

LEVELS OF DEPRESSION AND SELF-ESTEEM IN STUDENTS

EGLANTINA KRAJA BARDHI

UBT – College, Lagjja Kalabria, Pristina, Kosovo. Email: eglantina.kraja@ubt-uni.net

DENIS CELCIMA*

UBT – College, Lagjja Kalabria, Pristina, Kosovo. *Corresponding Author Email: deniz.celcima@ubt-uni.net

Abstract

Introduction: among the most worrying problems in recent years are low self-esteem, family and friends problems, anxiety, stress, and depression, which are taking on alarming proportions in students and young people in general. **Purpose:** the study is a prediction, which focuses on analyzing and evaluating students' self-esteem and level of depression. **Methodology:** the population is 332 students (13-15 years old) in high schools in the Gjakova region. The study describes the analysis, classification, and evaluation of the collected data by doing the analysis and real examination of the findings. **Results:** in terms of gender there is no significant difference in self-esteem, while in depression there is a significant difference. The level of depression is higher in women (11.9) than in men (9.5). Economic status shows that students with employed fathers have lower depression (6.77) compared to those with unemployed fathers (10.80). **Conclusions:** The level of depression and self-esteem and parental reflection affect students. A link has been found between economic status and emotional problems and student behavior. To prevent it, the psychological service in schools should function, and together with families and the community should be as close as possible to the problems of students.

Keywords: Student, Adolescent, Parent, Self-Esteem, Depression.

1. INTRODUCTION

Depression, especially in adolescence, can have a major impact on the lives of those affected. Depression is a little-known problem in adolescents, as sudden mood swings and behaviors are considered more than normal manifestations of adolescence. Research data show that because of these changes, adolescents are at risk of developing mental and developmental health problems such as depression, anxiety, low self-esteem, stress, family and friends problems, loneliness or rejection, suicidal ideation, and violent behavior. And suicidal behavior [29].

Often depressive disorder comes at exactly this stage of life and is associated with a combination of factors. This disorder affects many areas of personal functioning including behavior, emotions, and physical and cognitive side [71].

Depression according to Beck's theory is represented by two specific types of cognitive structures, a) autonomous individuals and b) sociotropic. Individuals of the autonomous group are characterized by independence, self-esteem, and high motivation, while sociotropic individuals tend to be very self-critical and according to many authors is considered one of the reasons that sociotropic individuals manifest depression [47].

The self is conceived not only in cognitive terms, but also has an emotional content, which expresses satisfaction or dissatisfaction with our personality, qualities, abilities, thoughts, and behaviors. Thus, self-esteem includes positive or negative evaluations of ourselves [18]. Adolescents, in general, have some self-esteem problems at least during the

transition to adulthood; thus, during the physical and psychological changes of growth, we must become accustomed to judging our capacities and accepting our limits.

Roy [67] noted that children who lose a parent are more likely to go into a depressive state than adults. In general, any significant life event that lowers an individual's self-esteem or increases the degree of stress on it can help maladaptation [64].

The developmental period changes emotions and other forms of adolescents. In late adolescence, it is characterized by various difficulties for adolescents. Studies have consistently demonstrated that the rate of depression increases during adolescence and its stages. Before the age of 11, 1% of children experience episodes of depression, but by the age of 18 (late adolescence) 20% of young people experience at least one episode of depression [43].

Psychological disorders often interact and interact with each other. Depression, general anxiety, and social anxiety are problems with very high comorbidity [65]. About 85% of patients with depression have specific anxiety and 90% of patients with anxiety disorders have depression [74]. Specific populations quite affected by depression or anxiety also experience comorbidity and symptom matching between disorders. Axelson and Birmaher [6] show that 20% - 50% of adolescents with depression also have anxiety disorders, while 10% - 15% of adolescents with anxiety disorders also have depression. Some researchers even consider that the symptoms of anxiety and depression can often be combined under one definition or summary [2].

Brady and Kendell [12] investigated anxiety and depression in children and adolescents, including different diagnoses, symptom assessments, family history records, and clinical correlations. Findings show that 15.9% to 61.9% of children identified as anxious or depressed have the consistent symptoms or comorbidity (anxiety - depression respectively depression - anxiety)

Aggression and risky behaviors are important predictors of adolescent emotional stability and behavior. Arënliu and colleagues (2014) in their research aimed to measure proactive violence, victimization, and risk factors. Data were collected from a sample of 4,709 high school students in Kosovo. The results showed support for other studies on the hypothesis that men were more involved in aggressive behavior, including proactive violence and different categories of victimization compared to women. Factors that were shown to be predictors of such behaviors were: alcohol consumption over 30 days, dropping out of school, and depressive states. The study also concluded that parental relationships are a poor predictor of such behaviors and emotional problems in adolescents.

Mental problems in general, and those that are internalized (internalized) are an issue that needs special care. This is strongly emphasized in the study conducted by Bardhi and Shahini [7]. The study aimed to identify the link between affective temperaments and psychopathologies in young people. The results showed that irritating, anxious, cyclothymic, and depressive temperaments were more pronounced in women, while hyperthermic temperament was not related to gender. However, gender differences were

significant in the youth self-reporting (SYR) scales where women reported higher values in these scales. The study concluded that temperament is just one of many factors contributing to the development of psychopathologies.

2. LITERATURE REVIEW

Adolescence is the stage of human physical and mental development, usually ranked between the stage of childhood and legal maturity 'adulthood' (Karaj, 2005).

According to Erikson's stages, a teenager is a person between the ages of 13 and 19 when sexual activity begins. From a chronological point of view, it can include ages from 12 to 22 years old, although it is difficult to identify anagraphically, due to the characteristics of the society in which we live. Adolescence is characterized by many changes, not only in physical and emotional terms but also in the school context and family relationships. Adolescents experience an inner emptiness, feelings of helplessness as well as feelings of being incomplete. At the same time, the adolescent feels psychologically weak to cope with daily pressure (Karaj, 2005).

Psychologists consider that adolescence begins at the time of puberty. Puberty refers to the period of physical (sexual) maturity, which begins around the age of ten or twelve for girls, and thirteen or fourteen, for boys (Murtezani, 2006).

Adolescents at this stage face the following main goals: the formation of personal identity, independence from parents (Karaj, 2005), and the establishment of stable relationships outside the family, intimacy, and sexuality [57].

Researchers present adolescence as a period of radical changes in individual behavior. Psychologist S. Holl (1916) considered adolescence to be a period of "turmoil and stress." Also, other scholars see adolescence as a period without any apparent storm in their life Peterson, 1988; Steinberg, 1993. (Murtezani, 2006).

Adolescence is in the true sense of the word a transition from addiction to independence and ends when the individual achieves adult status [64].

It is certain that in adolescence the most dramatic are the physical changes. In this period rapid organic development occurs, followed by maturation of the sexual and reproductive systems (Murtezani, 2006).

Cognitive changes serve to give adolescents a stronger sense of autonomy. Thanks to the perfection of the nervous system, many mental and linguistic processes of childhood reach a high degree in adolescence (Murtezani, 2006).

Cognitive development allows adolescents to analyze their previous roles, identify inconsistencies and conflicts in role roles, and restructure them to form their own identities (Karaj, 2005).

Researcher C. Gilligan [28] correlated identity formulation with gender differences. She thought that men form their identity as separate individuals, unlike women who, presumably, form their identity based more on social responsibilities and relationships

than on individual relationships. These gender differences in identity formation help us to better understand some of the problems that men and women have when interacting.

In the last years of high school, girls are more likely for family and professional choices, to be in the status of imposed identity, while boys are in the status of confusion. It is known that the family influences the adolescent, but, the ties between the adolescent and the family can become strained. Conflicts arise, most of which have to do with daily chores, the adolescent's company, especially with the opposite sex, progress in lessons, outward appearances, and so on. (Karaj, 2005).

When an individual successfully negotiates in the second stage of individualization, the result is gaining independence [11]. When the individual fails in this endeavor and manages to have only a low degree of individual separation, this is regarded as a sign of maladaptation and dysfunction. Persons who experience a low level of individual separation are generally considered to be less psychologically and functionally healthy than their peers who show a higher level of individual separation, ie independence [11]. There is a widespread belief that adolescents use conflict and rebellion as tools to achieve independence from their parents, (Karaj, 2005).

Adolescents become independent of their parents while becoming more dependent on their society. Society provides an emotional warmth and a basis for testing new behaviors and values. Close friends especially help in the formation of identity, (Karaj, 2005).

Individuals who have similar interests and personalities are likely to become friends. Hays (1985) studied the development of society in students and found that over time the amount of time spent together and the level of intimacy of peers increased. Hays expressed the view that male society can be developed through joint activities, while female society can be further developed through verbal communications [64].

Depression is a little-known problem among young people, as sudden mood swings and behaviors are considered more than normal manifestations in adolescence. But often depressive disorder comes at exactly this stage of life and is associated with a combination of factors. Symptoms of depression in adolescence include deep sadness, inability to concentrate, pessimism, and low self-esteem [71].

There are many reasons why a young person may become depressed. Performance rate, social status with colleagues, gender orientation, etc. Adolescents with depression feel without courage and have difficulty finding pleasure in the various activities that are organized. They often describe themselves as unsuitable for the society around them, disliked by them, unmotivated, hopeless, and without escape. Compared to adults, adolescents have more interpersonal difficulties, eat more and sleep less, and are more willing to display more suicidal ideation [71].

The thoughts of depressed teenagers are dominated by negativity "the world is black, the self is bad and the future is hopeless". When a teenager is depressed, he or she tends to filter out new experiences through negative beliefs and feelings. No matter how beautiful the day is, how many goals are met, or how many compliments are received, the depressed teen tends to find reasons for self-criticism. Self-perception and self-esteem

reflect the impairment of information processing and as a result, they exhibit deficiencies in problem-solving [71].

Low self-esteem can lead to depression [35]. Anxiety usually precedes depression, suggesting a causal role [26], [45], [73].

According to Aron Beck, during childhood and adolescence, some people go through bitter experiences, such as the loss of a parent, great difficulty in securing approval from parents or society, or derogatory criticism from teachers and other adults. A reaction to these experiences is the creation of a negative self-concept, a sense of being incompetent and unworthy, which has nothing to do with reality but is defended by a distorted and illogical interpretation of real events [57]. Although critics point out that these negative reactions may be more the result of depression than its cause numerous studies support Beck's views on depression [57].

In almost all cultures, contributing factors associated with depression can be different levels of poverty, way of thinking, concepts about depression; identifying certain depressive symptoms as an illness; methodological changes in the assessment of depression, etc [47].

The self is conceived not only in cognitive terms, but also has an emotional content, which expresses satisfaction or dissatisfaction with our personality, qualities, abilities, thoughts, and behaviors. So self-esteem involves positive or negative assessments of ourselves [18].

Adolescents generally have some problems with self-esteem, at least during the transition to adulthood. During the physical and psychological changes of growth, we must become accustomed to judging our capacities and accepting our limits. If in "late adolescence" the adolescent continues to identify with the desired image and not with the real one, this can lead to feelings of inferiority, lack of love and respect for others, shame, confusion, and anxiety associated with a healthy balance. His mental. Low self-esteem in adolescents weakens self-confidence. Another factor that may cause decreased self-esteem among adolescents is the biological changes that accompany puberty [75].

Some researchers have suggested that pubertal changes create physical and psychological stress in children, leading to depression and other negative emotional states [72].

3. PURPOSE OF THE STUDY

The main purpose of this study is prediction, which focuses on analyzing and evaluating students' self-esteem and level of depression. Another goal is to analyze how much low self-esteem of students affects the increase in depression levels and also to analyze whether there are gender differences between self-esteem and the level of depression in students.

The general objectives of the study were:

- Identify the level of student involvement in the level of depression.
- Correlation between students' level of self-esteem and level of depression.
- Assess the relationship between self-esteem level and depression level based on gender.
- Identify factors that increase the level of depression in students.
- The impact of parents' economic status and level of depression on students.

4. METHODOLOGY

The study describes the analysis, classification, and evaluation that results from data collection, doing the analysis, and real examination of the findings. Statistics (percentages, averages, etc.) were used to describe the current situation, describing concepts and identifications as the basis for this study.

The population of this study is 332 students in eighth and ninth grades, in the three primary and lower secondary schools in the Gjakova Region: "Mustafa Bakija" and "Zekeria Rexha" in Gjakova and in "Mustafë Ibishi" in Kramovik. Students belong to two genders (males 178 and females 154) and are in the age group 13 - 15 years. The selection of subjects and teaching classes was random. The interview process was conducted during the period October - to November 2021.

Data collection was performed through questionnaires to verify the variables and hypotheses of the study. The questionnaires are valid, reliable, and standardized.

1. The first questionnaire consists of two parts: 1) the questionnaire contains general demographic information about the respondent (such as gender, age, place of residence, and economic status of the parents) and 2) the questionnaire that gives us information mainly about their relationship with the level of depression according to the BECK Indicator consisting of 21 assertions, version used BDI-II (1996), Beck, A. T., Steer, R. A. & Gregory K.B.
2. The second questionnaire is about measuring self-esteem in adolescents, the Coopersmith scale which consists of 58 questions and 5 components of self-assessment measurement (G, S, P, A, L).

5. REZULTATET DHE DISKUTIMET

Based on the research questions, hypotheses raised, and the literature reviewed as to whether there is a correlation between students' self-esteem levels and depression levels.

Based on the findings of this study and comparison with other similar studies, it results:

Table 1 shows the gender, place of residence, age, and a class of students that are attending.

Table 1: Gender, place of living, age, pupils' classes

Gender	N	%
Female	154	46.4
Male	178	53.6
Not declared	0	0
Place of living	N	%
City	198	59.6
Country /Village	132	39.8
Not declared	2	0.6
Age	N	%
13 years old	34	10.2
14 years old	136	41.0
15 years old	158	47.6
Nuk janë deklaruar	4	1.2
Classes	N	%
8-th	158	47.6
9-th	170	51.2
Not declared	4	1.2

In the first basic question raised 'is there a correlation between the level of self-esteem and the level of depression in students', the correlation results show that there is a negative and significant correlation between the level of self-esteem and the level of depression. (Table 2)

Table 2: The correlation between the level of self-esteem and the level of depression in students

Correlations		Depression	Total self-esteem
Depression	Pearson Correlation	1	-.319**
	Sig. (2-tailed)		.001
	N	284	103
Total self-esteem	Pearson Correlation	-.319**	1
	Sig. (2-tailed)	.001	
	N	206	113

** . Correlation is significant at the 0.01 level (2-tailed).

This correlation is acceptable at the 99% confidence level. Value of the correlation coefficient according to the Sig test. (2-tailed) = 0.32 is small, which means that the impact of self-esteem on depression is negative, small due to the small size of the coefficient.

Increasing the level of self-esteem increases the possibility of lowering the level of depression in adolescents. Many theories of depression show that low levels of self-esteem are a determinant of depressive traits ([1]; Beck, 1967; Blatt, D'Afflitti, & Quinlan, 1976; Brown & Harris, 1978).

Indeed, many studies have documented strong links between low levels of self-esteem and depression (Joiner, Katz, & Lew, 1999; Kernis, Grannemann, & Mathis, 1991; Lewinsohn, Hoberman, & Rosenbaum, 1988; J. E. Roberts & Monroe, 1992).

Another factor that can cause low self-esteem among adolescents is the biological changes that accompany puberty. Several studies have suggested that pubertal changes create physical and psychological stress in adolescents leading to depression and other negative emotional findings [72].

In the second basic question raised whether 'is there a gender difference between the level of self-assessment', based on the statistical test t, (table 3) are presented two sets of analyzes, where the first assumes the matching of variances in both groups and the second assumes inconsistency or inequality of variances.

Based on the statistical test t comparing the means in the two samples it results that there are no significant differences between males and females in terms of self-esteem. Statistical results show that the value $p = .146$ is much higher than the acceptable level $p = 0.05$ and $p = 0.10$ with a confidence level of 99%. The average value of self-esteem for women is 66.43 while for men 72.64.

Table 3: Gender differences in the level of self-esteem

Group Statistics	Gender	N	Mean	Std. Deviation	Std. Error Mean
Total self-esteem	F	102	66.4314	14.20036	1.98845
	M	124	72.6452	27.40533	3.48048

These findings are also consistent with those of Maccoby and Jacklin (1974) who reviewed over 30 comparative studies and concluded that there was no gender difference in self-esteem. A considerable number of studies on both genders show that women have as high a sense of self-worth as men (most of the studies reviewed by Maccoby and Jacklin 1974,[44]).

Although there are some slightly higher ratios in self-esteem scores for males, most studies do not find reliable differences in self-esteem between males and females [76].

Theorists have begun to provide a detailed analysis of gender as a social construct, some are now arguing that the very concepts of women and men are, in fact, likely to differ in some important respects. (Belenky, Clinchy, Goldberger, & Tarule, 1986; [10],[28], Markus & Oyserman, 1988; [75], Stewart & Lykes, 1985).

The results of this study dig deeper into the gender aspects of self-esteem by breaking down all 5 dimensions of the self-esteem index and applying the statistical test t for gender comparison.

The results show that only concerning the "general" dimension of the self-assessment inventory did we find gender differences. The value $p = .060 < 0.10$ which means that there are significant differences in terms of general dimension. The average value of "general" for farms is 16.8667, while for men it is 19.8310 which means that for this aspect of self-esteem women are worse off. (Table 4)

Table 4: Gender differences broken down into 5 dimensions of self-esteem level

Group Statistics	Gender	N	Mean	Std. Deviation	Std. Error Mean
General	F	120	16.8667	4.42055	.57069
	M	142	19.8310	11.40048	1.35299
Social	F	138	5.7536	1.36560	.16440
	M	156	5.9231	1.28699	.14572
Parents	F	142	5.4648	1.19321	.14161
	M	160	5.2750	1.34987	.15092
School academic	F	138	5.1739	1.81462	.21845
	M	158	4.9747	1.67924	.18893
Lie	F	140	4.0857	1.56726	.18732
	M	158	4.3544	1.76169	.19821

This confirms that the hypothesis of gender differences and self-esteem has been partially confirmed.

Regarding the "general" dimension, men have higher self-esteem than women, but in other aspects such as social, parenting, and academic, according to the findings, there is no gender difference in self-esteem.

According to some research data, men have higher self-esteem than women in terms of self-esteem as well as their feelings and goals in life [30], [37], [56].

Gender theorists have argued that men, compared to girls, are more likely to express feelings of self-worth and self-worth by sharing themselves with others through successful individualization (e.g. [28]).

In the basic III question raised 'are there gender differences in the level of depression, based on the statistical test t comparing the means in the two samples, it turns out that there is a significant difference between men and women in terms of depression. Statistical results show that the value $p = .024$ is much smaller than the acceptable level $p = 0.05$ and $p = 0.10$ with a confidence level of 99% and 95 confirming this difference. The average value of depression is 11.9 for women and 9.5 for men, which means that the mass level of depression is higher in women than in men. (Table 5)

Table 5: Gender differences in the level of depression

Group Statistics	Gender	N	Mean	Std. Deviation	Std. Error Mean
Depression	F	128	11.8750	6.37082	.79635
	M	156	9.4359	6.29696	.71299

Discussion of the results speaks of a clear difference in the level of depression in terms of gender, women have a higher level of depression. All subjects have completed Beck's inventory and responded to 21 assertions.

All data show that the increase in mood disorders is greater in girls than in boys during adolescence [39], [41], [61]. Some theorists have argued that physiological changes in puberty increase the risk of depression in girls [5].

Girls are more likely than boys to go to puberty before or during high school transition [61], [72].

According to Cole [15], Marcotte, Alain, and Gosselin [53] adolescents suffering from chronic depression have less self-confidence which reduces the ability to cope with difficulties in life.

The quite popular theory, put forward by Seligman [69], says that when people discover that they no longer have control over their lives from a social, economic, or psychological point of view, they tend to give up. They tend to attribute problems to their personality and believe that they cannot be improved [1].

Beck believed that depression comes from inappropriate, autocratic ways of thinking about oneself. Such people have no realistic hopes, magnify their failures, make comprehensive negative generalizations about themselves based on scarce data, see only negative reactions from the outside world, and interpret everything that has not achieved complete success [57].

Consistent with past research [3], [49], it was found that men reported a higher level of self-confidence and lower levels of depression and anxiety rather than women.

In the basic question IV raised "are there differences based on the economic status of parents and the level of depression in students", based on the statistical test t comparing the averages in two samples, the result shows that only the economic status of the father influences depression, whereas the economic status of the mother does not. Children with an employed father have lower depression (6.77) compared to those with an unemployed father (10.80). (Table 6)

Table 6: Economic status of the father

Group Statistics	Economic status Father	N	Mean	Std. Deviation	Std. Error Mean
Depression	1.0	18	6.7778	4.35252	1.45084
	0	258	10.8062	6.55396	.57704

The findings in this study show a clear difference in students with unemployed fathers, where it is seen that those children who have an unemployed father have higher depression, so according to other studies, financial resources are a strong indicator that is positively related. With adolescent problems. According to Majoribanks [51], the family environment is the first agent that affects not only the socialization of the child but also the interest and aspirations for the education of the child in the future.

Parents with low socioeconomic status have barriers to participating in their children's education, including a lack of resources and social support as well as increased stress due to poor financial resources [20], [48], [77]. The low economic level is associated with several indicators that determine the well-being of adolescents [8]. Researchers Birch and Gussow (1979) proved that poverty is a contributor to adolescent school failure as insufficient health and malnutrition do not allow full mental development, a necessary condition for the maximum development of their educational potential.

Moreover, economic difficulties cause a decrease in the positive qualities of parenting, increase the frequency of family conflicts, and increase the level of depression, especially in single-parent families [22]. In almost all cultures, contributing factors associated with

depression can be different levels of poverty, way of thinking, concepts about depression; identifying certain depressive symptoms as an illness; methodological changes in the assessment of depression, etc. [47].

6. CONCLUSION

The study came up with data that show an overview of students' condition, their problems, and the correlation between their level of self-esteem and the level of depression that appears in them. This study provides evidence for the level of student's self-esteem as well as the transmission of the depressive level and behavior/situation from parents to children, contributing to the much-discussed issue in the field of psychology on the transmission of situations to generations. Although international classifications have so far categorized the problem of depression into separate categories, the study brings facts that it is very difficult for emotional situations not to be mixed and as a result, these cases can be considered as separate ethnicities.

Also, the study brings important conclusions on the level of self-esteem and the level of depression in students which are presented as above and based on reports from studies by foreign authors. The theoretical framework of this study sheds light on the impact that society has and in particular the socio-economic situation. The findings show a clear difference in students with unemployed fathers, where it is seen that those children who have an unemployed father have higher depression, so even according to other studies, financial resources are a strong indicator that is positively related to the problems of students.

One of the first issues that should be discussed in various institutional instances and civil society is the fact that most students live on economic incomes that do not provide optimal living conditions. This speaks to the immediate need for the condition of students and their parents to become a priority for national policies, and for the treatment of the socio-economic situation in their families to be dignified. The study found links between economic status with emotional problems and behavior in students increasing the need for an integration of this population in developmental processes.

Based on the results of this study, it would be of interest to conduct further research in this field at the country level using observation or other methods, through which more comprehensive results could be obtained. The psychological service in schools should function and together with the families and the community should be as close as possible to the problems of the students. In support of his adolescent depression awareness activities, the school psychologist can also design a school-based prevention program. The school psychologist can organize nationwide efforts to provide all students with drunken information about coping with stress as they grow and develop. School psychologists can organize small counseling groups with these students at risk, focusing the group on a specific problem (e.g., low self-esteem, social isolation) or the particular risk factor. There should also be prevention programs for the community, and family-based programs, at school for a fairer awareness of risk factors.

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