

Depression and its Correlation with Self-esteem and Social Support among Iranian University Students

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Objective: Considering the effects of the level of social support and self-esteem as risk factors in the onset and continuation of depression, the purpose of the current study (in addition to studying the demographic items of depression) was to investigate the correlation between depression and level of social support and self-esteem in Iranian university students studying non medical majors.

Method: The study was a cross-sectional descriptive-analytic research carried out on the students of Ferdowsi University of Mashhad in 2006. Self administered questionnaires on socio-demographic information (age, gender, marital status, and educational level), Eysenk self-esteem scale, Beck Depression Inventory and Cassidy social support scale were randomly given out to students who were selected by multi stage randomized sampling. The data were analyzed using SPSS version 14 using the χ^2 -test .

Results: 1200 students responded to the anonymous questionnaires. A total of 57.2% of the participants had depression (36.3% mild, 14.4% moderate and 6.5% severe). Depression was significantly higher in males, singles and in 25-29-year-old students. Results showed that 9.4%, 18.3% and 72.3% of the participants reported low, moderate and high levels of social support respectively. 1.8% and 6.3% of the participants reported low and moderate levels of self-esteem respectively; while 91.9% reported high levels of self-esteem.

Conclusion: Depression has a higher rate in non-medical university students of Iran than general population. Levels of social support and self-esteem were negatively associated with frequency of depression..

Keywords: Depression, Iran, Self-esteem, Social support, Students, Universities

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Based on the WHO reports, depression is the fourth urgent health problem in the world (1). It makes severe changes in mood, affect, behavior and thought and is accompanied by many physical complaints (2, 3). Depression is known to be disabling, recurrent and in some cases chronic (4). It interferes with the patient's interpersonal relationships and has effects on the everyday activities of the sufferer (5). In addition to its high lifetime prevalence, depression occurs in all ages and all social classes. In numerous cases, its first episode occurs during adolescence and early adulthood (3, 4) and it is more common among women (6, 7).

Nowadays there is a raised attention to occupational stresses. The fact that human stressful experiences in the first years of their adult life could lead to the presence of depression (8) and the great influence depression has on one's attitude towards his/her profession, the concern about depression in college students is fundamental (3). On the other hand, students are prone to have more psychiatric problems including depression (9, 10) due to their interpersonal and emotional conflicts as well as economic and

academic problems (7, 11-13).

Low level of social support is an important risk factor for depression (14-16). Social support includes sympathy, encouragement and support of colleagues, supervisors, friends and immediate family members (17). Higher levels of family support were shown to be associated with lower levels of depression and lower levels of suicide ideation (18, 19).

Researchers consider the human need for self esteem as a basic aspect of feeling well and a great desire to view the self positively. People prefer to make self-serving attributions to use self-enhancing and self-presentational strategies and to make self-serving assessments of ability rather than having dysfunctional attitudes about their self image (2, 20). According to cognitive theories of depression, a certain negative way is considered as the main way in which self-concept is biased (20, 21). It has been accepted that depressive people think in a negative manner and report lower self-esteem than non-depressed people (10). Low self-esteem has also been associated with suicidal attempts especially in adolescents (22). Depression and self-