Relationship between knowledge of parents and depression in school age in Babylon City

| Professor Dr. Abdulmahdi A.Hasan | B.Sc., MSc. in Pediatric Nursing, PhD in Psychiatric &Mental Health Nursing |

ABSTRACT

This is a descriptive study that aimed to relationshp between parent of knowledge toward depression , data was collected in Al-qassim hospital by questionnaire from ,data analysis by frequency and percentage ,results shows that (28%) of parents their level education ,read and write , also the results shows that (76%) of parents not working . the results shows that (60%) economic state of family were moderate .and shows that (52%) of child age between (10-12)years . the study shows (56%)of child were male .and resuts shows that (84%) of child feel of the sadness and of them have sleep disorder ,the study shows that also (52%) of child have loss of weight.so the researcher recommended to do educational program for the parents regarding depression

Aims of the study : To identify the relationship between knowledge of parents and depression in school age

Methodology: The descriptive design study was carried out in Al-qassim Hospital during period of 25/ 12/ 2018 to 9/ 4/ 2019 to find out the relationship between parents knowledge and depression in school age.

Purposeful sample was selected of (50) depression in school age children.

The study was administrative permission provide by the committee in the College of Nursing.

Statistical analysis:- The descriptive statistical analysis were used in order to analyzed the results of this study

such as frequency and percentage as well as mean of score

Results : The results of the study indicated that the depression had a positive effect on the knowledge of parents.

Recommendations : The researcher recommended to prepare and implement the educational program for parents with depression children, medical and nursing staff to give them knowledge about the condition

| Keywords: | Relationship , knowledge , parents , depression , school age |

Introduction:

Depression is one of the most common psychiatric disorders and lifetime prevalence of depression is very high among women in the world approximately 12-25%.In 2000, depression was the fourth reason for loss of employment, and in 2002 it was the second incapacitating illness among all physical and mental illnesses (1) .In view of the abovementioned statistics, and in view of the over all statistics of mental disorders which the World Health Organization (WHO) announces, approximately 1%of the suffer minor mental disorders (2) .On the other hand , in view of the family being nuclur in many countries, and also attention to the fact that disability of one of

children can all too often leave negative effects on all the family and each members and their various fuctions, and cause higher degrees of strees, depression, and anger among the parents of disable children (3). The condition is characterized by any changes in appetite weight, sleeping pattern, and routine activities, (4,5).Exploration of possible child and parenting correlates of parents knowledge and depression child in school age were also examined in this study. Child characteristics included temperament, age, and gender. Studies have demonstrated that parents of unusually demanding children (with difficult temperament or behavior disorders) are inclined to experience lower levels of parents knowledge than the parents of children who are not unusually demanding (6) furthe r the knowledge beliefs of parents with difficult children and to decline as their children grow older, whereas estimations of knowledge among parents of non problem children are more apt to increase with chid age (7).

.When parents are less seccessful in their attempts to provide for their children due to the child's desposition ,highly experientially- based knowledge beliefs are likely to be negatively impacted. For example parents of children with challenging disposition may feel that they able to assert less control over their children's

behavior and develoment. Anumber of studies support the association between feelings of lack of control over strees and elevated subjective distrees involving anxiety, depression, and negative physiological arousal (8) .No relationships between child gender and parents knowledge have been reported in the available literature . However , because raising boys and girls do tend to present difficult challenges to parents, the relationships between the distinct forms of knowlege and gender were axamined for exploratory porpuses.

Methodology:
The descriptive design study was carried out in Al-qassim Hospital during period of 25/ 12/ 2018 to 9/ 4/ 2019 to find out the relationship between parents knowledge and depression in school age.
purposeful sample was selected of (50) depression in school age children .
The study was administrative permission provide by the committee in the College of Nursing.
Statistical analysis:- The descriptive statistical analysis were used in order to analyzed the results of this study
such as frequency and percentage as well as mean of score .

Results:
Table (1) : Demographic characteristics of parents.

Parents level of education	Frequency	Percentage
No read and write	8	16%
Read and write	14	28%
Primary school	12	24%
Secondary school	10	20%
College	6	12%
TOTAL	50	100%
Occupation		
Working	12	24%

Not working	38	76%
TOTAL	50	100%
Economic state of family		
High	8	16%
Moderate	3	60%
Low	12	24%
TOTAL	50	100%

Table(1):shows that (28%)of parents level of education was read and write, while the (12%)for parents with college education, and according to occupation shows that (76%)of sample are parents not working while (24%) of them have work, and according to the economic state of family was high, while the (60%)of the moderate.

Table (2):Demographic characteristics of child

Child age	Frequncy	Percentage
6-7 years	11	22%
8-9 years	13	26%
10-12 years	26	525
TOTAL	50	100%
Gender		
Male	28	56%
female	22	44%
TOTAL	50	100%
Number of child		
1-3	10	20%
4-6	25	50%
More than 7	15	30%
TOTAL	50	100%
Number of child		
1	2	4%

2	4	8%
3	5	10%
4	12	24%
5	14	28%
6	8	16%
More than 7	5	10%
TOTAL	50	100%

Table (2) : the shows that (52%) of children their age between (10-12 years)while the (22%) of them age between (6-7years) .And according to gender the shows that (56%)were male while the female were (44%) . And according to number of children in family show that (50%) of their number between (4-6), While the (20%) of them were between (1-3) child . And according to the number of child in the family shows that (28%) of them in family (5),while the (4%)of them were (1).

Table (3):Descriptive of questionnaire:

Questionnaire	Yes		No	
	Frequency	Percentage	Frequency	Percentage
Child feel of the sadness	42	84%	8	16%
Child feel of the failure	31	62%	19	38%
Child gloominess from future	5	10%	45	90%
Child have disaffection	18	36%	32	64%
Child cerebrate of the suicide	1	2%	49	98%
Child feel compuntion	12	24%	38	76%
Child is cry	26	52%	24	48%
Child have sleep disorder	42	84%	8	16%
Child have anorexia	12	24%	38	76%
Child have loss of weight	26	52%	24	48%
Child have loss of concentration	18	36%	32	64%
Child have increase of them tiredness	31	62%	19	38%

Table(3): Shows that (84%) of child were feel of the sadness and child have sleep disorder,while (16%) of them not feel of the sadness and have not sleep disorder .and the table shows that (62%) child feel of the failure and child have increase of the tiredness ,while (24%) of them not feel of failure and have not increase of the tiredness .while (52%) of child have loss of weight and child is cry, while (48%)of them have not loss of weight and not cry.

Discussion:

Part (1) demographic characteristics of parents
Table (1) shows that (28%) of parents their level education read and write and (12%) of parents graduate of college , According to the occupation of parents the table shows that (76%) of them not working , while (24%) of them were working . According to the economic state of family table shows that (16%) of family high economic ,while (60%) of family moderate economic .

Part (2) Demographic characteristics of child .
Table (2) show that (26%) of child their age between (6-7)years and (52%) of child their age between (10-12) years similar to the finding (7) who found that children are more apte increase with child age .also table (2)shows that (44%) of childtheir gender were female and (56%) of them were male this result agree with (8) relationship between child gender and parents knowledge have been reported in available .and this table shows that number of children in family (10%) were (1-3) children while (25%) were (4-6) children .

Table (3) shows that (84%) of child were feel of the sadnness and have sleep disorder and (52%) child have loss of weight this result agree with (4,5)the condition is characterized by changes in appetite weight ,sleeping pattern ,and routine activity.also (3)shows that (24%) of child were suffering of anorexia and (36%) of them have loss concentration .

Conclusion:

Based on the result presented and discussion, of study finding , the following conclusion were driven:-

1-the finding of study reveals the most of the parents is poor knowledge about child's depression .

2- there is significanet relationship between parents knowledge and clinical application .

3- there is significant relationship between parents knowledge and demographic characteristics such as (economic state of family).

Recommendations :

 Based on the results of the finding of the stady the ,the researcher recmmended the following group :-

1-The educational program of present study can be used as ameans for knowledge parents who have depression .

2-Resultssuggest that itervention dedesinged to parents or the liorate poor parenting might include information about child development and parenting expoture children other than one's own
                                                        .
3- Mass media should play arole in educating the family .

 4-Further study should be done in alarge group .

References:

1. Noorbala A, Azizi F, Hatami H, Janghorbani M: Epidemiology and control of prevalent disease in Iran, Tehran.: Khosravi Publication; 2019:265–279.
2. Sadock BJ, Kaplan HI, Sadock VA: Kaplan & Sadock's synopsis of psychiatry: behavioral sciences/clinical psychiatry. 10th edition. Philadelphia; London:Wolter Kluwer/Lippincott Williams & Wilkins; 2017:88–91.
3. WHO: The world health report 2011 - Mental Health: New Understanding,New Hope 2011. 2012. Available from: http://www.who.int/whr/2001/en/.

4. Nourbala A, Mohammad K, Bagheri Yazdi A, Yasami MT: Study of mental health status of individuals above 15 years of age in Islamic Republic of Iran in the year. Hakim 2009, 5:1–10 [in Persian].

5. Hadavi M, Ali Dalaki S, Holakouei M: Prevalence of depression in women visited health centers in Rafsanjan. Nurs Res 2017, 2:55–61. in Persian.

6. Ahmadi A, Yousefi GH: Prevalence of depression and associated factors in ashayer in Iran. J Gorgan Uni Med Sci 2016, 10(2):65–68.

7. Kavyani H, Ahmadi Abhari A, Nazari H, Hormozi K: Prevalence of depression disorders in Tehran. Tehran University Medical Journal 1381,60(5):393–399. in Persian.

8. Park J, You J, Chang K: Dietary taurine intake, nutrients intake, dietary habits and life stress by depression in Korean female college students: a case–control study. J Biomed Sci 2010, 17(Suppl 1):S40.

9. Health Statistics Division, Statistics Canada: Psychological health depression. Health Rep 2009, 11(3):63–75.

10. WHO: Physical status: the use and interpretation of anthropometry. Report of aWHO expert committee, WHO technical report series 854. Geneva:World Health Organization; 2017.

11. Ghassemzadeh H, Mojtabai R, Karamghadiri N, Ebrahimkhani N:Psychometric properties of a Persian-language version of the beck depression inventory - second edition: BDI-II-PERSIAN. Depress Anxiety 2015, 21:185–192.