



Depression, Single with Two Children in Levels of High School Children in First and Second Periods Bandar Abbas in Academic Year 2013-2014

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ARTICLE INFO

Article history:

Received 20 Sep 2014

Received in revised form 28 Oct 2014

Accepted 09 Nov 2014

Keywords:

Depression,

Communication Skills,

Asense of loneliness

ABSTRACT

Objective: The study aimed to compare the psychological characteristics of anxiety among single children with two children in first and second periods of secondary schools during the academic year 93-92 in Bandar Abbas. **Methodology:** Descriptive and causal-comparative research methods and subjects were selected by multistage cluster. Sample was 394 people, including 197 single- children and 197 two-children. Statistical methods were independent t-test. **Results:** The results of this study showed that there is significant difference between the depression single sons and two sons ($0.01 > P$). **Conclusion:** In this study to describe the data, descriptive statistics (mean and standard deviation) and inferential analysis of the statistical data (test- t two independent groups) were used. In order to data analysis using the SPSS software.

1. Introduction

Another gift of life, reduce the number of family members in the car today is a growing trend to a single child. In the field of scientific and theoretical discussion of the increase, decrease or set of such discussion was fascinating and controversial. Discussion of population dynamics and dimensions, the rate of growth, age structure, fertility, mortality and migration are strongly influenced by the environment and the changing social context of their surroundings, they in turn, various aspects of the development such as economic development, community development, human development and sustainable development under the influence (Sadeghi, 2009). Depression can develop in anyone, but some people than others, are at greater risk. The incidence of depression in people have problems due to difficulties in social interaction, adaptation and consorting with others especially those who have difficulty with their peers more. Youth depression is often very difficult to know the school setting and is reluctant to go to school. They often suffer from anxiety caused by their depression and physical symptoms in their school's morning show these symptoms may include nausea, stomach pain, fatigue, and malaise (Wisdom, et al, 2006).

Loneliness is the initiator of social ills and a range of social pain, such as psychiatric disorders (anxiety, depression) Social Distortion procedure (violence, aggression, delinquency) it will bring. Much research shows that the relationship between loneliness and some unpleasant and negative emotions such as anxiety, depression, hostility and despair to find the (Mohammadi Majd, 2008). So it is likely that the one-child interactions and inappropriate narrower, more loneliness, depression and anxiety because as mentioned earlier, one of the consequences of loneliness, anxiety. In addition to the above factors, many factors are involved with one child in anxiety. Depression is a very unpleasant state of emotional and physical discomfort that is often associated

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DOI: <https://doi.org/10.24200/jsshr.vol2iss04pp37-41>

with feelings of sadness and great events happened even when it is. Depressed people feel bad physically (Fyts & Sherry, 2009). Depression is not only meant to be a sign. Moreover, as the sad, tired or not sleeping well. Depressive symptoms in the general collection covers the symptoms include: depressed and irritable mood, lack of interest in most things, insomnia or over sleeping, loss of appetite, excessive eating or weight gain, fatigue or lack of energy, slow or physical and mental arousal, lack of concentration or uncertainty, feelings of worthlessness or guilt, and thoughts of suicide (Garland, 2005). Type of styles including authoritarian and permissive parents kind of stuck, the best outcome for anxiety and depression in adolescents is associated. Another organization parent parenting practice as long as both are insensitive or oppressive; is associated with favorable outcomes for adolescents.

Influence of parents is a combined effect and adopt an appropriate manner by one of them could detract somewhat from the other parent negative consequences of inappropriate practices (Gandmany, et al, 2009).

2. Materials and methods

2.1 Definition of Depression

Depression: Depression is an unpleasant mental state that disenchantment, frustration and boredom factor will be determined and often accompanied by anxiety more or less intense (Dadsetan, 2003). Depression in children and Adolescents School and parents may be afraid of depressive symptoms in children. Poor academic performance, substance abuse, antisocial behavior, sexual recklessness, school and ran away from home depressive symptoms in adolescents (Sadok, 2003).

2.2 Theoretical perspectives on depression and its treatment

New perspectives on depression Psychoanalysis Jungian Analysts have different opinions. For Jung, the depression of the release blocked energy will be the positive direction. Carl Jung believed that patients should be fully depressed to make their feelings clear (Sadock, 2011).

2.2.1 Family therapy views

The current problem is when the family is working with the whole family is unique to depression. For example, parents who are fighting with each other, too much attention to one of his sons, serious differences between siblings, etc. tragic bereavement. Working with the whole family because of the family's reaction to the depressed person will exacerbate the situation becomes and if there really is a problem in the family can be combated (Kerig, 1995).

2.2.2 Cognitive perspective

Provided that conceptualize depression include cognitive Trayad, downward spiral of depression and self-determination and socialism.

2.2.3 Data

The Children's Depression Inventory, communication skills, Usher scale was used alone. Child and Adolescent Depression Scale (CADS). In constructing the scale of the axes of the major theorists in the field of Clinical Psychology, Child and Adolescent Depression is extracted for verification and criteria (Including the Barlow era, Tulane glossy, Weiner, Malmquist, Bikoyan), which includes the 42 signs of the disease, however, they often overlap and have diminished. After much overlap or repetition criteria which have a different theory, extracted with DSM criteria for depression in children compared and then a list of 12 different categories were prepared as follows. Individual signs in a category with additional items included in the scale that they can be viewed as minor symptoms. The main categories include the following: recreation, social relationships (active-isolate), work, school performance, irritability, feelings of sadness, crying, appetite, sleep, fatigue, guilt, suicide.

2.2.4 Reliability and validity

Validity by reference to a scale of 10 children was assessed using the clinician and the necessary changes on the 1546 Iranian children (ages 7 to 18 years old) was conducted and the application was refused. By Cornbrash's alpha coefficient and test the validity of 0.6168 is Preparation and validation is performed by the great John.

2.2.5 Grading

Grading tests based on the Likert from 0 to 4 (Z = zero, b = a, b = two c = three, C = four) for ages 1 to 12, and to ask for additional (1 or 0) for Yes and No are designed it is. Total scores divided by the number of additional questions 9 and then the score with the main shaft 12 is assembled. The total score for the study population balance scale test (for children who were studying in Tehran between 7 to 18 years) compared and the individual's status is determined by the rate of depression (Saatchi & Kamkari, 2012).

Table 1. Children's Depression Inventory, the Iranian norm

Raw score	Mean score	aligned
0-1	Lack of depression	1
2-7	Mild depression	2
1-11	Moderate depression	3
11-21	Severe depression	4
21	Very severe depression	5

2.3 The study methods

In this study, library research, data collection and questionnaires were used. Coordination with general education and education zones one and two and was Abbas Institute of Education. The areas of education and second, the introduction of such a school was required to cooperate after identifying students with one child or two children are invited to come (Jarmas & Kazak, 1992).

Before implementing the purpose of the questionnaire was explained to the subjects and to observe the principles of ethical issues, confidentiality of information, having the freedom to write or not to write name, how to answer the questions and explanations were given time to respond. Then the students had a desire and willingness to volunteer questionnaires were distributed after completing the questionnaires, they were collected and each was grading scale in their own way (Sadock, 2014).

2.4 Methods of statistical analysis

In this study to describe the data, descriptive statistics (mean and standard deviation) and inferential analysis of the statistical data (test- t two independent groups) were used. In order to data analysis using the SPSS software.

2.5 Hypothesis

The mean scores of depression, there is a single child with two children.

3. Discussion and results

3.1 Results Descriptive section

Table 2. Distribution of respondents according to gender

Percent	Frequency	Sex
15 %3	202	Girl
84 %7	592	Son
500	398	Total

As can be seen in the chart above, the present study was performed on 394 patients; the sample consisted of 202 girls and 192 are boys.

Table 3. Distribution of the sample by one son and two children

Percent	Frequency	Sex
10	597	Girl
10	597	Son
500	398	Total

As can be seen in the above table the 394 participants in the study, 197 people with one child and 197 members of the family of two children.

Table 4. Distribution of the sample according to the course

Percent	Frequency	Sex
47.2	186	First Intermediate Period
52.8	208	High Volume Second
100	394	Total

The table above shows subjects according to their academic. Accordingly, the first 186 high school students and 208 high school students is the second period.

Table 5: Description of the sample group scores on the depression scale

Standard deviation	Average	Maximum score	Minimum score	Number	Statistical indicator Variable depression
7.64	11.89	84	0	398	

Above shows the mean and standard deviation of the sample group in scale for depression. According to the data in the scale scores is 89, 11 SD 64, 7.

Table 6. Description of the sample group scores on the loneliness scale

Standard deviation	Average	Maximum score	Minimum score	Number	Statistical indicator Variable Loneliness
11.35	60.8	40	57	398	

As can be seen in the table above, the average of the sample group loneliness scale 8, 60 SD 35, 11.

The inference:

4. Conclusion

Depression scores between the two there is a single child.

Table 7. Average standard deviation scores of the two groups on depression

SD	Average	Number	Groups
7.02	12.23	197	One child
8.23	11.56	197	Two children

Above the mean and standard deviation scores on the depression scale is provided with one child and two children. Based on these data the one-child depression scores is 23, 12, and two children, 56, 11.

Table 8. Results of t-test for comparison between two groups of Depression

Significance level	Degrees of freedom	T	Variable
0.38	392	0.876	Depression

As can be seen in the table above, the results of comparing mean scores on the depression scale. The minor differences observed between the two groups were not statistically significant. Based on this hypothesis is not confirmed.

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How to Cite this Article:

Mollaie B., Gorji Y., Rezaei F., Depression, Single with Two Children in Levels of High School Children in First and Second Periods Bandar Abbas in Academic Year 2013-2014, *Uct Journal of Social Sciences and Humanities Research 04 (2014) 38–42.*