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Predictors of Depression among Minority Adolescents in Karachi, Pakistan

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Abstract
This study explored discrimination distress and collective self-esteem as a predictors of depression in Karachi's minority adolescents. In a cross-sectional study with 147 students aged 11 to 19 from minority groups, self-reported and standardized questionnaires in Urdu (the national language of Pakistan) included The Adolescent Discrimination Distress Index (Fisher et al., 2000), Collective Self-Esteem Scale (Luhtanen & Crocker, 1992), and Reynolds Adolescent Depression Scale, 2nd Ed (Reynolds, 2002). Data was collected through purposive sampling techniques in different areas of Karachi including schools and colleges in Saddar, ranchor line, gulshan-e-Iqbal. Results analysis showed discrimination distress ($R2 = .232$, $F(1, 145) = 43.839$, $p<.001$) and collective self-esteem ($R2 = .340$, $F(1, 145) = 74.795$, $p<.001$) as significant predictors of depression in minority adolescents. Findings were discussed in the context of Pakistan's culture, suggesting new avenues for research. The conclusion emphasizes the need for a deeper understanding of depression in religious minority adolescents, with recommendations for further research. Hence on the basis of above finding intervention based strategies including community based program, initiating support system would be necessary for the most sensitive population to deal their depression and to enhance their coping and resilience.

Key Words: Minority, Depression, Discrimination distress, Collective self-esteem Adolescents

Introduction:
Pakistan is a country where Muslims make up the majority and it boasts a tapestry of cultures, languages, ethnicities, religions and sects. The latest census by Pakistan Bureau of Statistics took place in 2017 with the government endorsing the data on minorities in December 2020. From the start, Pakistan has acknowledged the significance of its minority groups. While certain reports and studies suggest that these minorities face mistreatment in the country recently. There has been an increase, in hostility and prejudice towards them in times as per the Human Rights Commission of Pakistan (2011) report which is bringing them closer to poor mental health condition. Mental health conditions are present worldwide, with 450 million individuals affected by mental health challenges on a global scale. These conditions can impact people across economic, geographical, age-related gender specific, religious, and occupational backgrounds. As per World Health Organization in 2008 those individuals who have experienced isolation and have a low quality of life are particularly vulnerable to mental health issues. Ahmad and Bradby (2008) suggest that many minority groups face challenges related to a quality of life along with exclusion and marginalization.
The Office of the High Commissioner for Human Rights (OHCHR) at the United Nations defines a minority as "an ethnic, religious, or linguistic group constituting less than half of a state's population, sharing common cultural, religious, or linguistic characteristics". Typically, disadvantaged, and marginalized individuals' exhibit differences from the dominant group, encompassing varying religious beliefs, practices, customs, and traditions, along with socio-economic, religious, and cultural underprivilege. Sociocultural marginalization predisposes them to psychological distress and an elevated risk of mental health issues. Research indicates that minority status stress adversely affects mental well-being (Neville et al., 2004)
It has been proposed by minority status stress model that oppressed societal position of minorities is the reason they experience excessive stress, leading to negative psychological outcomes (Cross & Phagen-Smith, 2001; Meyer, 2003). Studies demonstrate increased susceptibility to psychological disorders among minority group members due to continuous exposure to stress. (Harris et al., 2006). Evidence also suggests a higher prevalence of mental health concerns, such as depression, among minorities (Braveman & Egerter, 2008). Individuals from marginalized communities exhibit poorer health and higher disability than the dominant majority group (Institute of Medicine, 2002; Nelson, 2003).
Depression is a prime mental health concern, especially among adolescents, with 3-9% meeting criteria at any given time, and up to 20% reporting a lifetime prevalence (Zuckerbrot and Jensen, 2006). Studies from Bangladesh, India, Sri Lanka, and Pakistan indicate a significant number of adolescents experiencing depressive symptoms. (e.g. Anjum et al., 2021; Ria et al., 2022; Islam et al., 2020 ; Kamath et al., 2021; Ibbad et al., 2022). This study expands current research on mental health concerns, focusing on depression, within a religiously diverse adolescent sample in Karachi, Pakistan. Studies consistently report higher depression prevalence among adolescents of minority as compared to their dominant counterparts (Surgeon General's Report, 2004)
Iqbal et al. (2012) conducted research, on the prevalence of depression among adolescents belonging to minority groups in Pakistan. The study focused on comparing Christian and Hindu minorities with Muslims. The findings revealed that individuals

from Hindu and Christian communities were more susceptible to experiencing depression compared to Muslims. Similarly, in one study it was concluded that minority youth may experience feelings of depression when they perceive discrimination and this impact can vary based on factors, like ethnicity, religion, gender, and age (Lavner et al., 2022; Seaton et al., 2010). According to Paradies et al. (2015), discrimination can impact health of adolescents by causing imbalances, harmful psychological responses like depression and anxiety when it acts as a stressor.

Collective self-esteem, based on belonging to a social group membership, may positively influence human functioning and interpersonal relationships (Luhtanen & Crocker, 1992).

Collective self esteem encompasses several aspects of racial identity. The social identity theory and evolving from research on the self esteem of marginalized groups (Tajfel, 1982). Crocker et al. (1994), finding concluded that depression was significantly correlated to lower collective self-esteem among minority adolescents. Lam (2007) concluded in his study that higher collective self-esteem was connected with lower levels of stress, depression and anxiety among minority youth. Luhtanen and Crocker (1992) conceptualized collective self-esteem (CSE) as consisting of four domains: (a) membership esteem (how worthy one feels within the group), (b) private CSE (beliefs about the value of the group), (c) public CSE (beliefs about how others view one's group), and (d) importance to identity (importance of group membership to self-concept).

The study aims to explore the relationship between discrimination distress, collective self-esteem, and depression among religious minority adolescents. It also aims to enhance our understanding of factors influencing depression trajectories among high-risk groups, informing effective intervention and prevention programs.

METHODOLOGY

Participants

This cross-sectional study sample comprised of 147 adolescents in which 87 were boys and 60 were girls selected from different groups belongs to religious minorities. The sample comprised with 54 Parsis, 52 Christians and 41 Hindus. The slightly small size of Hindu community is because practical constraint in recruiting from this group. Most of them are un-willing to participate making it difficult to balance the entire sample. The individual of sample were selected through purposive sampling techniques from various schools and colleges in Karachi Pakistan. They were between the ages from 12 to 19 years.

Description of Measures:

Reynolds Adolescent Depression Scale-2 (Reynolds, 2002)

The 30 item scale was devised by Reynolds in 2002, and translated by Sami, Ahmed, and Khanum in 2013. It is designed to measure the current level of depression in individuals of aged 11-20 years. It consists of four fundamental subscales: Dysphoric Mood, Anhedonia or Negative Affect, Negative Self-Evaluation, and Somatic Complaints.

RADS-2 exhibits validity and reliability with criteria-related validity .82 and internal consistency .92. The test-retest reliability of the scale is .85, (Reynolds, 2002). Sami, Ahmad, and Khanam (2013) evaluated the psychometric qualities of the Urdu version as well, presenting positive findings with split-half reliability .874, test-retest reliability .858, and Cronbach's alpha .898.

Collective Self-esteem (Luhtanen & Crocker, 1992)

The scale comprises 16 items. It includes four subscales that evaluate different aspects of self- esteem: (1) Membership Esteem (2) Private Collective Self-Esteem (3) Public Collective Self-Esteem (4) Importance to Identity. The Alpha Coefficient for sub-scales lies between the ranges of .7 to .8. The test was translated in Urdu language to make the test more understandable for the sample.

Procedure:

Participants who voluntarily agreed to take part in the present study were individually interviewed in their educational institutes, followed by the administration of psychological measures, including the Reynolds Adolescents Depression Scale, 2nd Ed; Collective Self-Esteem Scale; and Adolescent Discrimination Distress Index, respectively.

The results were analyzed by using Statistical Package for Social Sciences (SPSS, V 23.0) Descriptive statistics were employed to better analyze the characteristics of sample. To ascertain a predictive association between depression in religious minority teenagers and discriminatory distress and their collective self-esteem, linear regression analysis was performed.

Results

Table 1 - Demographic characteristics of the sample

Variables		Hindu (N=41)		Christian (N=52)		Parsi (N=54)		Total (N=147)	
		f	%	f	%	f	%	f	%
Age	12-14	25	61	34	66	15	28	74	50
15-17		13	32	9	17	16	29	38	26
18-19		3	7	9	17	23	43	35	24
Education	Primary	4	10	19	37	0	0	23	16
	Middle	24	59	24	46	20	37	68	46
	Matric	7	17	8	15	2	4	17	12
	Intermediate	6	14	1	2	32	59	39	26

Gender	Male	21	51	30	58	36	67	87	59
	Female	20	49	22	42	18	33	60	41
LSC	Yes	15	36.6	40	76.9	53	98.1	108	73.5
	No	26	63.4	12	23.1	1	1.9	39	26.5

N=147; LSC= Living in same community

Table 2 : Linear Regression statistical analysis With Discrimination Distress as a predictor Of Depression in minority adolescents

R	R^2	Adjusted	df	F	Sig	Durbin Watson R^2
.482	.232	.227	1, 145	43.839	.001	1.540

Table 3: Summary of Coefficients for Discrimination Distress as Predictor of Depression in Minority Adolescents

Model	Un standardized Coefficients		Standardized Coefficients	t	Sig
	B	Std. Error	Beta		
Constant	52.358	1.448		36.159	.001
Discrimination Distress	.524	.079	.482	6.621	.001

Table 4 : Linear Regression statistical analysis with subscales of Discrimination Distress as predictor of Depression in minority adolescents

R^2	Adjusted	df	F	Sig	Durbin R^2	Watson
.487	.237	.221	3, 143	14.844	.001	1.560

Table 5: Coefficients analysis of Discrimination Distress as a predictor of Depression in Minority Adolescents

Model	Un standardized Coefficients		Standardized Coefficients	t	Sig
	B	Std. Error	Beta		
Constant	52.251	1.482		35.253	.001
Institutional	.751	.239	.301	3.142	.001
Educational	.691	.291	.205	2.375	.019
Peer	.146	.192	.070	.759	.449

The findings support the hypothesis that depression among minority adolescents will be predicted by discrimination distress. The results reflect that discrimination distress accounts for 23% of the variation in minority adolescent depression scores (R^2=.232, F (1, 145) = 43.839, p<.001; Tables 2 & 3). According to additional analysis, subscales of Educational and

Institutional Discrimination seems to be the significant predictor of Depression among minority adolescents whereas, peer discrimination appears as not significant (Table 4 & 5).

Table 6: Linear Regression with Collective self Esteem as Predictor of Depression in Minority Adolescents

R	R^2	Adjusted R^2	df	F	Sig	Durbin Watson
.583	.340	.336	1, 145	74.795	.001	1.654

Table 7 Coefficients for Collective Self Esteem as Predictor of Depression in Minority Adolescents

Model	Un standardized Coefficients		Standardized Coefficients	t	Sig
	B	Std. Error	Beta		
Constant	105.014	5.392		19.476	.001
Collective Self Esteems	-.586	.068	-.583	-8.648	.001

Table 8 Linear Regression with subscales of Collective Self Esteem Scale as Predictors of Depression in Minority Adolescents

R^2	Adjusted	df	F	Sig	Durbin R^2	Watson
.593	.352	.333	4, 142	19.264	.001	1.680

Table 9 Coefficients for subscales of Collective Self Esteem Scale as Predictors of Depression in Minority Adolescents

Model	Un standardized Coefficients		Standardized Coefficients	t	Sig
	B	Std. Error	Beta		
Constant	104.429	5.67		18.398	.001
Membership	-.810	.221	-.306	-3.667	.001
Private	.645	.264	-.203	-2.438	.016
Public	.416	.254	-.126	-1.641	.103
Identity	-.422	.240	-.136	-1.755	.081

The findings support the hypothesis that depression in minority teenagers will be predicted by collective self-esteem. According to Tables 6 and 7, the results show that Collective Self Esteem accounts for 34% of the variation in minority adolescent depression (R^2=.340, F (1, 145) = 74.795, p<.001). Further subsequent analysis reveals that subscales of Membership self-esteem and Private Self Esteem shows significantly predictive association with Depression among minority adolescents; on the other hand, Importance to Identity and Public Collective Self Esteem subscales appears to be non-significant predictor of depression (Table 8 & 9).

Discussion:

The findings support the hypothesis and statistical analysis reveals that discrimination distress as a significant predictor of depression in minority adolescents. The results reflect that discrimination distress accounts for 23% of the variation in minority adolescent depression scores (R^2=.232, F (1, 145) = 43.839, p<.001; Tables 2 & 3). However further analysis reflects that subscales of Institutional (p<.001) and Educational Discrimination (p<.019) seems to be the significant predictor of Depression among minority adolescents while peer discrimination (p>.449) appears as not significant predictor.

Present study was conducted on adolescent; which is very sensitive phase of life where individuals were in process to discover their identity and are very concerned about the other perceptions related to their self. Therefore, exposure of discrimination

in this age group have been associated with negative consequences on their mental health. (Rivas-Drake et al.; 2008). Numerous researchers conducted on minorities highlighted the negative and adverse consequences of discrimination on physical as well as on psychological health. (Flores et al., 2010). As researches reveals that discrimination in educational institutes means unequal distribution of opportunities which put greater influence on adolescent's mental health when they are not provided with equal resources as their counterparts (Polos et al., 2022). Recent researches have also proved that discrimination effects and predicts depression, perceived stress and oppression based trauma symptomology among ethnic minorities. (De Leon, 2023). Furthermore another research analyzing the major forms of discrimination at school and its effect on the student's ethnic identity, self-prophecy, academic achievements of goals, social justice and human rights resulted in having an association with the teacher's perception towards the students' capabilities and the students' actual performance in class (Joseph, 2020).
Other researches highlight that negative or prejudice behavior by peer have stronger effects on psychological health as compared to discrimination faced by adults. (Rivas-Drake et al., 2009) which is not supported by results of our present research. Result of our study shows insignificant relationship of depressive symptomatology with peer discrimination. The reason why there isn't a link between peer discrimination and depression in minorities could be due to several factors. These factors include the makeup of the study group, where teenagers with experiences of discrimination or effective ways to cope may have affected the outcomes; limitations in the tools used to measure discrimination that might not fully capture experiences or be culturally relevant; the presence of helpful coping strategies among minority youth that lessen the impact of discrimination; supportive social environments and cultural backgrounds that protect against negative mental health effects; the intricate nature of depression influenced by various factors; as well as statistical aspects such, as sample size and statistical power. More research is necessary to explore these complexities and gain an understanding of how peer discrimination affects mental health in adolescent minority communities. Whereas, a recent research on the influence of peers being associated with the middle years of psychological health conclude that even though positive peer relation increases mental health or supports one to overcome mental issues there are still evident researches that conclude individuals who have pre-existing mental health problems may find it more difficult to maintain positive relations with peers instead it may potentially reinforce negativity on the individual's psychological health (Joshi, 2024).
Moreover, besides peer discrimination, present research supports that institutional and educational discrimination are strongly associated with depression in minority adolescents. Research shows that perceived discrimination may contribute as source of stress among minorities. (Gibbons et al., 2004). Hence, based on this research we conclude that perceived discrimination is a painful experience that is most experienced by minority adolescents that cause significantly negative consequences on their psychological wellbeing. The findings of research by Polos, et al. (2022), underscore the reality of discrimination showing that environmental challenges, in schools and racism, within educational institutions independently influence the depressive symptoms of teenagers. Moreover, they interact to create varying degrees of symptoms
Furthermore, statistical analysis reflects collective self-esteem as a significant predictor of depression that explains 34% of the variation in the scores on the depression variable among teenagers belongs to minorities [$R2 = .340$, $F(1,145) = 74.795$, $p < .001$; Table 6 & 7]. Subsequent analysis indicates that subscales of collective self-esteem scale such as Membership and Private Self Esteem shows significantly predictive relationship with Depression in minority adolescents; on the other hand, Importance to Identity and Public Self Esteem appears to be non-significant predictor.
According to the previous researches self-esteem has been playing a prominent role in the psychological factor that highly effects health and quality of life (Evans, 1997). Moreover, self-esteem has found to be the most significant mediator of happiness and indirect wellbeing (Furnham & Cheng, 2000; Zimmerman, 2000). Furthermore, disturbance and inability of the adjustment of environment is caused by low self-esteem, however, internal standards and aspirations which is caused by positive self-esteem enhances well-being (Garmezy, 1984; Glick & Zigler, 1992). Similarly, the elements that significantly serve as a moderator for psychological health are: self-image, identity and self-efficacy (Tudor, 1996). Recent findings explore that collective self-esteem plays a vital role in predicting symptoms of depression in those who have been experienced interpersonal shame and perceived language discrimination (Liao, 2023).
Taking into account the Turner's theory of self-categorization to describe the procedure of the formation of identity. The theory focuses on the social and cognitive impacts on groups and social categories that influence the personality development and the persons association with the environment. The perception of oneself as a group member and their role as a member is known as social identity. These social categories provide social identities that are the basis of a community and its network (Sheldon, Richard & Matthew, 2000). Rivas-Drake and colleagues (2008) found out in their research that the stronger is ones social or ethnic identity the weaker is its relationship with discrimination and poor health conditions. Further on, the more a person experiences peer discrimination the stronger are the symptoms of depression which associates with self-esteem (e.g., Lee, 2003).
Various researches conclude that ethnic identity plays a crucial role such that the higher the identity the lesser the severity of depressive symptoms and vice versa. Hence, it is concluded that ethnic identity serves as a mediator of the effects on discrimination and self-esteem. Numerous researches describe the role of self-esteem as a protective shield towards all sorts of stress (Moksnes et al., 2010; Thoits, 2010). Even in adolescents, self-esteem does not only serve as a shield against emotional stress but also anxiety and depression (Moksnes et al., 2010).
In the present paper the role of collective self-esteem was focused on to detect the level of social identity and depression. As per social identity theory, it is assumed that one response to discrimination of ethnic identity is that the group highlights their desirable dissimilarity (Tajfel & Turner, 1986). Other researches also conclude that a group of minorities of an ethnic identity can serve as a protector against negative circumstances and may increase the global self-esteem of the group (Branscombe et al., 1999; Phinney et al., 1997; Porter & Washington, 1993; Rowley et al., 1998). Individuals experiencing deprivation and oppression tend to perceive their group as a devalued group. Minorities face more discrimination and stigmatization than majorities because they are sensitive towards their group. Their perception of being victimized and discriminated result in low

group identity and ultimately lowing their personal and collective self-esteem. Therefore, to enhance a groups personal and collective self-esteem one's perception towards the group should be positive. Therefore, some finding conclude that collective self-esteem decreases the level of perceived stress which in return increase in the level of social support and ultimately reduce anxiety that clarifies the role of each variable mediating and the relation between collective self-esteem, perceived stress, social support and anxiety (Chen H, 2021).

Hence, results shows that collective self-esteem as depicted by social identity may plays an important protective role against adverse outcomes of environmental stressors. The unfair treatment and oppression faced by people because they belong to different religion, low financial status, unemployment or lack of job opportunities and other factor related to culture; may influenced their perception regarding their group and they may considered their group less competent or undervalued that ultimately effects their collective self-esteem or social identity (Kessler et al., 1999).

Overall, it can be concluded that present research highlight the causative factors that leads toward depression among minority adolescents. Finding shows that the significant role of perceived discrimination and collective self-esteem that act as a risk factor as well as protective factor among adolescents of minority. These variables not only help to regulate or cope with distress but their absence may also lead to the development of psychopathologies such as depression. Thus, this study merely enhances our understanding and create insight regarding underlying causative factors of mental health of minority's adolescents. It will be also helpful for professionals for the development of active management program, strategies and policies to protect them from discrimination and promote mental wellbeing of minority's adolescents in Pakistan.

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