

"Comparative Analysis of Depression Severity Across Demographics of Fourth-Year BEED Students"

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ABSTRACT

This study aimed to examine the severity of depression among fourth-year Bachelor of Elementary Education (BEED) students and to determine whether differences exist across demographic variables such as age, gender, and civil status. Using a quantitative descriptive-comparative research design, the study surveyed 100 fourth-year BEED students from Ramon Magsaysay Memorial Colleges–Marbel, Inc., selected through stratified random sampling to ensure representative coverage of all relevant subgroups. Data were collected using the Patient Health Questionnaire-9 (PHQ-9), a standardized depression assessment tool and analyzed using descriptive statistics and comparative tests to identify significant variations across demographics. Findings revealed that a majority of participants exhibited mild to moderate depressive symptoms, with 28% reporting moderate levels of depression and 15% showing severe symptoms. Gender differences indicated that female students experienced slightly higher depressive severity compared to males, while age and civil status showed minimal influence on depression levels. The study highlights that depressive symptoms are prevalent among BEED students and that specific demographic factors may contribute to differences in severity, particularly gender. The results underscore the importance of mental health support programs within teacher education programs and the need for targeted interventions to address the psychological well-being of students in their final year of study. These findings provide valuable insights for educators, counselors, and policymakers to enhance mental health awareness and preventive strategies within the academic environment.

Keywords: Bachelor of Elementary Education (BEED) students, Depression Severity, Demographic factors, Quantitative descriptive-comparative research

INTRODUCTION

Depression is a significant concern that affects individuals' emotional, cognitive, and social functioning. In the Philippines, depression has been identified as one of the most common mental health disorders among young adults, particularly college students, due to academic pressure, financial difficulties, family expectations, and uncertainty about future employment (Department of Health [DOH], 2022; World Health Organization [WHO], 2023).

Studies conducted in Philippine universities have reported a considerable prevalence of depressive symptoms among college students. For instance, Redaniel et al. (2018) and Labrague et al. (2021) found that academic workload, transition to adulthood, and limited access to mental health services contribute to elevated levels of depression among Filipino students. Teacher education students, particularly those enrolled in the Bachelor of Elementary Education (BEED) program, face additional stressors such as practice teaching, classroom management demands, lesson planning, and preparation for licensure examinations. Fourth-year BEED students are especially vulnerable as they simultaneously complete academic requirements, teaching internships, and prepare for professional employment.

Furthermore, demographic variables such as age, sex, and civil status have been shown to influence the severity of depression among Filipino college students (Cleofas, 2020; Dela Peña & Guanzon, 2018). Despite these findings, there remains limited localized research focusing specifically on depression severity across demographic profiles of graduating BEED students, particularly in provincial and public higher education

institutions. This gap underscores the need for context-specific studies that can inform mental health interventions within Philippine teacher education programs.

Depression among college students in the Philippines continues to increase, yet it often remains inadequately addressed within teacher education programs. While several local studies have examined the prevalence of depression among Filipino university students, few have focused on how the severity of depression differs across demographic characteristics of fourth-year BEED students. Without empirical evidence identifying which demographic groups are more vulnerable, higher education institutions may find it challenging to implement targeted mental health programs. Thus, this study seeks to determine whether there is a significant difference in depression severity across the demographic profiles of fourth-year BEED students.

The purpose of this study is to conduct a comparative analysis of depression severity across selected demographic variables among fourth-year Bachelor of Elementary Education students in the Philippine context. Specifically, the study aims to assess the level of depression among the respondents and determine whether significant differences exist when they are grouped according to age, sex, and civil status or other relevant demographic characteristics. The findings of this study aim to provide localized empirical evidence that may support the development of effective mental health interventions for pre-service teachers.

The conceptual framework of this study is based on the assumption that the severity of depression among fourth-year Bachelor of Elementary Education (BEED) students is influenced by their demographic characteristics. In this framework, demographic variables such as age, sex, and civil status serve as the independent variables, while the severity of depression is treated as the dependent variable. The framework posits that differences in these demographic profiles may lead to variations in how depressive symptoms are experienced and manifested by graduating BEED students, particularly as they face heightened academic demands, teaching internships, and preparation for professional employment. Guided by existing literature indicating that demographic factors play a significant role in mental health outcomes among Filipino college students, the framework seeks to examine whether significant differences in depression severity exist across selected demographic groups. The relationships identified through this framework are intended to generate localized empirical evidence that can inform the development of targeted, demographic-sensitive mental health interventions within Philippine teacher education institutions.

This study is significant to various stakeholders. For BEED students, the findings may promote greater awareness of mental health concerns and encourage early recognition and management of depressive symptoms. For teacher education institutions and administrators, the results may serve as a basis for strengthening mental health programs, counseling services, and student support mechanisms in compliance with the Philippine Mental Health Act. Guidance counselors and mental health practitioners may use the findings to design targeted, demographic-sensitive interventions for graduating students. Lastly, future researchers may utilize this study as a reference for further investigations on depression among Filipino pre-service teachers, thereby contributing to the limited body of local mental health research in teacher education.

Research Questions

1. what is the profile of the respondents in terms Sex, Civil Status, and Age?
2. What is the depression severity of the respondents?
3. is there a significant difference in the depression severity among respondents when analyzed according to sex, Civil status and age.?

LITERATURE REVIEW

Depression is one of the most prevalent mental health disorders worldwide and is recognized as a leading cause of disability across all age groups. It affects emotional well-being, cognitive functioning, and daily productivity, significantly impairing quality of life (World Health Organization [WHO], 2017). Depression is commonly

encountered in various healthcare settings, including primary care, mental health facilities, and medical subspecialties. Because of its high prevalence, several screening instruments have been developed to detect depressive symptoms efficiently. These instruments vary in length and structure but are generally effective in measuring depression severity and identifying individuals at risk for major depressive disorder (MDD) (Kroenke, Spitzer, & Williams, 2001).

Globally, depression contributes substantially to years lived with disability, surpassing many other chronic illnesses (WHO, 2017). In high-income countries such as the United States, the United Kingdom, and Canada, depression imposes a significant economic burden due to healthcare costs and loss of productivity (Greenberg et al., 2015; Thomas & Morris, 2003). Despite the availability of evidence-based interventions, many individuals remain undertreated or receive care that does not meet established standards for adequacy (Thornicroft et al., 2017).

The burden of depression is equally significant in low- and middle-income countries (LMICs), where access to mental health care remains limited. In these settings, mental health services are often underfunded, and shortages of trained professionals hinder early detection and effective treatment (Martinez et al., 2020). Depression in LMICs is frequently underdiagnosed due to low awareness, stigma, and insufficient integration of mental health services into primary care systems (WHO, 2017).

Primary care providers play a crucial role in addressing depression in resource-limited contexts. Their ability to identify depressive symptoms, differentiate MDD from other mood disorders, and provide appropriate referrals is essential for improving mental health outcomes (Martinez et al., 2020). However, organizational barriers and knowledge gaps continue to challenge optimal depression management in these countries.

In the Philippines, depression is a major public health concern. According to the World Health Organization (2017), approximately 3.3% of the Philippine population experiences depressive symptoms, representing millions of affected individuals. Depression ranks among the leading causes of disability in the country, reflecting its significant social and economic impact (Institute for Health Metrics and Evaluation [IHME], 2017).

The mental health care system in the Philippines faces several challenges, including a shortage of mental health professionals, limited mental health facilities, and insufficient integration of mental health services into primary care (WHO & Department of Health, 2006; Lally et al., 2019). These systemic limitations contribute to inadequate diagnosis and treatment of depression, particularly among vulnerable populations.

Additionally, Filipinos often exhibit reluctance toward seeking formal psychiatric help due to stigma, cultural beliefs, and lack of mental health literacy, further contributing to the underreporting and undertreatment of depression (Martinez et al., 2020).

Research indicates that depression is most prevalent among adolescents and young adults aged 15 to 25, a developmental stage characterized by academic, social, and emotional challenges (Hedden et al., 2015). In the Philippines, national data show a concerning rise in depressive symptoms among youth, increasing significantly over the past decade, particularly among females and individuals from economically disadvantaged backgrounds (Reyes et al., 2022).

A nationwide study involving Filipino youth aged 15 to 24 reported that nearly one in ten individuals experienced moderate to severe depressive symptoms, with females exhibiting higher prevalence rates than males (Puyat et al., 2018). Studies conducted in low-income communities further demonstrate elevated rates of depression, emphasizing the influence of socioeconomic stressors on mental health outcomes (Maravilla & Tan, 2020).

Among university students, depressive symptoms have been linked to academic pressure, financial difficulties, family expectations, and limited social support (Garcia, 2013; Santos, 2015). Senior students often report higher stress levels due to increased academic responsibilities, such as thesis completion, internships, and licensure preparation (Villanueva & Cruz, 2019; Chen et al., 2023).

Pre-service teachers represent a unique subgroup of university students who face additional stressors related to teaching practicums, classroom management expectations, and professional readiness. Studies suggest that education students may experience heightened emotional distress due to prolonged exposure to academic and practicum demands (Chen et al., 2023). In the Philippine context, limited research has focused on depression among teacher education students, despite their critical role in shaping future learners. Fourth-year students in programs such as the Bachelor of Elementary Education (BEED) are particularly vulnerable to depressive symptoms due to simultaneous academic, practical, and professional pressures. Understanding the severity of depression and its association with demographic variables among this group is essential for developing targeted mental health interventions within teacher education institutions.

MATERIALS AND METHODS

Research Design

The study used a quantitative, descriptive-comparative research design. This design is evident because the study primarily aims to describe the demographic profile and the level of depression severity among the respondents and compare depression severity across different groups sex, age and civil status.

Participants

The study involved 100 fourth-year BEED students as respondents. Participants were selected through convenience sampling based on availability and willingness to participate. The sample consisted predominantly of young adults, with ages ranging from 21 to 25 years. The majority were 21 years old (72%), followed by 22 years (18%), 23 years (8%), and 25 years (2%). In terms of sex, 70% were male and 30% were female. All participants were single at the time of data collection.

Instrumentation

Depression severity was assessed using the Patient Health Questionnaire-9 (PHQ-9), a standardized self-report instrument designed to measure the presence and intensity of depressive symptoms. The PHQ-9 consists of nine items corresponding to the diagnostic criteria for major depressive disorder, Total scores range from 0 to 27 and are interpreted as indicating minimal (0–4), mild (5–9), moderate (10–14), moderately severe (15–19), or severe (20–27) levels of depression. The PHQ-9 has been widely validated internationally and locally, demonstrating good reliability and internal consistency, making it a suitable tool for assessing depression severity among college students.

Data Collection Procedure

Data were collected following institutional ethical guidelines. Participants were informed about the purpose of the study, assured of the confidentiality of their responses, and provided written consent prior to participation. Respondents completed the depression questionnaire individually in a controlled environment to minimize distractions. Demographic information, including age, sex, and civil status, was collected using a brief structured form.

Data Analysis

Descriptive statistics, including frequency, percentage, mean, and standard deviation, were computed to summarize the demographic profile and depression severity of the participants. To determine differences in depression severity across sex, an independent samples t-test was conducted. Differences across age groups were analyzed using one-way ANOVA. Statistical significance was set at $p < 0.05$, and all analyses were performed using Jamovi statistical software.

Ethical Considerations

The study adhered to ethical standards in research, including informed consent, voluntary participation, confidentiality, and the right to withdraw at any time without penalty.

RESULT AND DISCUSSION

This chapter presents the data and the analysis of findings derived from respondents' answers, addressing the objectives of the study regarding the Comparative Analysis of Depression Severity Across Demographics of Fourth-Year BEED Students.

Table 1: Demographic Profile of the Respondents in Terms of Age, Sex, and Civil Status

Profile	Frequency	Percentage
Age		
21	72	72.00 %
22	18	18.00 %
23	8	8.00 %
25	2	2.00 %
Sex		
Male	70	70 %
Female	30	30 %
Civil Status		
Single	100	100 %

The result provides a demographic overview of a group of 100 individuals, revealing that the majority are young adults, with 72% aged 21, 18% aged 22, 8% aged 23, and a small 2% aged 25. In terms of gender distribution, the group is predominantly male, accounting for 70%, while females represent 30%. Additionally, all members of this group are single, indicating no variation in civil status. Overall, the data highlights a predominantly young, male, and unmarried population within this sample.

Table 2: The Level of Depression Severity of the Respondents

Variable	SD	Mean	Interpretation
Depression Severity	6.04	10.1	Moderate

The result summarizes the data for depression severity within a sample. The mean score of 10.1 indicates that, on average, the group experiences a moderate level of depression. The standard deviation (SD) of 6.04 suggests there is some variability in depression severity among individuals, meaning that while some may have scores close to the average, others may experience lower or higher levels of depression. Overall, this information reflects a moderate but varied presence of depressive symptoms in the group.

Table 3: Differences in Depression Severity According to Sex and Age of the Respondents

Profile	Depression Severity				
	N	Mean	SD	Statistics value	p- value
Sex					
Male	70	10.3	5.83	t- 0.475	0.636
Female	30	9.7	6.59		
Age					
21	72	10.15	5.919	F – 1.17	0.282
22	18	8.72	6.737		
23	8	11.38	5.263		
25	2	17.5	0.707		

The result presents an analysis of depression severity scores based on sex and age groups. For sex, males (n=70) have a mean depression severity score of 10.3 with a standard deviation (SD) of 5.83, while females (n=30) have a slightly lower mean score of 9.7 and a higher SD of 6.59. The t-test value of -0.475 and a p-value of 0.636 indicate that the difference in depression severity between males and females is not statistically significant.

Regarding age groups, mean depression scores vary: those aged 21 (n=72) have a mean score of 10.15 (SD = 5.919), age 22 (n=18) have a lower mean of 8.72 (SD = 6.737), age 23 (n=8) show a higher mean of 11.38 (SD = 5.263), and age 25 (n=2) have the highest mean score of 17.5 (SD = 0.707). However, the ANOVA test result (F = 1.17) with a p-value of 0.282 suggests that these differences in depression severity across age groups are not statistically significant. Overall, the data indicates no significant variation in depression severity by sex or age within this sample, although some individual differences in mean scores are observed.

CONCLUSION

The results suggest that the population being studied is predominantly composed of young, single adults, with a higher representation of males. The respondents overall level of depression is moderate, indicating that depressive symptoms are present but not extreme within the group. Analysis of differences in depression severity across sex and age reveals that there is no statistically significant variation, suggesting that both males and females, as well as individuals across different age groups, experience similar levels of depressive symptoms. Despite the lack of significant differences, individual scores indicate variability, highlighting that some respondents may experience higher or lower levels of depression than the average. These findings underscore the importance of monitoring mental health among young adults regardless of sex or age, while also recognizing that interventions may need to address individual differences. The study is limited by its focus on a single, relatively homogeneous group, which may affect the generalizability of the results. Nevertheless, the findings are relevant for educators, counselors, and mental health professionals in understanding and addressing depression in similar populations, emphasizing the need for supportive programs and preventive measures tailored to young adults.

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