

Depression Among Islamic Seminaries Students: A Cross Sectional Survey

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Authors' Contributions

1 Analyzed the data, calculated the final results and initially drafted the manuscript.

2 Planned and supervised the whole study and generated the Urdu version of Beck's depression inventory.

3 Conducted the literature survey, verified collected data, results and manuscript.

4 Conducted final proof reading of manuscript and re-checked the analysis of data and results.

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ABSTRACT

Objective: Assess the magnitude of depression among students of Islamic seminaries (Madaris).

Method: This cross-sectional descriptive study is conducted from October to December 2017. 321 students of Madaris in Karachi selected for study. A validated Beck's Depression Inventory questionnaire translated in Urdu was used. Data was analyzed by SPSS version 22 and Kruskal-Wallis test was employed for association between variables with $p < 0.05$ as level of significance.

Results: The frequency of magnitude of depression among 321 students (mean age in years: 20.87 ± 3.26 , SE: ± 0.18 , %RSD: 15.62%) were found as; minimal depression 176 (54.80%); mild depression 64 (19.90%); moderate depression 49 (15.30%); and severe depression 32 (10%). Geographical background wise no significant difference of depression was noted among students.

Conclusion: Considerable percentage of students of religious schools is suffering from mild to moderate depression. Interventional strategies along with promotion of prevention of depression should be developed on priority basis for these seminaries.

Keywords: Depression, Beck's Depression Inventory, validity, student, strategy.

INTRODUCTION

The Global Burden Disease study considered depression as 19th prevalent disease globally and second leading cause of disability [1]. It is one of the debilitating illnesses that get deteriorated due to either lack of diagnosis or treatment. The prevalence of depression mostly associated with older or diseased people however many studies reported depression among young university students [2]. The factors causing depression mostly relate to past event of an individual such as child hood abuse, neglect, violence and severe stress [3].

In Pakistan, religious extremism and terrorism are considered as the major root causes of political upheavals and derailing economy [4]. With changing world order after 9/11 event, religious extremism is mostly associated with theological education system instilled in Islamic seminaries where approximately 1.6 to 1.9 million population mostly from lower socioeconomic backgrounds are getting religious education [5]. Karachi is the seventh largest city of the world and considered as the true representation of Pakistani population [6]. Ethnic diversity is the dominant factor among population of Karachi due to massive urbanization and better economic opportunities. In these present circumstances, it is

likely that the student's mental health learning in Madaris might have been notably influenced. Since Islamic seminaries and their students remain isolated and mostly neglected, it is more important to ensure their mental health for the betterment of the society.

According to present records, 850 registered Islamic seminaries are offering Islamic curriculum that includes Tafseer (Interpretation of Holy Quran), Hadith (Teaching of Prophet Muhammad PBUH), Fiqah (Islamic laws and jurisprudence), Arabic language along with other subjects [7, 8].

As large majority of students in these seminaries live in dormitories with variable living circumstances, it is necessary to evaluate their mental health status; therefore, the objective of current study is to assess the magnitude of depression among Madaris students in Karachi.

MATERIALS AND METHODS

It is a descriptive cross sectional study conducted from October to December 2017 in religious schools (Madaris) of Karachi. These schools are managed by Jamia-tur-Rasheed situated in North-West of Karachi. Urdu version of Beck's Depression Inventory (BDI) [9] was used. It is a well-established questionnaire to screen out depression for use in non-psychiatric patients [10] and students [11]. The Urdu BDI

questionnaire was pre-tested and validated [12]. The final questionnaire consists of demographic characteristics followed by BDI questions comprising 21 items. This depression questionnaire focus was on four major domains of depression (minimal depression, mild depression, moderate depression and severe depression). The study analyses was done for collected discrete data in ordinal scale of validated Urdu version of Beck's Depression inventory [9]. A sample size of 321 was determined by precision analysis technique by keeping level of significance 0.05 [13]. Three hundred thirty students filled the questionnaire whereas final analysis was done on three hundred twenty one questionnaires. The incomplete questionnaires were rejected. Statistical analysis was done by SPSS 20 version software. Kruskal-Wallis, a type of non-parametric test was applied to analyze the data. Appropriate tests for discrete data are non-parametric tests.

RESULTS

Demographic distribution (Table 1) and magnitude of depression among all students and students of different provinces are tabulated below. Distribution of each domain is found to be same across all Provinces (Kruskal-Wallis Test, $p=0.406$, Level of significance 0.05) (Table 2).

Table 1. Demographic distribution of students.

Provincial Background	No. of Students	Mean Age (SD, SE, %RSD) in Years
Sindh	91	<p>20.87 (SD: ± 3.26, SE: ± 0.18, 15.62%)</p>
KPK*	121	
Punjab	57	
Balochistan	39	
AK**	13	

*KPK: Khyber Pukhtun Khua, **AK: Azad Kashmir

Table 2. Magnitude of different domains of depression.

	Student's Provincial Background						
	All (N=321)	Sind (N=91)	Punjab (N=57)	Balochistan (N=39)	KPK (N=121)	AK (N=13)	Kruskal- Wallis Test (Sig.)*
Minimal Depression	54.80% (n=176)	41.90% (n=38)	64.80% (n=36)	47.20% (n=18)	61.90% (n=74)	80.00% (n=09)	p=NS
Mild Depression	19.90% (n=64)	29.10% (n=26)	20.40% (n=12)	11.10% (n=05)	15.30% (n=19)	10.00% (n=02)	p=NS
Moderate Depression	15.30% (n=49)	17.40% (n=16)	11.10% (n=07)	25.00% (n=10)	11.90% (n=15)	10.00% (n=02)	p=NS
Severe Depression	10.00% (n=32)	11.60% (n=11)	3.70% (n=02)	16.70% (n=06)	11.00% (n=13)	00.00% (n=00)	p=NS

*Significance Level is 0.05

DISCUSSION

The main objective of the study was to assess the magnitude of depression among students of Islamic seminaries in Karachi. According to DSM-IV, a person with depressive episode consists of at least some of the following symptoms for almost two weeks; It include lack of mobility, low mood, change in sleeping and eating habit, lack of energy, and feeling of guilt and inappropriate thinking process [14]. Expectedly, many of these symptoms are not prevalent among young Madaris students of Pakistan. Literature reveals that depression is not only present among Islamic seminaries students but occurred frequently among students of other domains such as college and university students. Andrew *et al.* studies confirm that financial and other difficulties to students make them anxious and depressed [15]. Another cross sectional study on students have shown more prevalence of depressive symptoms (12.9%) and occurs frequently among students compare to general population [16]. In fact one of the meta analytical Iranian study, data of 18 years of research exposed that 33% of depressive symptoms are present among University students compare to other population [17]. Due to varying nature of symptoms; depression might remain un-identified as mostly these disorders are not associated with any disease causing pathogens. Only psychological and behavioral therapies are sufficient

in initial phase of depression. However, severe depression may require pharmacological treatment alone or with cognitive behavioral therapy [18]. The risk benefit ratio must be assessed while choosing antidepressant especially in case of initial stages of depression [19].

In present study findings reveal that severe depression is 10% among Madaris students and the highest magnitude of severe depression is found in natives of Balochistan province, which is 16.70%, however, there is no statistically significant difference among various provinces for severe depression. In the similar way, the domain of moderate depression is 15.30% and highest value is reported with the students of Balochistan province, which is 25%. The Students belong to Balochistan are on dire need to receive cognitive and pharmacological treatment. It is assumed that the higher proportion of depression among the Islamic seminaries students from Balochistan could be due to the lack of basic amenities such as food, shelter, security, health and education. As insurgency in the province persist since decades which severely affected the human development in the province [20]. However, despite this fact that Balochistan is largest province of Pakistan but people in this province suffered the most with feeling of depression among the young generation. It's the responsibility of authorities of

Islamic seminaries to bring necessary changes to curb the menace of depression.

The domain of mild depression achieved the score of 19.90% and higher score is reported among the native students of Sindh province, which is 29.10%. Hence the students from Sindh need counseling for improving in their behaviors because mild depression only needs to receive behavioral therapy [21]. Last domain of Beck's inventory which is minimal depression achieved highest score among other domains that is 54.80%. It reveals that more than half proportion of Madaris students are suffering from minimal or no depressive symptoms.

Although minimal depression is 80% among the students of Azad Kashmir, however, their sample size is not enough to make vivid finding. Another limitation of study is that province wise numbers of students are not equal. However, study strongly recommends to rectify the causes of depression among Madaris students of all provinces and especially to root out poverty. In addition, Federal and provincial governments including institutions should come up with a sustainable model to support people's lives.

CONCLUSION

Noticeable levels of depression were observed among Islamic seminaries students. Minimal and mild depression can be easily intervened by counseling whereas treatment should be provided on priority basis to those identified with moderate to severe depression. The relevant authorities should devise strategy to prevent depression among these young religious students.

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