PREVALENCE OF DEPRESSIVE SYMPTOMS
AND ITS CORRELATION WITH SELF-ESTEEM
AMONG PRIMARY SCHOOL CHILDREN IN KUCHING

ALBERT NG JIA JUN @ ALBERT BIN HENRY

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ABSTRACT

PREVALENCE OF DEPRESSIVE SYMPTOMS AND ITS CORRELATION WITH SELF-ESTEEM AMONG PRIMARY SCHOOL CHILDREN IN KUCHING

Albert Ng Jia Jun @ Albert Bin Henry

This study seeks to investigate the prevalence of depressive symptoms among primary school children in Kuching area. This study examines whether there is a significant difference based on gender and ethnicity. This study also examines the relationship between depressive symptoms and self-esteem. Children Depression Inventory (CDI) and Rosenberg Self-Esteem Scale (RES) were utilized in this study to collect data. One hundred and eleven students from four primary school di Kuching area participated in this study. Data has been analysed by using crosstabulation, Pearson’s correlation, t-test and One-Way ANOVA. The results showed that 23.4% of the samples scored higher than the cutoff point (18) in the CDI. Result also showed that there was no significant difference between boys and girls but there was significant difference based on ethnicity. Although there was a moderate relationship between depressive symptoms and self-esteem, there was a significant relationship between those two variables. The result of this study will be helpful especially to psychologist, counsellor, parents and educator in understanding more about depression among children in order to prevent children getting into worse conditions.
ABSTRAK

PERHUBUNGAN KELAZIMAN KEMURUNGAN DENGAN PENGHARGAAN KENDIRI DI KALANGAN KANAK-KANAK SEKOLAH RENDAH DI KUCHING

Albert Ng Jia Jun @ Albert Bin Henry

1.0 Introduction

This chapter discusses the background of this study, statement of problem, objectives, conceptual framework, hypotheses, significance of study, limitation of study, and definition of terms. In the background of the study section attempt is made to describe the topic under investigation, namely depression among children. In the section of statement of problem, a brief explanation was given in describing the reasons this topic has been chosen. Apart from that, the hypotheses were tested based on the specific objectives of this study. Conceptual framework gives a clearer
view about the relationship between the different variables. In the section of significance of this study, some explanations were made on how this study could contribute to the public. Lastly, the definition of terms explains the meaning of some of the terms in conceptual definition and operational definition.

1.1 Background of Study

According to World Health Organization (WHO) (2008), depression is a common mental disorder and is affecting about 340 million people worldwide. This mood disorder can become worse and causing people to lose abilities to take care of their daily life or have normal life style. Depression is anticipated to become the second leading disease on this planet in the year 2020 (WHO, 2008). Depressive conditions have always been associated with suicide, a tragic fatality associated with the loss of 1 million lives per year.

Depression does not only happen among adult. The prevalence of depressive symptoms among children is increasing and has received a lot of attention recently. According to Nutrition Health Center (NHM) (2007), suicide is the sixth leading cause of death for children between the ages of 5 and 14 in the United States. Many studies had investigated the depression among adult and adolescent but there are limited studies among children. The aim of this study is to discover the prevalence of depressive symptoms among primary school children in Kuching area. This cross-sectional research attempts to identify the relationship between the prevalence of depressive symptoms and self-esteem. It is hope that this study provides some information especially to psychologist, counsellor, parents and educator in understanding more about depression among children in order to prevent children getting into worse condition.

1.2 Statement of Problem
Depression can be reliably diagnosed and treated in primary care (WHO, 2008). Thus, this study is important to investigate the prevalence of depressive symptoms among children. Although there are some studies previously conducted to investigate this mental condition among elderly and adolescents, there is no specific published research studying depression among primary school children that has been done before in Malaysia. Therefore, it is very critical to study this topic.

1.3 **General Objective**

The main objective of this study is to examine the prevalence of depressive symptoms and its correlation with self-esteem among primary school children in Kuching area.

1.3.1 **Specific Objectives**

I. To study the prevalence of depressive symptoms among primary school children in Kuching.

II. To investigate the relationship between depressive symptoms and self-esteem among these children.

III. To examine if there is any significant difference between the male and female primary school children in the means of depressive symptoms.

IV. To examine if there is any significant difference in the means of depressive symptoms based on their ethnicity.

1.4 **Research Questions**

I. What is the prevalence of depressive symptoms among primary school children in Kuching?
II. What is the relationship between depressive symptoms and self-esteem among these children?

III. Is there any significant difference between the male and female primary school children in the means of depressive symptoms?

IV. Is there any significant difference in the means of depressive symptoms based on their ethnicity?

1.5 Conceptual Framework

![Conceptual Framework Diagram]

Figure 1.1 Model of Research of Prevalence of Depressive Symptoms among Primary School Children

1.6 Hypothesis

Ho1: There is no significant relationship between depressive symptoms and self-esteem among primary school children.

Ho2: There is no significant difference in depressive symptoms between the male and female primary school children.

Ho3: There is no significant difference in depressive symptoms among primary school children based on ethnicity.
1.7 Significance of Study

It is hope that this study provides some basic information regarding the prevalence of depressive symptoms among our school children. Information about early recognition of potential depression is important for both clinical practice and primary prevention such as suicidal attempts. This study is very helpful for parents, caregivers, teachers, mental health professionals and counsellors.

1.8 Definition of Terms

1.8.1 Prevalence Depression

Conceptual

According to Adviware Pty Ltd (2008), "prevalence" of a condition is the number of people who presently experience the condition. While depression refers to the mental illness characterized by sadness, general apathy, a loss of self-esteem, feelings of guilt, and, at times, suicidal tendencies. Prevalence of depressive symptoms are the number of people who currently have depression.

Operational

Depression is defined as the total score of depressive symptoms measured by using Children Depression Inventory which is specially designed for assessing the cognitive, affective and behavioural signs of depression in children and adolescents 7 to 17 years old (Kovacs, 2004). At least five of the following symptoms are present during the same period. “At least (1) depressed mood or (2) loss of interest or pleasure must be present. Symptoms are present most of the day, nearly daily for at least 2 weeks.” (Operational Definition of the Concept of Depression, 2001)

i. Depressed mood (sometimes irritability in children and adolescents) most of the day, nearly every day.
ii. Markedly diminished interest or pleasure in almost all activities most of the day, nearly every day (as indicated by either subjective account or observation by others of apathy most of the time)

iii. Significant weight loss/gain.

iv. Insomnia/hypersomnia.

v. Psychomotor agitation/retardation.

vi. Fatigue (loss of energy).

vii. Feelings of worthlessness (guilt).

viii. Impaired concentration (indecisiveness).

ix. Recurrent thoughts of death or suicide.

1.8.2 Self-esteem

Conceptual

Morris Rosenberg and social-learning theorists defined self-esteem as of a stable sense of personal worthiness (Definition of Self-esteem, 2008).

Operational

In this research, self-esteem is being defined as the way children value themselves as the total score measured by Rosenberg Self-esteem scale which consists of 10 self-worth statements including low self-esteem statements and high self-esteem statements.

1.9 Conclusion

In a conclusion, prevalence of depressive symptoms among children is increasing and it is critical to investigate this condition among our population. The main objective of this study is to study the relationship between prevalence depressive symptoms and self-esteem among primary school children. This study
could contribute to the public especially parents about the depressive symptoms among children in order to prevent this condition become worse.
CHAPTER 2
LITERATURE REVIEW

2.0 Introduction

Literature reviews is very important because it can gives an overview or act as a stepping stone and it provides a solid background for a research paper's investigation. Wide knowledge of the literature of this field is necessary in every study. The focus of literature review is to summarize the arguments and ideas of other researchers. Researcher needs to reflect his or her own opinion regarding the previous finding. This chapter discusses the previous researches regarding depression among children, depression and self-esteem, self-esteem and children, and depression based on demography.
2.1 Depression among Children

2.1.1 Prevalence of Depression among Children

Many studies in recent years using standardized methods of data collection based on diagnostic criteria of Diagnostic and Statistical Manual of Mental Disorders (DSM) for depressive disorder reported prevalence rates of major depression in children ranging from 0.4% to 2.5% (Levi, Sogos, Mazzei, & Paolesse, 2001). Up to 2.5% of children in the United States suffer from depression (National Institute of Mental Health, 2000). From the result of National Research and Development Centre for Welfare and Health’s (STAKES) 2006 years of school health survey, 18% of primary school children suffer from symptoms of depression (Uusitalo, 2007). Epidemiological research suggests that the prevalence rates of depression in children’s populations have been increasing in the past few years (e.g. Klerman et al., as cited in Abela & Payne, 2003). It has proved that depression does not only happen in adults but is getting critical among children and adolescents too.

From the research of WHO and University Harvard, depression is anticipated to become the first disease in the year of 2020, while 5 of the 10 disorder cases are related to suffering from depression and schizophrenia (Aspirasi-NDP, 2008). Ten percent of Malaysian adults aged 16 years until 59 years suffer from mental health problem in the year of 1996 and the percentage has been increased to 18.8% in the year of 2001 (National Health and Morbidity Survey, as cited in Rosliwaty, 2005). Two thousand people commit suicide each year with 7 people every day and 13.7% adolescents especially students who are having mental health problem (National Health and Morbidity Survey, 1996 as cited in Ministry of Health Malaysia, 2008). Three million of Malaysian adults are dealing with mental health problem while 16% from 26 million of Malaysian are experiencing mental health problem (Aspirasi-NDP, 2008).
According to the National Health & Morbidity Survey (as cited in Chua, 2004), the prevalence of depression among adults in Malaysia was significantly higher among the females (12.5%) compare with the males (8.5%). From this survey as well, 13.0% Malaysian children between 5 and 15 years of age were psychiatric problems and one of them is depression.

Those findings are very useful for future researcher to explore more in this field because recent study indicated that early depressive vulnerability in children depression is a predictive factor for depression in adulthood (Ramli, Adlina, Suthahar, Edariah, Mohd Ariff, Narimah, Nuralize, Fauzi & Karuthan, 2008). Kim-Cohen and colleagues (2003, as cited in Davis, 2005) found that half of the mental health disorder patients usually had that disorder during their childhood or adolescence. Therefore, it is very important that depression should be recognized earlier and be treated as soon as possible.

Depression is associated with poorer global functioning, poor interpersonal relationship, lesser life satisfaction, and great utilization of medicine resources (Lewinsohn, Rohde, Seeley, Klein & Gotlib, 2003, as cited in Davis 2005). While children and adolescents with depression are also at an increased risk of suicide, substance use disorders, cigarette smoking, high-risk sexual behaviour, impaired social relationships, early pregnancy, poor academic performance, and impaired psychosocial functioning (Birmaher et al, 1996; Brent et al., 1988; Le, Munoz, Ippen, & Stoddard, 2003; Rohde, Lewinshn, & Seeley, 1994; Stolberg, Clark & Bongar, 2002, as cited in Horowitz & Garber, 2006).

The most serious complication of depression is suicide. Uusitalo (2007) stated that the rate of committing suicide in youth has a higher frequency than adult almost everywhere in the world. Anderson (2002, as cited in Davis, 2005) stated that suicide was the third leading cause of death for 10-24 years old youth. This condition is
serious in Finland because the average suicide rate among youth is higher than of the adults. He also stated that one of the factors that contributed to this phenomenon in Finland is depression. This statement was supported by Gould, Greenberg, Velting, & Shaffer (2003, as cited in Davis, 2005) because they believed depression, drug use, prior suicide attempts, and sexual orientation are the risk factors for suicide.

This phenomenon has not being investigated yet in Malaysia. As a matter of fact, the prevalence of depressive symptoms remains unknown among our young children.

### 2.1.2 Depression among Children is Different

Nowadays, 'children depression' are common words used specifically for children. Tisher (2007) stated that in the year of 1960, the reference to childhood depression is very minor and most of the perceptions of depressed children by clinicians were not documented until the years of 1960-1980. She believed that children depression is different with adult depression. This statement had been supported by Levi, Sogos, Mazzei and Paolesse (2007) because they stated that some of the symptoms of depressive disorder are described in the literature as having different characteristics in children and adolescents and thus diagnostic criteria should be re-examine.

Tisher and her co-researcher, Moshe Lang (1978, as cited in Tisher, 2007) found six groups of features that were consistent with childhood depression from literature review. These were affective response, negative self-concept, decrease in mental productivity and drive, psychosomatic problems, preoccupation with death or illness of self or others, and difficulties with aggression. In the year of 1980, criteria for childhood depression were first included in the Diagnostic and Statistical Manual.
of Mental Disorders, third edition (DSM-III) American Psychiatric Association [APA], 1994)

Abramson et al. (1989, as cited in Abela & Payne, 2003) had proposed hopelessness theory which posited that hopelessness depression is characterized by a unique symptom profile as below:

i. Primary symptoms include motivational deficits and sad affect;
ii. Secondary symptoms include suicidal ideation, lack of energy, psychomotor retardation, sleep disturbance, poor concentration, low self-esteem, increased dependency, and mood-exacerbated negative cognitions

Some of Abraham's proposed symptoms overlap with DSM-IV, while others symptoms are mainly focused on hopelessness depression. DSM-IV does not recognize childhood depression as a clinical category distinct from adult depression because DSM-IV assumes that childhood depression is extended from adult depression (Levi et al., 2001). Abela and Payne (2003) stated that results from research examining models of adult depression cannot be automatically extended downward to children; extra research examining these theories in children populations is required.

According to Davis (2005), the main defining characteristics of depression among children and adolescents are the same with adult; there may be some different symptoms. Children and adolescents have less psychotic symptoms but somatic symptoms such as stomach aches and headaches are very common in children and adolescents. The symptoms of depression in children are very hard to detect especially younger children because of their inability to express themselves (Ryan, 2001, as cited in Davis, 2005). The main symptoms of depression among children are related to sadness, a feeling of hopelessness and mood changes.
Signs and symptoms of depression among children include as follow:

i. Irritability or anger
ii. Continuous feelings of sadness, hopelessness
iii. Social withdrawal
iv. Increased sensitivity to rejection
v. Changes in appetite -- either increased or decreased
vi. Changes in sleep -- sleeplessness or excessive sleep
vii. Vocal outbursts or crying
viii. Difficulty concentrating
ix. Fatigue and low energy
x. Physical complaints (such as stomachaches, headaches) that do not respond to treatment
xi. Reduced ability to function during events and activities at home or with friends, in school, extracurricular activities, and in other hobbies or interests
xii. Feelings of worthlessness or guilt
xiii. Impaired thinking or concentration
xiv. Thoughts of death or suicide

(Depression in Children, 2008)

2.2 Depression and Self-esteem

Self-esteem, the perception of self-worth or positive feelings about oneself, it is considered as another significant indicator of mental health such as depression (Shrier, Harris, Sternberg & Beardslee, 2001). According to Ramli et al. (2008), stressful life events, cognitive distortion, low self-esteem, increased self-consciousness, reduced social support, and impaired coping skills were among factors related to depression.
While Abela and Payne (2003) stated the self-esteem theory of depression (Brown & Harris, 1978) hypothesizes low self-esteem is a vulnerability factor to depression that interacts with negative events that leads to the development of hopelessness. Self-esteem theory also hypothesizes the development of hopelessness consequently triggers depressive symptoms. Metalsky et al. (1993, as cited in Abela & Payne, 2003) believed high self-esteem lessen the possibility of the increase in depressive symptoms following negative events by breaking the hypothesized link between depressogenic inferences and the development of hopelessness. It also serves as cushion from the trouble or problem of anxiety, guilt, depression, shame, criticism and other internal attacks.

Maria (1994) also found that higher levels of depression were associated with lower levels of self-esteem in her study. A depressed individual can impact their interpersonal settings by showing a lack of self-esteem, becoming more sensitive to others opinions, and more observable is become less involve in physically active (Lewinsohn, Gotlib & Seeley, 1997, as cited in Beattie, 2005). However, this study focused specific on children.

Studies of thousands of children show that those who are pessimistic are much more prone to depression--both in childhood and in adulthood--than those who are optimistic (Rao, 1994, as cited in Reasoner, 2007). Depressed children were found having significantly higher level of hopelessness, lower general self-esteem, and lower coping skills compare to non-depressed children. Their inability to cope with stress, negative event may lead to fewer and less adaptive coping techniques (Asarnow, Carlson, & Guthrie, 1987, as cited in Beattie, 2005).

Therefore, it is important to help children think positively than negatively to build up their positive mind and self-esteem.
2.3 Self-esteem and Children

Self-esteem is one of the dynamic self-system beliefs that children build about themselves and their interactions with their external environment (Haine, Ayers, Sandler, Wolchik & Weyer, 2003). Harter (1986, as cited in Haine et al., 2003) stated that children with high self-esteem probably have ability to integrate stressful experiences with less negative response by using adaptive coping strategies.

Characteristics of children with high self-esteem are; good social skills, show enthusiasm for new activities, control their behaviour, mix themselves with other children, confident, full of energy and cooperative. While characteristics of children with low self-esteem are; loss of hope, low in self-confidence, despair and sadness (Nuttal, 2002). All of the characteristics are similar when compare low self-esteem in children with depressive symptoms in children. Based on this fact, the current study attempts to confirm these findings in our population.

2.4 Depression based on Demography

Previous studies focused only on adults (Wade, Cariney & Pevalin, 2002, as cited in See & Lee, 2005). Therefore, this section attempts to review depressive symptoms in relation to some demographic factors.

2.4.1 Depression and Gender

Most of the previous studies regarding depression, gender factor was the most common variable to be examined. One of the causes of mood disorder can be the difference experiences of each gender. Experiences can be different based on the age of individual. For example, a study of 11-year olds children, only 2.5% males dialogize have for major depression while only 0.5% females met the criteria.
Thirteen percent of the females met the criteria while 3% of the boys did in the study of 14-16 year olds, (Nolen-Hoeksema & Girkus, 1994, as cited in Beattie, 2005).

Kovacs (1992) and Almqvist et al. (1999) found a significantly higher mean of CDI score in boys than in girls but Larson and Melin (1992) reported higher scores in girls (Poli, Sbrana, Marcheschi & Masi, 2003).

Previous studies showed that female in adolescence, they are more likely to become depressed than male. According to Lewinsohn, Gotlibm and Seeley (1997, as cited in Beattie, 2005), female are worrying about their achievements or lack of body dissatisfaction, sexual abuse, and low self-esteem. Female was found to be more predominant than male in depression rates after childhood in the field of epidemiological research (Wade, Cairney & Pevalin, 2002, as cited in MacPhee & Andrews, 2006).

Meanwhile, there was no significant difference between male and female children and this finding was supported by NIMH (2007), Smucker et al. (1986) and Matson (1984, as cited in Poli, Sbrana, Marcheschi & Masi, 2003).

There are inconsistencies in the literature reported according to gender difference. Therefore, there is necessity to conduct more studies to look into the gender-specific pathways to depression (Cicchetti & Toth, 1998; Connell & Goodman, 2002; Jacobson & Rowe, 1999, as cited in MacPhee & Andrews, 2006).

2.4.2 Depression and Ethnicity

According to the result of National Health & Morbidity Survey (as cited in Chua, 2004), Indians (17.2%) has the highest prevalence of depression in ethnicity compared to the Chinese (10.6%) and Malays (8.1%). Indian children (24.6%) also