that a parent may die. Older children may sulk, get into trouble at school, be negative and irritable, and feel misunderstood. Because these signs may be viewed as normal mood swings typical of children as, they move through developmental stages, it may be difficult to accurately diagnose a young person with depression.
Common symptoms of depression among adolescents and older pre-adolescent children include irritability, withdrawal, isolative behavior, loss of interest and/or pleasure in previously enjoyed activities, sleep disturbance (reduced or increased sleep), changes in appetite (reduced or increased appetite), and reduced energy. Physical symptoms such as chronic headaches or stomachaches, which cannot be attributed to a physical illness, are common among children with depression. Most young people with depression suffer from academic decline. Some youngsters may use street drugs and alcohol in an effort to alleviate their depression.

Conflict with authority may result from irritability. Atypical symptoms such as excessive sleep, increased appetite, an extreme sensitivity to rejection, and irritability are more common among children than among adults. Depression in adolescence comes at a time of great personal change--when boys and girls are forming an identity distinct from their parents, grappling with gender issues and emerging sexuality, and making decisions for the first time in their lives. Depression in adolescence frequently co–occurs with other disorders such as anxiety, disruptive behavior, eating disorders or substance abuse. It can also lead to increased risk for suicide

REVIEW OF LITERATURE
It is often during adolescence that depression first manifests itself in girls, and for the first time girls outnumber boys 2:1 in prevalence of the illness. It is estimated that 4.7% of the teenage population suffers from depression. (Kashani and Sherman 1988) It was long believed that the tumultuous moods of the teenage years were "normal," but we now understand that excessive irritability, moodiness, sleep and appetite change may signal a vulnerability to depression. (Pine et al. 1999) David A. Cole, Kit Hoffman, Jane M. Tram, Scott E. Maxwell (2000) Structural Differences in Parent and Child Reports of Children's Symptoms of Depression and Anxiety.

Two cohorts of public elementary school children and their parents (assessed 3 years apart) completed child and parent forms of the Children's Depression Inventory (CDI) and the Revised Children's Manifest Anxiety Scale
Assessments were conducted twice, once during the fall (\( N = 562 \)) and again during the spring (\( N = 630 \)) of the 6th grade. Factor analyses revealed 3 factors for each measure. Two of the 3 parent CDI factors manifested some degree of congruence with their counterparts from the child CDI. Similarly, 2 of the 3 RCMAS factors were somewhat congruent across informant types. Differences between parent and child factor structures suggest that parents' and children's reports focus on somewhat different aspects of child psychopathology, and they can make qualitatively different contributions to the multiracial assessment of children.

**OBJECTIVES OF THE STUDY**
- To describe the socio-demographic characteristics of the respondents.
- To analyze the level of depression among the tsunami-affected children.
- To find out the relationship between depression and socio-demographic Variables.
- To suggest suitable measures for the respondents to cope and deal with her/his emotional reactions.

**UNIVERSE FOR THE STUDY**
The universe of the present study consists of 400 students studying eighth, ninth, and tenth standard from the schools in kanayakumari during the year 2006-2007 and were affected by tsunami. The schools were, namely St.Mary’s higher secondary school, Colachel, St.Little Flower higher secondary school Melamanakudi, St.Alex Middle School Kottilpadu and Orient Matriculation higher secondary school, Kottilpadu.

Census method was used to study all the high school students in the universe.

**RESEARCH DESIGN**
The main aim of the present study is to portray the different characteristics of high school students about their mental health. It also attempts to test the relationships and associations of variables upon which hypotheses were formed. The data collected by administering questionnaire was chosen and analyzed to enable the researcher to make estimates of precision and generality of the findings. Hence, for this research descriptive design has been adopted.

**Tools of data collection**
The first part of the questionnaire covered the question pertaining to personal and socio-economic background of the respondents. Added to this the following tools were used for the present study. Depression inventory developed by Becks (1988) was used. The researcher followed the scoring procedure as instructed by the author of the scale. The scores are assigned depending upon the positive and negative question and the agreement with the scoring keys.

**RESULTS AND DISCUSSIONS**
The present study was undertaken with the aim of assessing the depression among the tsunami-affected children. The major findings of the study are as follows:

About school, more than half of the respondents (51.0 percent) are studying in St.Mary’s higher secondary school at colachel, kanayakumari district. In addition, less than one third of the respondents (30.8 percent) are studying in little flower higher secondary school at
Depression among the tsunami affected children at Kanyakumari District-

Melamanakudi. While small percentages of the respondents are studying (10.0 percent, (8.3 percent) at St. Alex middle school, Kottilpadu and orient matriculation school, kottilpadu respectively. More than one third of the respondents (36.5%) are in the age group of 14 years. Half of the respondents (50.3%) are females and another half of the respondents (49.8%) are males respectively. More than one third of the respondents (37.5%) are studying eighth standard. Absolutely majority of the respondents (91.0%) belongs to Christianity. 91.3% percentage of the respondents belongs to most backward class. Hence this study was conducted in coastal area; A vast majority of the respondents’ fathers (91%) are fisherman. A vast majority of the respondent’s mother’s (98.7%) are homemakers.

More than one third of the respondent’s (36.5%) residences are 4 km from seashore at the time of Tsunami. A vast majority of the respondents (85.5%) said government takes protections against Tsunami. Majority of the respondents (63.3%) are living in government-constructed houses, due to tsunami.

Table 1 level of depression among the respondents

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Dimension</th>
<th>No. of Respondents (n=400)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Beck’s Depression Severely Depressed</td>
<td>400</td>
<td>100</td>
</tr>
</tbody>
</table>

The above table reveals that all the respondents (100%) are severely depressed due to tsunami. This study reveals the degree of impact it has on the children. Though the study was conducted after one year, still has quite a large effect on their the event has brought a attitude among the respondents, whenever they see the sea water level increase and changes during depression in the sea, they develop fear or rumors of tsunami going to come; it made them feel depressed.

Table 2 Difference between the respondents sex and Depression

<table>
<thead>
<tr>
<th>Sl No</th>
<th>Impact</th>
<th>Mean</th>
<th>S.D</th>
<th>S.E</th>
<th>Statistical Inference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Beck’s Depression Male(n:199)</td>
<td>42.43</td>
<td>7.831</td>
<td>0.555</td>
<td>Z=2.894 P&lt;0.05 Significant</td>
</tr>
<tr>
<td></td>
<td>Beck’s Depression Female(n:201)</td>
<td>44.75</td>
<td>8.192</td>
<td>0.578</td>
<td></td>
</tr>
</tbody>
</table>

This table indicates that there is a significant difference between respondent’s sex and level depression among the respondents. This there is no difference between whether the person is male and female. This result shows the exposure of tsunami among children gives devastating impact among children. In any disaster children has greatest impact psychologically than the other survivors.
Table: 3
One Way Analysis of Various Classes of the respondents with regard to Depression

<table>
<thead>
<tr>
<th>S No</th>
<th>Source</th>
<th>df</th>
<th>SS</th>
<th>MS</th>
<th>Mean</th>
<th>Statistical Inference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Beck's Depression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Between Groups</td>
<td>3</td>
<td>660.315</td>
<td>330.157</td>
<td>G1=44.90</td>
<td>F=5.152 P&lt;0.05 Significant</td>
</tr>
<tr>
<td></td>
<td>Within Groups</td>
<td>397</td>
<td>25441.883</td>
<td>64.085</td>
<td>G2=43.89</td>
<td></td>
</tr>
</tbody>
</table>

It is found from the above table that there is a significant difference among the various classes studying by the respondents with regard to dimensions of Psychosocial impact such as overall level of depression. This result shows even though they were come to higher classless the devastating impact was still in their mind, it bring depression among the respondents. Therefore, there is significant difference between respondents studying in various classes and depression.

TREATMENT FOR DEPRESSION

The most common treatments of depression are psychotherapy and medication.

Psychotherapy

Several types of psychotherapy-or "talk therapy"-can help people with depression. There are two main types of psychotherapy commonly used to treat depression: cognitive-behavioral therapy (CBT) and interpersonal therapy (IPT). CBT teaches people to change negative styles of thinking and behaving that may contribute to their depression. IPT helps people understand and work the Medications. Medications help balance chemicals in the brain called neurotransmitters. Although scientists are not sure exactly how these chemicals work, they do know they affect a person's mood.

Electroconvulsivetherapy

In electroconvulsive therapy (ECT), electrical currents are passed through the brain to trigger a seizure. Although many people are leery of ECT and its side effects, it typically offers fast, effective relief of depression symptoms. Experts are not sure how this therapy relieves the signs and symptoms of depression. The procedure may affect levels of neurotransmitters in your brain. The most common side effect is confusion, which can last from a few minutes to several hours. Some people also experience partial memory loss, but memory often returns.

Hospitalization and residential treatment programs

It’s not often that depression becomes so severe that you require psychiatric hospitalization. Moreover, even when depression is severe, it still may not be easy to decide if hospitalization is appropriate. If the person can be treated just as effectively or better outside of the hospital, the doctor probably will not recommend hospitalization.

Psychiatric hospitalization is generally recommended only when the people are not able to care for their self properly or when they are in immediate danger of harming themselves or someone else. Psychiatric hospitalization options include 24-hour inpatient care, partial or
CONCLUSION

Of all diverse, the level of distress experienced by each child in any stressful event and perceptions of its harmfulness. The experience of psychosocial impact was dependent on the person’s interpretation, perception, or appraisal of how significant a harmful, threatening, and challenging event might be. A child will be distressed when he/she is neglected (emotional and educational neglect). Thus school mental health program brings about positive mental wellbeing in among children.

REFERENCES