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A Study to Assess the Effect of Percieved Social Support on Negetive Life Events and Depression Among Adolescents at Selected High Schools of Bagalkot

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Abstract **Original Research Article**

Background of the Study: Adolescence is a critical phase characterized by distinct health and developmental requirements, as well as entitlements. It serves as a crucial period for acquiring knowledge, cultivating emotional intelligence, nurturing relationships, and developing the necessary qualities and skills to navigate adulthood successfully. Adolescents are the young people aged between 10 to 19 years. Adolescence (10-19) brings physical, emotional, social changes and challenges like academic stress, bullying, social media, and negative events, raising depression (20-50% prevalence) and anxiety risks (32.8% in high schoolers, higher in females), with symptoms of sadness, sleep issues, and long-term harms like self-harm/suicide. Factors include genetics, environment; prevalence varies. Social support buffers stress, reducing depression, and parental guidance promotes well-being. ***Aim:*** To assess the effect of perceived social support on the relationship between negative life events and depression among adolescents ***Methods:*** A quantitative, non-experimental descriptive co relational research design had used to conduct the present study and conducted at selected high school of Bagalkot. Data were collected using self-report method. Data were collected using self-report method. Tools used for data collection were; socio-demographic variables, Depression scale, Social provisional scale, Negative life events, Karl Pearson correlation coefficient used to find relationship between Deviation of social support on negative life events and depression. Chi-square test is used to the find the association between socio-demographic with Deviation of social support on negative life events and depression among adolescents. ***Results:*** The study revealed that most adolescents were aged 15–16 years (88%), males (57%), and from nuclear families (54%). Majority (83%) had moderate perceived social support, and 94% reported poor negative life events. No significant relationship between perceived social support and depression ($r = 0.154$, $p = 0.126$) or negative life events and depression ($r = 0.014$, $p = 0.894$). Chi-square test revealed a significant association only between family history of mental illness and perceived social support ($\chi^2 = 17.93$, $p < 0.01$). ***Conclusion:*** Most adolescents were aged 15–16 years, males, and from nuclear families. The majority reported a moderate level of perceived social support, while most experienced poor negative life events. No significant relationship was found between perceived social support and depression or between negative life events and depression. Most socio-demographic variables showed no significant association with perceived social support. However, a highly significant association was found between family history of mental illness and perceived social support. Thus, family mental health background plays an important role in influencing adolescents perceived social support.

Keywords: Perceived Social Support, Depression, Negative Life Events, Adolescents.

INTRODUCTION

Adolescents, typically individuals between the ages of 10 and 19, undergo significant, physical, emotional, and social changes as they transition from childhood to adulthood. During this period, they explore and develop their sense of identity, build relationships

with peers and family, and learn to navigate various social contexts [1,2].

Adolescents face a variety of challenges, including managing academic expectations, dealing with group enforcement, and regulating emotions. There are also mental health issues such as anxiety and depression, which can affect wells and development.

Supporting adolescents during this critical period is essential for promoting healthy development and well-being. Parents, educators, and health care professionals can play a vital role in providing guidance, support, and resources to help adolescents navigate the challenges of adolescents 20-50% of adolescents self-reporting depressive symptoms. Depression can co-occur with anxiety symptoms and may lead to substance abuse, self-harm, or suicidal behavior [5,6].

Adolescents often can face a range of problems that can impact their well-being and development. Some common issues include mental health problems, such as depression and anxiety, which can be triggered by academic pressure, social media, and peer relationships [1]. According to a study, 20 – 50% of Adolescents self-report depressive symptoms with significant co-occurrence of anxiety symptoms [3].

Adolescents may also experience problems related to identity formation, self-esteem, and body image [2]. Social media can exacerbate these issues, leading to unrealistic comparisons and a distorted view of reality [7]. Furthermore, adolescents may face challenges related to peer pressure, bullying, and cyber bullying, which can have long term effects on their mental health [8].

During adolescence, individuals are more vulnerable to negative life events, which can have a profound impact on their mental health and well- being [9]. Negative life events can include experiences such as, loss, trauma, relationships problems, and academic stress [10]. Studies suggest that around 32.8% of high school adolescents experience anxiety, with female scoring higher on generalized anxiety and separation anxiety.

Research has shown that exposure to negative life events during adolescence can increase the risk of developing mental health problems, such as depression, anxiety, and substance abuse [4]. These experiences can also affect an individual's self-esteem, relationships, and overall quality of life [11]. Death of a family member or close friend can lead to grief, depression, and anxiety [12]. Changes in family dynamics can cause emotional distress and adjustment difficulties [13]. Repeated exposure to bullying can lead to anxiety, depression, and decreased self-esteem [14].

Depression in adolescence is a significant mental health concern, with many young people experiencing depressive symptoms during this critical development period [4]. Research has shown that depression in adolescence can be caused by a combination of genetic, environmental, and psychological factors, including family history, brain chemistry, life events, and social relationships [15].

The symptoms of depression in adolescence can vary, but common signs include persistent feelings of sadness, hopelessness, and a lack of interest in activities [16]. Adolescents with depression may also experience changes in appetite or sleep patterns, fatigue, and difficulty concentrating [16]. Depression can also have a significant impact on an adolescent's relationships with family and friends, and can lead to social withdrawal and isolation [17].

Depression in adolescence can have long-term consequences, including increased risk of depression in adulthood, substance abuse, and suicidal thoughts and behaviors [18]. Therefore, it is essential to identify and treat depression in adolescence as early as possible. Treatment options for depression in adolescence may include medications, therapy, and lifestyle changes, such as regular exercise and healthy diet [19]. Cognitive-behavioral therapy (CBT) and interpersonal therapy (IPT) are two evidence-based therapies that have been shown to be effective in treating depression in adolescents [20].

Early intervention and treatment can help adolescents manage their symptoms, improve their mental health, and reduce the risk of long-term consequences [21]. Parents, caregivers, and healthcare providers can play a crucial role in identifying and supporting adolescents with depression, and helping them access the treatment and resources they need [22]. By providing a supportive and non-judgmental environment, parents and caregivers can help adolescents feel more comfortable opening up about their feelings and seeking help [22].

Social support can play a crucial role in mitigating the negative effects of life events. When individuals experience stressful or traumatic events, on social support from family, friends, and community can help them cope more effectively. Social support refers to the perception and actuality that one is cared for, has assistance available from other people, and is a part of a supportive social network [23]. These supportive resources can come from various sources, including family, friends, peers, and community members [24].

Adolescence is a special stage of adolescent development. At this stage, adolescents are more likely to have various mental health problems, especially depression. Depression is mainly characterized by persistent low mood, loss of interest, self-accusation, inattention, sleep disorder, somatic symptoms, and other clinical manifestations. The meta-analysis showed that

the prevalence of depression in Chinese junior high school students was 16.2000%, while that in senior high school students was 22.1000%. Depression has severe impacts on adolescents' physical and mental health, academic performance, and social functions and even causes non-suicidal self-mutilation and suicide which brings a heavy burden to the society. Negative life events indirectly lead to depression among adolescents. It was reported that rumination has been found to mediate the relationship between negative life events and depressive symptoms. In addition, perceived social support also plays an important role in moderating effect between negative stressful life events and depression and acts as a buffer against stressful events [25].

A cross- sequential, co-relational study to assess the perceived social support as a moderator between negative life events and depression in adolescence. The sample were adolescents between the ages of 13 to 17 years, that selected 139 adolescents from psychiatric wards and centers for mental health for children and adolescents from three clinics in Macedonia. We used matching as a statistical technique taking into account age, sex, and socio -demographic region. The data were collected using The Multidimensional Scale of Perceived Social Support, MPSS and the Adolescent Life Events Questionnaire, ALEQ. The results have shown that the correlation between levels of depressive symptoms and negative life events changes as the value of the perceived social support changes. Therefore, we can conclude that the perceived social support is a significant predictor and moderator variable, which functions as a "stress buffer" variable between negative stressful life events and the level of depressive symptoms [26].

A descriptive cross-sectional study to study the prevalence of psychosocial problems among adolescent. The sample of the study were selected 330 adolescents out of which 214 (64.84%) were male and 116 (35.16%) were female, Nagpur in Maharashtra. The method used to collect data was Pediatric Symptom Checklist Youth version (PSC-Y), house to house survey and face to face interview. The result shown as overall prevalence of psychosocial problem was found to be 33.03%. Prevalence of psychosocial problem in male and female was 34.11% and 31.03% respectively. Psychosocial problems were more in age group of 14-16 years (39.69%) followed by 10-13 years 34 (31.48%) and 17-19 years age group 23 (25.27%). The study concluded that, a sizeable population (about one third of the adolescents) were suffered from psychosocial problem and the attention problem was most commonly found using PSC-Y subscales [27].

A cross-sectional study to assess the prevalence of severe depression among adolescents and to identify few epidemiological determinants causing severe depression. The sample of the study were selected 341 adolescents from a selected village of Balasore, Odisha. The data were collected using semi structured questionnaires and Beck's Depression Inventory. The result states that only 24 (7%) of adolescents were found to be having severe depression. The subcategories of depression showed mild mood disturbance in 8.8%, borderline depression in 15.2%, and moderate depression in 12% individuals. Almost 267 (78.2%) were between 15 and 19 years of age. The mean age (standard deviation) of the participants was 16 ± 1.9 years. Majority of the participants belonged to joint family and lower middle-class status as per the Modified Kuppu Swamy Scale. The study concludes that the Female gender was found to be significantly associated with depression (P = 0.006). Other contributory factors for depression were sleep duration (<6 h), parental fighting, and socioeconomic status.

MATERIAL AND METHODS

Study Design and Participants

A quantitative, non-experimental descriptive co relational research design had used to conduct the present study and conducted at selected high school of Bagalkot. Data were collected using self-report method. Data were collected using self-report method. Tools used for data collection were; socio-demographic variables, Depression scale, Social provisional scale, Negative life events, Karl Pearson correlation coefficient used to find relationship between Deviation of social support on negative life events and depression. Chi-square test is used to the find the association between socio-demographic with Deviation of social support on negative life events and depression among adolescents.

Instruments

The standard self-report questionnaire will be used to collect the data which will have the following sections;

Section A: Socio-demographic and personal characteristics of adolescences:

It includes information about age, gender, type of family, religion, no. of siblings, type of school, area of residence, family monthly income, mother education, father education, occupation of father, occupation of mother, living with, history of mental illness, and any bad habits.

Section B: Center for epidemiological study depression scale:

It consists of 20 items Total score range between 0-60 with cutoff point 16. Score less than 16 is mild depression or not having any clinical significance. Symptomatology increases with increase in score.

Scoring patterns:

Zero for answers in the first column, 1 for answers in the second column, 2 for answers in the third column, 3 for answers in the fourth column. The scoring of positive items is reversed (4, 8, 12, and 16).

Table: 4.1 Categorization of levels of depression

Level of depression	Range of Score
Mild or no significant clinical depression	0-30
Significant clinical depression	31-60

Section C: Social Provision Scale - It is used to assess the social support among adolescences.
Scoring pattern: There are 24 items in social provision scale.

0-Strongly Disagree
1-Disagree
2-Agree
3-strongly agree

Table: 4.2 Categorization of Perceived Social Support.

Level of perceived support	Range of Score
Low perceived social support	1-32
Moderate perceived social support	33-64
High perceived social support	65-96

Section D: The Negative Life Event Scale:
It is used to assess the negative event took place in the past year. It has 20 items.

SCORING:
To obtain total score, sum the row scores for all items. A higher score indicates more negative life events. A family event score can be obtained by summing items 1,2,3,5,6,7,8,10,14,18, and 19. An adolescent events score can be obtained by summing items 4, 9,11,12,13,15,16,17, and 20.

Table: 4.3 Categorization of levels of negative life events.

Level of negative life events	Range of Score
Poor	0-6
Moderate	7-13
Good	14-20

TESTING OF THE TOOL
CONTENT VALIDITY:
Content validity of the tool was established by obtaining the suggestions from experts. The tool was validated by 5 experts. Minor modifications were made on the basis of recommendations suggestions of experts and result of pilot study. After consulting guide the final tool was reframed. It was found to be valid and suitable adolescences aged from 12 to 19 years.

DATA COLLECTION PROCEDURES:
Data collection is gathering information needed to address the research problem. Prior to actual data collection, the investigator obtained permission from Principal, Sajjalashree Institute of Nursing Sciences, Navanagar, SNMC & HSK Medical superintendent Navanagar, Bagalkot. The main study was conducted from 7/11/2025 to 10/11/2025 among adolescents aged between 13-19 years and attending selected high schools of Bagalkot with following steps;
Step1: Obtaining formal administrative approval from the Principal of Sajjalashree Institute of nursing science, Bagalkot.
Step 2: Obtaining approval from institutional ethical clearance committee.
Step 3: Obtaining administrative approval from selected high schools of Bagalkot
Step 4: Obtaining the written consent from adolescents aged between 13-19 years selected high school of Bagalkot
Step 5: Assessment of effect of perceived social support on negative life events and depression among adolescents at selected high of Bagalkot.

PLAN OF DATA ANALYSIS:
The data obtained was analyzed in terms of achieving the objectives of the study using descriptive and inferential statistics.

- Organization of data in master sheet.
- Frequency and percentage distribution was used for analysis of sociodemographic variables.
- Calculation of mean, Standard Deviation of social support on negative life events score and depression score of adolescents.
- Application of Karl Pearson correlation coefficient used to find relationship between Deviation of social support on negative life events and depression.
- Application of Chi-square test to find the association between socio-demographic with Deviation of social support on negative life events and depression.

6. RESULTS

Part-I: Description of Sample in terms of their socio-demographic and clinical characteristics.

The socio-demographic distribution of adolescents from selected high schools in Bagalkot showed that the majority (88%) were from the age group 15-16 years; the majority (57%) were males; the majority (54%) were from nuclear families; the majority (95%) belonged to Hindu religion; the majority (43%) had 3 or more siblings; the majority (51%) studied in government schools; the majority (64%) resided in urban areas; the majority (41%) had mothers who studied up to 10th standard; the majority (44%) had fathers who were self-employed; the majority (46%) had mothers who were homemakers; the majority (51%) lived with both parents; the majority (92%) had no family history of mental illness; and the majority (99%) had no history of bad habits.

Part-2: Description of Perceived social support among the adolescents

Perceived Social Support				
Sl No.	**Level of Perceived Social Support**	**Range of Score**	**Frequency**	**Percentage**
1	Low	1 – 32	15	15%
2	Moderate	33- 64	83	83%
3	High	65 - 96	2	2%

The percentage wise distribution of sample according to their level of Perceived social support describes that, most of the adolescents of selected high schools of Bagalkot, 15% were from range of score 1-32 (Low), 83% of them in the range of score of 33 – 64 (Moderate) and 2% of them in the range of score of 65 – 96 (High).

Table No 6.0: Mean and SD of sleep disturbance score among older adults
N=100

Variable	Minimum Score	Maximum Score	Mean	S.D
Perceived social support	1	96	30.2	7.39

Table-6.0 shows that maximum score of perceived social support among the adolescents is 84, Minimum score is 0. The mean and SD perceived social support among the adolescents is 30.2±7.39.

Part-3: Description of Negative life events and depression among the adolescents

Negative Life Events				
Sl No.	**Level of Negative Life Events**	**Range of Score**	**Frequency**	**Percentage**
1	Poor	0 – 6	94	94%
2	Moderate	7 – 14	6	6%
3	Good	15 - 20	0	0%

As per the findings presented in table, Negative life events among adolescents reveals that, (94%) have poor negative life events, (6%) have moderate negative life events and no one have good negative life events.

Table No 6.2: Mean and SD of Activities of Daily Living Score among older adults.
N=100

Variable	Minimum score	Maximum score	Mean	S.D
Levels of negative life events	0	20	3.5	2.47

Table-6.2 shows that maximum score of Activities of Daily Living Score among older adults is 8, Minimum score is 0. The mean and SD Activities of Daily Living Score among older adults is 6.9±1.34

PART 4: Relationship between Perceived social support and depression score and Negative life events and depression score of adolescents

CORRELATION	PEARSONS 'R'	P VALUE
Perceived Social Support and Depression	0.15419	0.12559

Negative life events and Depression	0.01351	0.89386.

*** Significant P<0.01**

Table 6.3: Shows the findings of the statistical test Karl Pearson's correlation coefficient applied to find the relationship between perceived social support and depression, and negative life events and depression. The findings show that there was a weak positive correlation between perceived social support and depression *(r = 0.154, P = 0.126)*, which was not statistically significant (P > 0.05). This indicates that perceived social support has no significant relationship with depression among the respondents. Further, the findings reveal a negligible positive correlation between negative life events and depression *(r = 0.014, P = 0.894)*, which was also not statistically significant (P > 0.05). This indicates that negative life events do not have a significant relationship with depression among the respondents. Hence, H1 is rejected for both perceived social support and depression, and negative life events and depression, as there is no significant correlation between these variables.

Part-5: Association between the socio demographic and Personal characteristics with levels of perceived social support among adolescents

Table No 6.4

SI. NO	Variables	DF	Chi square value	P value
1	**Age**	1	0.4753	0.49054
2	**Gender**	1	0.7688	0.38059
3	**Type of Family**	1	1.1398	0.28568
4	**Religion**	1	0.141	0.707
5	**Number of siblings**	1	1.8369	0.175318
6	**Type of school**	1	0.12	0.77
7	**Area of residency**	1	0.371	0.542
8	**Family Monthly Income**	1	0.2328	0.62944
9	**Mother's education**	1	0.1783	0.672879
10	**Father's education**	1	0.1783	0.672879
11	**Occupation of father**	1	0.3911	0.531726
12	**Occupation of mother**	1	0.2011	0.65383
13	**Living with**	1	0.1146	0.734976
14	**History of mental illness in family**	1	17.9311	**0.000023****
15	**History of bad habits**	1	0.6914	0.405697

***P<0.05, **P<0.01**

Table 6.4 The present study concludes that highly significant association was observed between history of mental illness in the family and perceived social support among adolescents *($\chi^2 = 17.93, P < 0.01$)*. there is no significant association found in other socio demographic variable like age, gender, type of family, religion, number of siblings, type of school, area of residency, family monthly income, parents' education, parents' occupation, living arrangement, and history of bad habits (P > 0.05). Therefore, the research hypothesis H_2 is accepted only for history of mental illness in the family, and rejected for all other socio-demographic and personal characteristics. This indicates that family mental health history plays an important role in influencing perceived social support among adolescents, while other background variables do not have a significant impact.

DISCUSSION

Most adolescents (88%) were aged 15-16 years, with 12% aged 17-19 (Fig. 6.1), aligning with Mishra et al.'s findings of 55% aged 14-17 in 9th-12th standards. Males comprised 57% and females 43%, consistent with Tiffany N. White's gender-social support analysis. Additionally, 54% were from nuclear families and 46% from joint families, matching Zlatevski's report of 60% nuclear families [29,30,31].

Among adolescents, 83% reported moderate perceived social support (scores 33-64), 15% low (1-32), and 2% high (65-96). This supports Miloseva et al.'s finding that social support moderates 82.5% of the negative life events-depression link.61,94% had poor negative life events, 6% moderate, and none good, aligning with Miloseva et al.'s observation that social support moderates 40% of the events-depression association [32].

Karl Pearson's correlation showed weak, non-significant positive links: perceived social support-depression (r=0.154, P=0.126) and negative life events-depression (r=0.014, P=0.894); both H1 rejected. This matches Dubow *et al.,* (non-significant, 60-65% moderate-high support),62 Colarossi & Eccles (no association, P>0.05),^{63} and Hammen [33,34].

No significant associations existed with age, gender, family type, religion, siblings, school, residence,

income, parents' education/occupation, living arrangement, or habits (P>0.05). However, family mental illness history showed strong association (χ^2=17.93, P<0.01); H2 accepted only here. Supported by Goodman *et al.,* (family history reduces support) and Reupert & Maybery (parental mental health impacts systems) [35,36,37].

CONCLUSION

The study findings show that the majority of adolescents were aged 15–16 years (88%), males (57%), and from nuclear families (54%). Most adolescents (83%) had moderate perceived social support (Mean ± SD = 30.2 ± 7.39), while 94% reported poor negative life events (Mean ± SD = 3.5 ± 2.47). Karl Pearson's correlation revealed no significant relationship between perceived social support and depression (r = 0.154, p = 0.126) and between negative life events and depression (r = 0.014, p = 0.894). Chi-square analysis showed no significant association between perceived social support and most socio-demographic variables (p > 0.05). However, a highly significant association was found between family history of mental illness and perceived social support (χ^2 = 17.93, p < 0.01). Hence, family mental health history significantly influences adolescents perceived social support.

Ethical consideration

Ethical clearance certificate was obtained from Institutional Ethical Clearance Committee of B.V.V.S Sajjalashree Institute of Nursing Sciences, Bagalkot.

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Conflicts of Interest: There are no conflicts of interest.

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