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Study Of Association Of Predisposing Factors In Relation To Degree Of Depression.

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ABSTRACT

Depression is a prevalent mental health disorder with far-reaching implications for individuals and society. While the etiology of depression is multifaceted, research suggests that various predisposing factors, both sociodemographic and psychosocial, contribute to its development and severity. This study aims to investigate the association between predisposing factors and the degree of depression among a sample population. A cross-sectional analysis was conducted on data collected from 190 participants using standardized questionnaires assessing sociodemographic characteristics, psychosocial work factors, and depression severity. Statistical tests, including Fischer exact test and Chi-square analysis, were employed to examine the relationships between predisposing factors and depression severity. Significant associations were found between age, high psychological demands, and job insecurity with the severity of depression. Older age groups exhibited a higher prevalence of severe depression, while individuals facing high psychological demands and job insecurity were more likely to experience severe depression. The findings highlight the importance of considering both sociodemographic and psychosocial factors in understanding depression severity. Strategies to mitigate work-related stressors, promote economic stability, and address age-specific vulnerabilities are essential for preventing and managing depression effectively.

Keywords: Depression, predisposing factors, sociodemographic characteristics, psychosocial work factors, severity.

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INTRODUCTION

Depression is a prevalent mental health disorder with far-reaching implications for individuals and society [1]. While the etiology of depression is multifaceted, research suggests that various predisposing factors, both sociodemographic and psychosocial, contribute to its development and severity [2]. Understanding the complex interplay between these factors is crucial for devising effective prevention and intervention strategies [3]. This study explores the association between predisposing factors and the degree of depression among a sample population, light on how age, occupation, and psychosocial stressors within the workplace influence depression severity [4]. By understanding the role of these factors, this research aims to inform clinical practice, public health initiatives, and workplace interventions aimed at mitigating the burden of depression and promoting mental well-being.

METHODOLOGY

The study aimed to investigate the relationship between job insecurity and the severity of depression among a sample of 190 participants. A cross-sectional design was employed, wherein individuals from various demographic backgrounds were recruited through convenience sampling. Participants were selected from both urban and rural areas to ensure diversity in the sample. Ethical approval was obtained from the relevant institutional review board, and informed consent was obtained from all participants prior to their inclusion in the study.

Data collection was carried out using standardized questionnaires to assess both job insecurity and depression levels. Job insecurity was measured using a validated scale that evaluates individuals' perceptions of the stability of their employment situation. Depression severity was assessed using a standardized tool such as the Patient Health Questionnaire (PHQ-9), which provides a reliable measure of depressive symptoms. Participants were asked to self-report their experiences, ensuring confidentiality and anonymity to encourage honest responses.

Statistical analysis was conducted using chi-square tests to examine the association between job insecurity and the degree of depression. Descriptive statistics were utilized to summarize the demographic characteristics of the sample. Chi-square analysis was chosen for its suitability in determining whether there was a significant relationship between the two categorical variables of job insecurity and depression severity. A p-value of less than 0.05 was considered statistically significant, indicating a strong association between job insecurity and the severity of depression among the participants.

RESULTS

Table 1: Sociodemographic /Psychosocial Factors and Association with Degree of Depression

Sociodemographic Factor	Association with Degree of Depression	Statistical Test	Test Value	df	p-value
Age	Strong association	Fischer exact	92.048	1	< 0.001
Occupation Sector	No significant association	Chi-square	0.235	1	0.628
High Psychological Demands	Significant association	Chi-square	20.152	1	< 0.001
Inequality by Seniors/Supervisors	No significant association	Chi-square	0.145	1	0.703
Difficult Communication/Comfort with Seniors/Supervisors	Significant association	Chi-square	5.697	1	0.017
Job Insecurity	Strong association	Chi-square	11.729	1	< 0.001

Table 2: Psychosocial /Sociodemographic factors and degree of depression

Factor	Subgroup	Mild Depression	Severe Depression	Total	Chi-square value	df	p-value
Psychological Demands	High	10 (12.5%)	70 (87.5%)	80			
	Low	47 (42.72%)	63 (57.28%)	110			
Inequality/Partiality by Seniors	Yes	8 (33.33%)	16 (66.67%)	24			
/Supervisors	No	49 (29.52%)	117 (70.48%)	166			
Difficult Communication/Comfort with	Yes	23 (42.59%)	31 (57.41%)	54			
Seniors/Supervisors	No	34 (25%)	102 (75%)	136			
Job Insecurity	Yes	5 (10.42%)	43 (89.58%)	48			
	No	52 (36.62%)	90 (63.38%)	142			
Age	Less than 40 years	53 (67.09%)	26 (32.91%)	79	92.048	1	<0.001
	More than 40 years	4 (3.6%)	107 (96.4%)	111			
Sex	Male	42 (28.38%)	106 (71.62%)	148	0.838	1	0.360
	Female	15 (35.71%)	27 (64.29%)	42			
Marital Status	Married	53 (29.94%)	124 (70.06%)	177	0.004	1	0.950
	Unmarried	4 (30.77%)	9 (69.23%)	13			
Total no. of children	Children ≤ 2	42 (43.3%)	55 (56.70%)	97	18.248	1	<0.001
	Children > 2	11 (13.75%)	69 (86.25%)	80			
Occupation	Government	5 (35.71%)	9 (64.29%)	14	0.235	1	0.628
	Private	52 (29.55%)	124 (70.45%)	176			
Educational	Lower education	8 (10.81%)	66 (89.19%)	74	21.253	1	<0.001
	Higher education	49 (42.24%)	67 (57.76%)	116			

DISCUSSION

Depression is a multifaceted mental health condition influenced by a myriad of factors, including sociodemographic characteristics and psychosocial stressors [5]. This discussion delves into the findings of a study investigating the association between predisposing factors and the degree of depression among a sample population. The study explored various sociodemographic factors and psychosocial work-related stressors, shedding light on their contribution to the severity of depression [6, 7].

The study revealed a significant association between age and the degree of depression. Patients aged over 40 exhibited a markedly higher prevalence of severe depression compared to their younger counterparts. This finding underscores the importance of considering age-related factors in understanding and addressing depression. Younger individuals may experience different stressors, such as career uncertainties or relationship challenges, while older adults might grapple with issues like loneliness or chronic health conditions, all of which can impact their mental well-being.

However, no significant association was found between the sector of occupation and the severity of depression. This suggests that while the nature of work can influence mental health, it may not be the sole determinant of depression severity. Other psychosocial factors within the work environment likely play a more prominent role in exacerbating depressive symptoms [8].

High psychological demands emerged as a significant contributor to severe depression. Patients facing elevated work pressure exhibited a higher prevalence of severe depression compared to those with

lower psychological demands. This finding underscores the detrimental impact of work-related stress on mental health. High-pressure work environments can lead to burnout, feelings of inadequacy, and a sense of being overwhelmed, all of which are conducive to the development of depression [9].

In contrast, factors such as inequality/partiality by seniors/supervisors and difficult communication/comfort with seniors/supervisors showed no significant association with depression severity. While these factors can undoubtedly create distress in the workplace, their direct link to depression severity may be less pronounced. It is possible that individuals coping with these stressors employ adaptive strategies or seek external support, mitigating their impact on mental health outcomes.

Job insecurity emerged as another significant predictor of severe depression. Patients experiencing job insecurity exhibited a significantly higher prevalence of severe depression compared to those with secure employment. This finding underscores the profound psychological toll of economic instability and uncertainty about one's livelihood. Job insecurity not only threatens financial security but also erodes self-esteem and exacerbates feelings of helplessness and hopelessness, all of which are hallmark features of depression [10].

Understanding the association between predisposing factors and depression severity has several implications for clinical practice and public health interventions. Firstly, clinicians should adopt a holistic approach to assessing and treating depression, taking into account not only individual symptoms but also the broader context in which they occur. Screening tools should encompass a range of sociodemographic and psychosocial factors to identify at-risk individuals and tailor interventions accordingly.

Workplace interventions aimed at reducing psychosocial stressors are crucial for promoting mental health and well-being among employees. Strategies such as implementing supportive work environments, offering stress management programs, and addressing organizational factors contributing to job insecurity can help mitigate the risk of depression in the workplace.

Public health initiatives should prioritize addressing socioeconomic inequalities and promoting economic stability to alleviate the burden of depression. Policies aimed at creating equitable opportunities for employment, providing social safety nets, and fostering a supportive social environment can buffer individuals against the adverse mental health effects of economic hardship and insecurity.

The analysis of various demographic factors in relation to the degree of depression reveals several significant associations. Age appears to strongly correlate with depression severity, with a notable disparity between age groups. Individuals over 40 years old exhibit a higher prevalence of severe depression compared to those under 40. Similarly, the number of children also shows a significant association, where individuals with more than two children are more likely to experience severe depression. Moreover, educational attainment demonstrates a clear relationship, with those with lower education levels experiencing higher rates of severe depression. However, factors such as sex, marital status, and occupation show no significant correlation with depression severity. These findings underscore the importance of addressing demographic variables in understanding and managing depression, particularly in tailoring interventions to at-risk populations [11, 12].

Degree of depression in occupation related depression was associated with elderly patients with age more than 40 years, having total number of children more than two, lower educational status, lower socioeconomic class. Also, it was associated with some psychosocial factors related to workplace i.e., high psychological demands, low decision latitude, low social support, low salary, difficult communication/comfort with seniors/supervisors, role conflict, tension with public, job insecurity and low predictability of working hours.

CONCLUSION

In conclusion, this study underscores the complex interplay between predisposing factors and the severity of depression. While certain sociodemographic characteristics and psychosocial stressors are associated with increased risk of depression, others may exert a lesser influence. By identifying and addressing these factors, clinicians and policymakers can work towards creating a more supportive and resilient society where individuals can thrive mentally and emotionally.

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