

Adolescent Depression in Jimma Zone

This Policy Brief examines the prevalence of depression among youth and its relationship with other stress and risk factors in young peoples' lives.

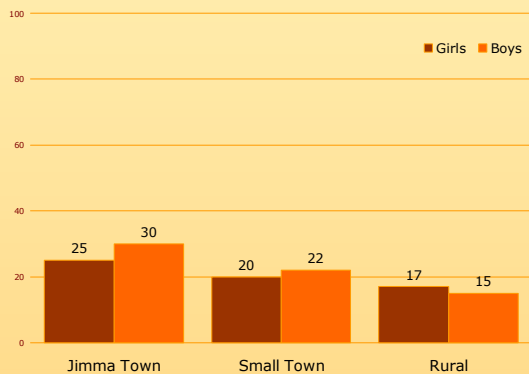
Based on data from Round 1 (September 2005-March 2006) of the Jimma Longitudinal Family Survey of Youth

Adolescence can be a period of excitement and exploration for many youth, but it can also be a time of stress and anxiety. Young people are preoccupied with gaining the acceptance of their peers and fitting in socially, and they may worry about their prospects for future educational, occupational and marital success.

Many adolescents must also shoulder the responsibilities and worries of adults. The social and economic stresses of adolescence make youth vulnerable to depression and extreme sadness.

Depression and feelings of sadness and anxiety can have debilitating effects on young people's performance in school and work, and can contribute to substance abuse and other risky behaviors.

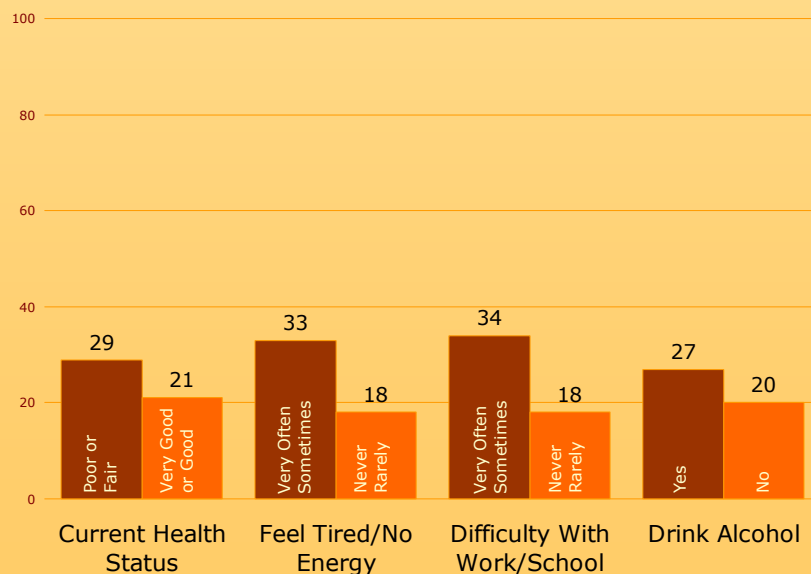
The Jimma Longitudinal Family Survey of Youth (JLFSY) provides some insights into the prevalence of experiences of depression among youth in Jimma Zone, and the relationship of feelings of depression with other aspects of their lives.



Depression Among Adolescent Boys and Girls

Youth in Jimma Town report the highest levels of having feelings of depression, extreme sadness, or worry, followed by youth in towns, and then youth in rural places. Slightly more than one-quarter of youth in Jimma Town report having felt depressed.

Reports of depression are the same for boys and girls.



Depression, Health Status, and Alcohol Consumption

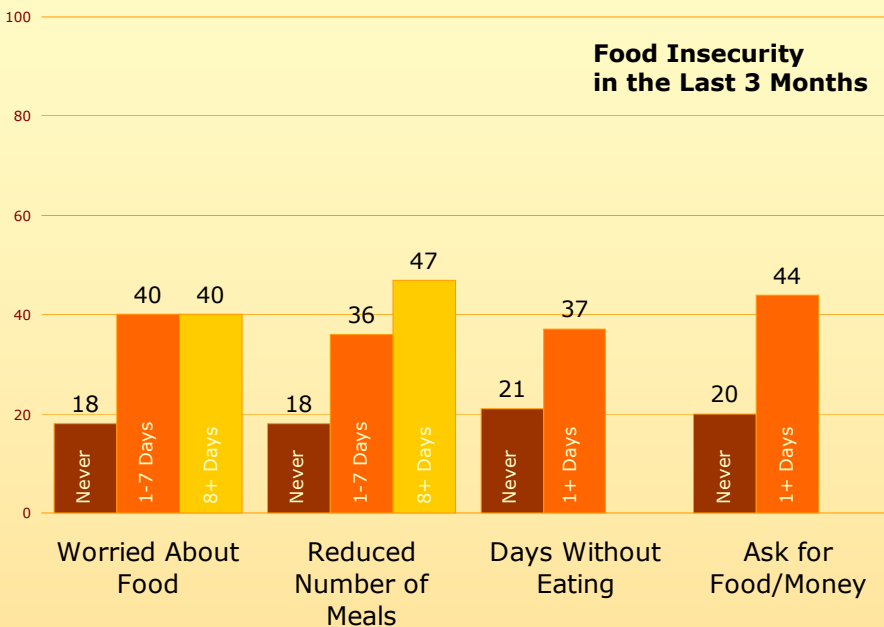
Depression is related to self-reports of other health problems. The risk of being depressed is significantly higher among youth who report their health status as being fair or poor, among youth who report feeling very tired or not having enough energy, and among youth who report having difficulties with school, work or household activities because of poor health, than among youth who report no health problems.

Depression is also related to drinking alcoholic beverages. The risk of being depressed is 35 percent higher among youth who report drinking beer, *tella*, *karibio*, *arekie* or *tej*, than among youth who report no alcohol consumption.

Depression and Food Security

Depression is strongly related to food security. Youth who worry about having enough to eat or who experience problems with having enough to eat are over twice as likely to report feelings of depression than youth who do not experience food insecurity.

The threshold at which food insecurity is associated with adolescent depression is very low. Youth who experienced some form of food insecurity for at least one day or more in the past 30 days were much more likely to have experienced depression.



Policy Recommendations

Poor health status and problems with school and work that are related to poor health are also strongly related to depression among youth in Jimma Zone. Feeling depressed can magnify the negative effects of poor health on the full social and economic participation of youth.

Food insecurity is a major correlate of both poor health and depression among youth. Finding ways to reduce food insecurity will have important effects not only on the physical well-being and health of youth but also on their mental health.

The results for Jimma Zone presented in this Policy Brief suggests that the incidence of depression among youth could be reduced by up to one-half by reducing the level of food insecurity that youth experience.

The Jimma Longitudinal Family Survey of Youth

The Jimma Longitudinal Family Survey of Youth (JLFSY) began in 2005. It is representative of Jimma Town, the small towns of Yebu, Serbo, and Sheki, and nearby rural areas. The stratified sample includes 3500 households and 2100 boys and girls ages 13 to 17, yielding about 700 adolescents each for Jimma Town, the small towns, and the rural areas. Household data were collected from the household head or the spouse of the head. Adolescents were directly interviewed. Questionnaire data were collected by trained interviewers in the Amharic and Oromifa languages.



Jimma Zone in Ethiopia

The JLFSY is an interdisciplinary effort by specialists in epidemiology, community health, biostatistics, demography, sociology, and economics. The study examines critical challenges that youth face such as health, education and training, employment and earnings, forming families, and becoming productive citizens. A special focus of the study is on key sources of support for youth as they meet these challenges including parent and kin investments, household resources, parent and kin guidance, local community infrastructure, and informal support networks.

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This research is being conducted by faculty and students affiliated with the **Partnership in Improving Reproductive Health**



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