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SYMPTOMS OF DEPRESSION, ANXIETY AND STRESS IN SECONDARY SCHOOL STUDENTS DURING THE COVID-19 OUTBREAK

SÍNTOMAS DE DEPRESIÓN, ANSIEDAD Y ESTRÉS EN JÓVENES ESTUDIANTES DE SECUNDARIA DURANTE EL BROTE DE COVID-19

SINTOMAS DE DEPRESSÃO, ANSIEDADE E *STRESS* EM JOVENS ESCOLARES DO ENSINO SECUNDÁRIO DURANTE O SURTO DA COVID-19

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Abstract
Scientific evidence emphasizes that the Covid-19 pandemic has negatively affected the mental health of people of all age groups, culminating in the appearance of various symptoms. In the educational context, most studies that evaluated the impact of the pandemic on mental health involved professors, technicians and higher education students. This study aimed to track the symptoms of anxiety, depression and stress in young secondary school students from private schools in Angoche, Mozambique. This cross-sectional, descriptive and quantitative research administered the sociodemographic data questionnaire and the Anxiety, Depression and Stress Scale (EADS-21) to 150 young schoolchildren of both sexes, aged between 14 and 25 years. Descriptive statistical analysis performed using the Statistical Package for Social Sciences version 22 indicated the frequency of symptoms in young students in the three constructs. Using the t-students test, it was verified the existence of a statistically positive correlation between the class attended and the three dimensions, with young students in the 8th and 10th grades being the most prone to psychological distress. The picture of psychological distress identified suggests, on the one hand, the need to develop research on its social determinants and, on the other hand, the scope of other Mozambican schools, in order to create scientific indicators for the design and implementation of policies of mental health care in the school community.

Keywords: Covid-19; Secondary education; Psychological distress.

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Resumen
La evidencia científica destaca que la pandemia del Covid-19 ha afectado negativamente la salud mental de personas de todas las edades, culminando con la aparición de diversos síntomas. En el contexto educativo, la mayoría de los estudios que evaluaron el impacto de la pandemia en la salud mental involucraron a profesores, técnicos y estudiantes de educación superior. Este estudio tuvo como objetivo rastrear los síntomas de ansiedad, depresión y estrés en jóvenes estudiantes de secundaria de escuelas privadas en Angoche, Mozambique. Esta investigación transversal, descriptiva y cuantitativa administró el cuestionario de datos sociodemográficos y la Escala de Ansiedad, Depresión y Estrés (EADS-21) a 150 jóvenes escolares de ambos sexos, con edades entre 14 y 25 años. El análisis estadístico descriptivo realizado con el Paquete Estadístico para Ciencias Sociales versión 22 indicó la frecuencia de los síntomas en los jóvenes estudiantes en los tres constructos. Mediante la prueba t-students se verificó la existencia de una correlación estadísticamente positiva entre la clase a la que asistieron y las tres dimensiones, siendo los jóvenes estudiantes de 8° y 10° grado los más propensos al malestar psicológico. El cuadro de sufrimiento psíquico identificado sugiere, por un lado, la necesidad de desarrollar investigaciones sobre sus determinantes sociales y, por otro lado, el alcance de otras escuelas mozambiqueñas, con el fin de crear indicadores científicos para el diseño e implementación de políticas de atención de la salud mental en la comunidad escolar.

Palabras clave: Covid-19; Educación secundaria; Malestar psicológico.

Resumo
Evidências científicas enfatizam que a pandemia da Covid-19 afetou negativamente a saúde mental das pessoas de todas as faixas etárias, culminando com o aparecimento de diversos sintomas. No contexto educacional, a maioria das pesquisas que avaliou a repercussão da pandemia na saúde mental envolveu professores, técnicos e estudantes do ensino superior. Neste estudo objetivou-se rastrear os sintomas de ansiedade, depressão e *stress* em jovens escolares do ensino secundário da rede particular em Angoche, Moçambique. Esta pesquisa transversal, descritiva e quantitativa administrou o questionário de dados sociodemográficos e a Escala de Ansiedade, Depressão e *Stress* (EADS-21) a 150 jovens escolares de ambos os sexos, com idades entre 14 a 25 anos. A análise estatística descritiva feita por meio do *Statistical Package for Social Sciences* versão 22, indicou a frequência de sintomas em jovens escolares nos três constructos. A partir do teste t-students verificou-se a existência duma correlação estatisticamente positiva entre a classe frequentada e as três dimensões, sendo os jovens escolares da 8ª e 10ª classes os mais propensos ao sofrimento psíquico. O quadro de sofrimento psíquico identificado sugere, por um lado, para a necessidade de desenvolvimento de pesquisas sobre os seus determinantes sociais e, por outro, a abrangência de outras escolas moçambicanas, de modo a criar indicadores científicos para o delineamento e implementação de políticas de atenção à saúde mental na comunidade escolar.

Palavras-chave: Covid-19; Ensino secundário; Sofrimento psíquico.

Introduction

The Covid-19 pandemic reached the population on a global scale in a short time, with individual and collective consequences in different spheres, including people's physical and mental health (Gallegos et al., 2021; Moreira, Cardona, Pedrosa,

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& Cruz, 2022; Rodrigues, 2022; Sunde, Giquira, & Maurício, 2022). In this sense, research is being developed that aims to assess the impact of the pandemic on the mental health of people in several countries. These surveys often conclude that Covid-19 has negative repercussions on the mental health of people investigated worldwide, characterized by the appearance of symptoms of depression, anxiety , stress, and sleep disorders, as indicated by several studies (e.g., Cavaco & Galli, 2022; Maia et al., 2022; Pimentel & Silva, 2020; Rodrigues, 2022; Sunde & Machado, 2022).

A large part of the research was developed with the adult population in general (e.g. Duarte, Santo, Lima, Giordani, & Trentini, 2020; El-Zoghby, Soltan, & Salama 2020; Giordani et al., 2021; Idrissi et al., 2020; Kim, Nyengerai, & Mendenhall, 2020; Madani, Boutebal, & Bryant, 2020; Olaseni, Akinsola, Agberotimi, & Oguntayo, 2020; Porter et al ., 2021; Wang et al., 2020; Wang et al., 2021). Another part was developed with workers (Guilland et al., 2021), especially health professionals, (e.g., Chen et al., 2021; De Paula et al., 2021; Faria et al., 2021; Galon, Navarra, & Gonçalves, 2022; Miranda et al., 2021; Ribeiro, Oliveira, Silva, & Sousa, 2020; Ribeiro, Giongo, & Perez, 2021; Vieira, Gomes, & Matos, 2021; Villanueva, Neves, Antunes, Ramos, & Vialho, 2022).

However, it is well known that the Covid-19 pandemic has radically affected all human spheres, as it has affected different environments, both social and work environments, including education, which includes students, teachers, directors, educational technicians, and others involved in educational institutions. These people also underwent changes in their routine due to social isolation. In this way, it is suggested to undertake efforts, through research, to understand the impacts inherent to these changes in the school context, including all stakeholders (Rondini, Pedro, & Duarte, 2020).

Certain investigations carried out in the educational context aimed, on the one hand, at understanding the impacts of Covid-19 on teaching practice (Aliante & Abacar, 2022; Barreto & Rocha, 2020; Rodrigues, Minezes & Santos, 2022; Rondini et al., 2020), on teaching-learning processes (Xavier-Zeca, 2021), on the mental health of teachers (Caldas, Silva, & Santos, 2022; Sampaio, Costa, Barbosa, Melo, & Santos, 2022; Silva, Passos, & Aquino, 2022), and on university students (Colli, Biberg-

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Salum, & Gonzales, 2022; Constantinidis & Matsukura, 2021; Maia & Dias, 2020; Manica, 2021; Marin, Biachin, Caetano, & Cavicchioli, 2021; Messiano et al ., 2021; Pereira, Soares, Fonseca, Moreira, & Santos, 2021). These studies similarly conclude that the pandemic caused mental health problems, such as depression, anxiety, stress, burnout and even suicidal ideation or suicide in the investigated population.

Sampaio et al. (2022), for example, evidenced the reporting of fear, insecurity, sadness, and anguish by 190 teachers in the face of the uncertainties of the pandemic context. Similarly, Messiano et al. (2021), investigating a total of 229 university students, found that 51.5% of the participants reported being subject to frequent anxiety; 40.2%, to anxiety very often; 52%, to frequent stress; and 35.8% to stress very often. In the same survey, the participants reported a variety of manifested symptoms, highlighting: constant tiredness (80.3%), excessive worrying (69.9%), difficulty concentrating (80.8%), frequent irritation (67.2%) and the feeling of constant physical exhaustion (72.9%).

In Mozambique, the pandemic also affected the mental health of the country's population. The results of the research by Montero, Saveca and Tembe (2020) with 176 individuals over 18 years old indicated the occurrence of mild and moderate negative psychological effects for depression and anxiety, respectively. Anxiety levels showed symptoms ranging from mild to moderate. With regard to stress, mild levels and moderate levels with a tendency to severity were verified. Likewise, research carried out in the context of educational institutions involving both teachers (Sunde, 2022a) and university students (Alpaca, Aristides, Aliante, & Saquina, 2022; Sunde, 2022b; Sunde, Giquira, & Aussene, 2022) revealed negative effects of the pandemic on the mental health of the people surveyed.

As can be perceived, in the educational context, investigations that assessed the impacts of the pandemic on the mental health of students mostly involved those in higher education, leaving aside those from other subsystems, such as primary and secondary education, teacher training and technical-professional education. In our view, the pandemic not only negatively impacted the life and health of adults and higher education students, but also of adolescents and schoolchildren (Gandra, 2021;

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Moreira et al., 2022; Nogueira-de-Almeida et al., 2020; Racine et al., 2021; Segre et al., 2021; UNESCO, 2020, Zollner, 2021), as they faced major changes that led to profound adaptations in their daily lives, including school closure, home confinement and social distancing rules, which could substantially overwhelm them (Hickman et al., 2021; UN's, 2020; Zachariah et al., 2020).

In other words, home confinement and the social distancing measures universally imposed by the WHO during the Covid-19 pandemic were particularly challenging for schoolchildren, significantly impacting their lives and routines (Graber et al., 2021; Meireles, Marques, Peixoto, Souza, & Cruz, 2022; Melegari et al., 2021; Miliauskas & Faus, 2020), possibly due to the behavioral volatility inherent in young people, to the financial and health problems faced by family members and to domestic violence (Cunha et al., 2021). For example, in a study of 1556 children and adolescents it was revealed that a large percentage of them reported being severely stressed by the Covid-19 pandemic and experiencing a significantly lower health-related quality of life, with more mental health problems and increased anxiety than before the pandemic (Ravens-Sieberer et al., 2021).

In the specific case of Mozambique, the country where this research was carried out, the first declaration of a state of emergency was made in March, through Presidential Decree n.º 12/2020, of March 30 (Mozambique, 2020a), ratified by the Assembly of the Republic by Law No. 1/2020, of March 31 (Mozambique, 2020b). Through this decree, urgent exceptional measures were enacted, designed to prevent and mitigate the spread of Covid-19 – in particular the closure of public and private educational establishments at all levels of the national education system, as well as professional education institutions; the prohibition of public and private events; the closure of commercial entertainment establishments and similar; the suspension of collective religious services and celebrations, in all places of worship, with a recommended number of participants in funeral ceremonies not exceeding 20 people, and in cases of death resulting from infection by Covid-19, the number not exceeding 10 people.

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In addition, there was a recommendation to observe social distancing and the mandatory use of masks; the determination of new opening hours for the markets, with the interval between 6 am and 5 pm being stipulated; the determination of the need to observe a limited number of passengers for public or private collective transport; and the obligation for business or vehicle owners to ensure hygiene and health safety conditions.

In compliance with the state of emergency, the Ministry of Education and Human Development (MINEDH), the central body that oversees the area of education in the country, with a view to implementing the measures issued, approved a circular that guided parents/guardians to continue ensuring their children and/or students to remain at home and apply the officially announced prevention measures; go to the school to collect lesson forms and return them after they were resolved according to an established timetable; ensure preventive measures; monitor and support their children and/or students in carrying out the exercises given by the teachers as well as those contained in primary school books and accessed via digital platforms (MINEDH, 2020).

In addition to these measures, the supervising ministry, in partnership with community radio stations and Televisão de Moçambique (TVM), aired radio and television programs that addressed school subjects in various disciplines. These actions proved to be ineffective, as most Mozambican families do not have television or electricity, and most schools, especially public primary education schools, did not have the material conditions (e.g. electricity, computers, and photocopiers) to prepare and reproduce the activities to distribute to their students, which led to their discontinuity. This type of adopted emergency remote teaching (ERT) and the conditions of the teaching-learning process made young students become authors and coproducers of their learning, all of this in the context of the stress of being confined at home, with family members, of getting involved in household chores, living in the context of a global pandemic (Oliveira, Cruz, & Guimarães, 2021) .

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Furthermore, based on Assis (2020), like workers, schoolchildren, when displaced from their usual environment, that is, from school, changed their way of studying, being faced with the following situations: sudden change in their routines, characterized by the penetration of teaching into family life, without the government or the owners of private schools guaranteeing them minimum conditions for the printing of forms, the purchasing of radio and television, electricity and other equipment, a scenario that aggravated the social inequalities that the country was experiencing even before the pandemic.

Just to illustrate, Mozambique continues to be on the list of least developed countries in the world and the geographic distribution of poverty has remained practically unchanged in recent years. It is estimated that 68.7% of the Mozambican population lives on less than US$1.90 a day (ILO, 2019) and only 9% of poor and vulnerable households benefit from social protection programs (UNESCO, 2019).

In addition, during the period of social isolation, there was a loss of social interaction in the school environment and of teacher-student interaction. Thus, human contacts in school coexistence, which provide the exchange of ideas and experiences, were impaired, as it is assumed that a face-to-face relationship facilitates the development of empathy with the other; provides the establishment of interaction, in order to attempt to understand what is happening with the other, their difficulties, needs and qualities (Assis, 2020).

Therefore, although the quarantine was a measure that allowed closer contact with the family and provided greater tranquility in situations of mandatory home quarantine, one of the most striking aspects of the period was the experience of loneliness, a problem increasingly faced by isolated people, which harms the mind and body, increasing the risk of high blood pressure, obesity, and emotional changes, such as depression, anxiety, stress and insomnia (Assis, 2020).

Since the reality of the pandemic proved to be persistent, the Mozambican Government decreed the phased resumption of face-to-face classes, by level of education, in mid-August 2020, for higher education, professional technicians, teacher training and exam classes in general education (7th, 10th and 12th grades,

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equivalent to Elementary II and High School in Brazil). And, in the following year, that is, in March 2021, face-to-face classes were resumed in all teaching subsystems (Abacar, 2020; Aliante & Abacar, 2022).

Now, to prevent the spread of the disease, at the beginning of the face-to-face classes, minimum hygiene conditions were created, characterized by the allocation of funds for the acquisition of buckets for the conservation of water, soap, and 70% alcohol gel, for washing and disinfecting the hands of school users. However, this action was discontinued, transforming schools in unsafe places and possible environments for outbreaks of the spread and contamination of Covid-19, due to the lack of basic compliance with the preventive measures as a result of the lack of hygiene and hand washing material, as happened in some educational institutions in mid-July 2021, which dictated the temporary suspension of face-to-face classes in the provinces of Maputo and the Maputo cities, Xai-Xai, Inhambane, Tete, Chimoio and Dondo (Aliante & Abacar, 2022). In this context, returning to face-to-face classes under the described conditions could be perceived as a situation of danger, fear, and uncertainty, which could lead to psychic exhaustion, with tendencies of possible suffering and mental illness (Moronte, 2020).

Carrying out this research is also justified by the recognition that, since Covid-19 caused mental suffering in higher education students, as was shown above, it may also have negatively impacted the mental health of schoolchildren, in particular those of secondary education. This understanding arises from the fact that, although they are not considered by health agencies as risk groups for the worsening of Covid-19, it is observed that they present vulnerabilities to mental suffering insofar as some of their training and self-regulatory functions are still developing. And that, in the context resulting from social isolation, the scenario may have constituted an impasse for the successful development of their personality, leading to the emergence of a picture of mental suffering in this public (Moreira et al., 2022).

Finally, it should be noted that, in general, in Mozambique, research on the mental health of students is scarce (Cassambai & Aliante, 2020) when compared to other countries in Africa and from other continents. Furthermore, the investigations

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that existed so far involved students from public institutions of higher education and were mostly limited to stress (e.g. Abacar, Aliante, & António, 2021; Abacar, Aliante, Aristides & Nicuane, 2021; Aliante, Abacar, Saquina, & Aristides, 2019; Matsinhe, Cândido, Abacar, & Aliante, 2020), followed by general mental health (Machado et al., 2020; Sunde, 2022a, 2022b), burnout (Macuvêa, Abacar, & Aliante, 2020) and depression, anxiety and *stress* (Alpaca et al., 2022). However, it appears that most of these studies involved students from higher education institutions and the public network. Thus, this allows us to consider this study as pioneering in the simultaneous investigation of symptoms of depression, anxiety, and stress in a sample of young secondary school students from private schools in Mozambique.

Therefore, the findings of this investigation are important indicators of the state of mental health of the researched sample. Consequently, on the one hand, the results achieved will serve as a theoretical framework to support future research and, on the other hand, they can guide school managements to justify the need to implement psychological support services at school, which will not only benefit young students, as well as other school actors, such as teachers, technical and support staff, and school administrators.

Based on the description made, the following guiding research question was raised: what are the most prevalent symptoms of depression, anxiety and *stress* in young secondary school students from a private school in Angoche, Mozambique in times of the Covid-19 pandemic? To answer this question, the present study aimed to track the symptoms of depression, anxiety and *stress* in young secondary school students from the private network of Angoche, Mozambique, during the Covid-19 pandemic.

Methods

This cross-sectional, descriptive, and quantitative study was carried out in Angoche, Nampula province, located in the northern region of Mozambique. The reasons that dictated the choice of this type of study include: involvement of a larger

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sample size (n=150 young students), use of standardized instruments in data collection and statistical techniques for their classification and analysis.

Mozambique is located on the east coast of Africa, most specifically in the Southern Africa zone, in the south of the continent. The country is divided into 10 provinces and a capital with provincial status (Maputo; the capital is also the largest city). The 10 provinces are: Cabo Delgado, Gaza, Inhambane, Manica, Maputo, Nampula, Niassa, Sofala, Tete and Zambézia. The provinces of Mozambique are divided into 154 districts (UNESCO, 2019). Angoche is part of the 23 districts of the Nampula province and is located in the north of the country, on the coast of the Indian Ocean. The main source of subsistence is fishing, followed by family farming.

According to data from the 2017 general population and housing census, around 68.56% of the 27.2 million Mozambican inhabitants live in rural areas, the young population (children under 15) represents 45% (INE, 2019). Mozambique still has one of the highest levels of illiterate young and adult population (50.4%), malnutrition is on the rise and malaria is still the main cause of death, with 35% of infant mortality. The Human Development Index (HDI) is quite low, estimated at 0.446 according to the latest Human Development Report, placing the country in position 185 out of a ranking *of* 191, that is, in the sixth position of the poorest countries in the world (UNDP, 2022).

As evidence of this low HDI, the social progress index for access to improved sources of water and sanitation ranks Mozambique 128th and 119th respectively out of 135 countries. In fact, Mozambique has one of the lowest levels of water consumption in the world, despite being endowed with a variety of water sources (ILO, 2019; UNESCO, 2019).

The study involved a non-probabilistic accessibility sampling (Gil, 2008) of 150 of the 470 schoolchildren regularly enrolled in the year 2021. The participation of those involved obeyed the following inclusion criteria: being a student at the school with an active bond, being present on the day of the questionnaire's administering and participating voluntarily. Thus, schoolchildren who were absent at the time of data collection, who did not consent to participate in the research, and those from

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other schools, were excluded. In data collection, two instruments were applied, namely: the sociodemographic and school data questionnaire and the Depression, Anxiety and Stress Scale (EADS-21 in Portuguese).

The sociodemographic and school data questionnaire aimed to obtain personal information regarding gender, age, frequency class and shift of the investigated students. This information was used in the correlation test and in the comparative analysis of the occurrence of symptoms of depression, anxiety and stress, making it possible to determine the profile of the students with greater vulnerability to psychological distress.

The EADS-21 is the Portuguese language version of the Depression, Anxiety and Stress Scale (DASS-21), developed by Lovibond and Lovibond (1995). The instrument has been translated into several languages, including Portuguese from Portugal (Apóstolo, Mendes, & Azevedo, 2006; Pais-Ribeiro, Honrado, & Leal, 2004) and from Brazil (Vignola & Tucci, 2014), involving people from different backgrounds age groups, that is, children, adolescents, young people and adults from these two Portuguese-speaking countries (Leal et al., 2009; Pais-Ribeiro et al. 2004; Patias, Machado, Bandeira, & Dell'Aglio, 2016; Silva et al., 2016).

Both adapted and validated versions for the Portuguese language revealed good Cronbach's alpha (Cronbach's α) values, greater than 0.70, which is the internationally recommended value (Apóstolo et al., 2006; Leal et al., 2009; Martins et al., 2019; Pais-Ribeiro et al., 2004; Patias et al., 2016; Silva et al., 2016; Vignola & Tucci, 2014). Another reason that supports the use of this scale in this study is related to the fact that it involves a theoretical model that discriminates well the symptoms of anxiety and depression, not always differentiated by other scales or instruments (Lovibond & Lovibond, 1995; Pais- Ribeiro et al., 2004), and that it is composed of few items, being easy and quick to apply (Patias et al., 2016).

The EADS-21 is a self-report instrument where the informant indicates the severity and/or frequency with which the statement occurred in the last week or month. Structurally, it presents three dimensions: Depression (items: 3, 5, 10, 13, 16, 17 and 21), Anxiety (items: 2, 4, 7, 9, 15, 19 and 20) and Stress (items: 1, 6, 8, 11, 12, 14 and 18). These items are answered on a four-point Likert-type scale ranging from 1

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("did not apply to me at all"), 2 ("applied to me a few times"), 3 ("applied to me many times") to 4 ("applied to me most of the time"). The higher scores on the EADS-21 (e.g., 3 and 4) correspond to higher levels of depression, anxiety and stress .

Data collection took place in a private secondary school located in the city of Angoche, in the province of Nampula, Mozambique, in November 2021, after returning to face-to-face classes. This collection was anticipated by the request for authorization made by means of a letter addressed to the school management, which was answered favorably. Then, an oral and public invitation was made to the students who attended the school under survey. In this invitation, the researchers explained the objectives, the form of participation in the research, the methodology and the ethical precautions to be fulfilled. The students who consented and made themselves available to participate freely and voluntarily in the research filled out the questionnaires individually after receiving the instructions given by the researchers.

However, it should be noted that in Mozambique most higher education institutions do not have Research Ethics Committees (RECs), with the exception of those that teach Medical courses. Thus, the country has a total of eight Institutional Bioethics Committees, located in different regions, one of which is the National Committee on Bioethics for Health (CNBS in Portuguese) and seven are Institutional Bioethics Committees (CIBS in Portuguese) (Chissico & Manchola-Castillo, 2018).

The secondary school in question taught grades 8 to 12 (Elementary School II and Middle School in Brazil), which is a level intended for students aged between 11 and 17 years. It should be noted that, in accordance with Article 9 of Law No. 18/2018 of December 28, the National Education System in Mozambique is made up of the following subsystems: pre-school education, general education, adult education, professional education, teacher training, and higher education (Mozambique, 2018). In this case, the surveyed schoolchildren attended the general education subsystem, which is divided into primary education (1st to 6th grade) for children aged 6 to 11 and secondary education for those aged 12 to 17 for daytime courses. Young students older than the expected range are allocated to the night course.

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The instruments were completed individually in classrooms during the school term. And for safety issues and preventive measures, each student deposited their completed questionnaire in the ballot box placed in the school office. In compliance with the ethical precepts required in research with human beings, no questionnaire requested the identification of the participant by name. This measure aimed to guarantee the anonymity and confidentiality of the collected data.

Data were analyzed using the statistical package Statistical Package for Social Sciences (SPSS) version 22.0. For the purposes of this study, simple statistical analyses were performed (calculation of absolute and percentage frequencies, means and standard deviation) for each EADS-21 item and factor and for sociodemographic variables. The internal reliability inspection was carried out through Cronbach's alpha of the three dimensions. Student's t-test was also applied with a significance level of 5% to verify the possible correlation between sociodemographic and school variables with the three dimensions that make up the EADS-21.

To determine the frequency of symptoms of depression, anxiety and stress in the investigated young students, the EADS-21, responses were dichotomized into two categories, asymptomatic (sum of response scores 1 and 2) and symptomatic (scores 3 and 4), for each item that make up the scale. And the comparative analysis between sociodemographic and school variables with the dichotomized category of symptomatic for the three dimensions of depression, anxiety and stress was performed using ANOVA with a ($p \leq 0.05$) significance level.

Results

This section is reserved for the presentation and analysis of the results obtained through the questionnaires answered with the investigated sample. Firstly, the socio-demographic profile of the young students involved in the research is described, followed by the presentation of the symptoms of depression, anxiety and stress and a comparative analysis based on the selected sociodemographic variables.

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- Profile of the participants

The study involved the participation of 150 of the 470 young students regularly enrolled in the year 2021 at the investigated secondary school, the majority (n=94; 62.7%) being male, aged between 14 and 25 years (M =20.1; SD=3.1). The students' distribution per class is: 8th grade (n=14; 9.3%); 9th grade (n=23; 15.3%); 10th grade (n=28; 18.7%); 11th grade (n=38; 25.3%) and 12th grade (n=47; 31.3%). Regarding the period or shift of classes, most (n=146; 97.3%) of the participants were daytime students.

- Mean, standard deviation and *Cronbach's alpha* of the Depression, Anxiety and Stress *Scale* -21

Table 1 presents the means, standard deviation, and Cronbach's alpha (α) value of each dimension of the Depression, Anxiety and Stress Scale (EADS-21) used in this study.

Table 1: EADS-21 mean, standard deviation and Cronbach 's alpha.

Factor	Item	Mean	Standard deviation	α
Depression	7	2.68	1,200	.97
Anxiety	7	2.71	1,194	.96
stress	7	2.74	1.075	.95
EADS-21	21	2.71	1,140	.99

Source: Research results, 2022.

As shown in Table 1, the EADS-21 showed excellent values of Cronbach's alpha (α),ranging from 0.97; 0.96 and 0.95 for the Depression, Anxiety and Stress subscales, respectively. Overall, EADS-21 revealed an α value of 0.99, which demonstrates an excellent internal consistency property. Regarding the means of the subscales, the Stress factor had a relatively higher mean (M=2.74; SD=1.075), followed by Anxiety (M=2.71; SD=1.194) and Depression (M=2, 68; SD=1.20). This reveals that most participants manifested symptoms predicted in the three constructs, especially in the Anxiety and Stress dimension.

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- Frequency of symptoms of depression, anxiety and stress experienced by the surveyed schoolchildren

Table 2 below presents the prevalence of symptoms of depression, anxiety and stress in a sample of students from secondary education in private schools. In general, most of the young students investigated showed symptoms in all items that make up the Depression, Anxiety, and Stress Scale (EADS-21), except items 10 and 11, which reveals an installed condition of psychological distress.

The analysis of each EADS-21 dimension in Table 2 shows that the anxiety subscale was the one with the highest frequency of symptoms, followed by the *stress* and depression dimensions. In the anxiety subscale, the most prevalent symptoms were: feelings of cardiac changes without having practiced physical exercises, worrying about situations that could make one panic, difficulty breathing at random times, feeling afraid for no reason and feeling that one is going to panic. The most frequent symptoms in the stress dimension were: oversensitivity, intolerance of life uncertainties, difficulties in relaxing and tendencies to overreact to everyday situations. Finally, in the depression factor, the most evident signs include: difficulties in taking initiatives to do things and not being able to experience a positive moment.

Table 2: Frequency of symptoms of depression, anxiety and stress signaled by schoolchildren in Angoche, Mozambique, 2021

Dimension	Item	response scores				asymptomatic	Symptomatic
		1 n(%)	2 n(%)	3 n(%)	4 n(%)	≤2 n(%)	≥3 n(%)
Anxiety	2. My mouth feels dry	52(34.7)	22(14.7)	12(8.0)	64(42.7)	74 (43.4)	76 (50.6)
	4. I have trouble breathing at times	53(35.5)	15(10)	6(4.0)	76(50.5)	68(45.4)	82(54.6)
	7. I feel tremors (e.g. in my hands)	57(38.0)	14(9.3)	4(2.7)	75(50.0)	71(47.4)	79(52.6)
	9. I worry about situations where I might panic	35(23.3)	31(20.7)	10(6.7)	74(49.3)	66(44)	84(56)

	15. I feel like I'm going to panic	43(28.7)	26(17.3)	15(10.0)	66(44.0)	69(46)	81(54)
	19. I feel changes in my heartbeat without having done physical exercise	41(27.3)	23(15.3)	17(11.4)	69(46.0)	64(42.7)	86(57.3)
	20. I feel scared for no reason	35(23.3)	34(22.7)	13(8.7)	68(45.3)	69(46)	81(54)
Depression	3. I can't experience any positive feelings	43(28.7)	26(17.3)	8(5.3)	73(48.7)	69(46)	81(54)
	5. I have difficulty taking the initiative to do things	34(22.7)	34(22.7)	10(6.6)	72(48.0)	68(45.6)	82(54.6)
	10. I feel I have nothing to look forward to in the future	60(40.0)	18(12.0)	7(4.7)	65(43.3)	78(52)	72(48)
	13. I feel depressed and low spirited	32(21.3)	40(26.7)	14(9.3)	64(42.7)	72(48)	78(52)
	16. I can't encourage myself with anything	44(29.3)	31(20.7)	10(6.7)	65(43.3)	75(50)	75(50)
	17. I feel that I am worthless as a person	54(36.0)	15(10)	11(7.3)	70(46.7)	69(46)	81(54)
	21. I feel that life is meaningless	49(32.7)	22(14.7)	9(6.0)	70(46.7)	71(47.4)	79(52.6)
Stress	1. I have trouble calming down	38(25.3)	35(23.3)	17(11.4)	60(40.0)	73(48.7)	77(51.3)
	6. I tend to overreact to situations	40(26.7)	31(20.7)	23(15.3)	56(37.3)	71(47.4)	79(52.6)
	8. I always feel nervous	34(22.7)	36(24.0)	17(11.3)	63(42.0)	70(46.7)	80(53.3)
	11. I feel agitated	43(28.7)	34(22.7)	10(6.7)	63(42.0)	77(51.4)	73(48.6)
	12. I find it hard to relax	25(16.7)	40(26.7)	12(7.9)	73(48.7)	65(43.4)	85(56.6)
	14. I am intolerant of things that prevent me from continuing what I'm doing	29(19.3)	36(24.0)	19(12.7)	66(44.0)	65(43.4)	85(56.6)
	18. I feel that I am too sensitive	25(16.7)	39(26.0)	19(12.7)	67(44.7)	64(42.7)	86 (57.3)

Source: Research results, 2022.

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- Evaluation of the influence of sociodemographic variables on the occurrence of symptoms of depression, anxiety and stress in the surveyed schoolchildren

Table 3 below shows the results of the correlation analysis between sociodemographic and school variables (e.g., gender, age, and frequency class) with the symptomatic category in the dimensions of depression, anxiety and stress, performed using Student's t-test and ANOVA.

Table 3: Correlation analysis between the symptomatic category and the sociodemographic and academic variables of the investigated schoolchildren

dimensions		Depression		Anxiety		*stress*	
		M	DP	M	DP	M	DP
Sex	Masculine	2.79	1,222	2.78	1,221	2.82	1.085
	Feminine	2.48	1,147	2.58	1,147	2.61	1.054
		Next(0.120)		Follow (0.321)		Follow (0.256)	
Age	14-20 years old	2.79	1,183	2.82	1,180	2.85	1.052
	21-25 years old	2.41	1.211	2.44	1,196	2.49	1,098
		Follow (0.070)		Follow (0.072)		Follow (0.052)	
frequency class	8th grade	3.70	0.583	3.87**	0.307	3.90**	0.392
	9th grade	3.81	0.442	3.81	0.275	3.77	0.360
	10th grade	3.85**	0.406	3.85	0.406	3.80	0.491
	11th grade	1.97	1.024	2.05	1.056	2.11	0.955
	12th grade	1.69	0.575	1.68	0.575	1.87	0.473
		Sign.(0.000)**		Sign.(0.000)**		Sign.(0.000)**	

Source: Research results, 2022. ** p ≤ 0.05 (2 ends)

Table 3 shows a significant association only between the frequency class variable and the three EADS-21 dimensions: depression, anxiety and *stress.* In this sense, 8th grade students tended to be more anxious and stressed and those in the 10th grade were prone to depression. In general, this result suggests that the students who attended the first cycle of secondary education (8th to 10th grade) were more prone to mental suffering than those in the second cycle (11th and 12th grade).

Discussion

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The aim of this study was to track symptoms of depression, anxiety and stress in a sample of young secondary school students who studied at a private school in the city of Angoche, northern Mozambique, using the Depression, anxiety and stress Scale (EADS- 21). Initially, the internal consistency of the EADS-21 was inspected through the calculation of Cronbach's alpha (α), where it was verified that the instrument presented an excellent global value of 0.99. When analyzing the value of each subscale, excellent internal consistency was also observed, with α values of 0.97 for the dimension of depression; 0.96 for anxiety and 0.95 for the stress factor. As for the symptoms of depression, anxiety and stress, the surveyed schoolchildren showed symptoms in the three dimensions, especially those of anxiety and stress.

Thus, the most prevalent symptoms of the dimension were: greater emotional sensitivity, changes in the heartbeat without having done physical exercise, feeling of intolerance, difficulty relaxing, worrying about situations that might make one panic, difficulty breathing at random times, difficulties taking the initiative to accomplish something, feeling worthless as a person, not being able to experience any positive feelings, feeling fearful for no reason, feeling like one is going to panic, and having a tendency to overreact to situations.

And in the correlation analysis between sociodemographic variables with symptomatic levels of depression, anxiety and stress, it was found that only the frequency class variable influenced the subjective perception of the three constructs, with young students in the 8th and 10th grades being more prone to mental suffering than those in the 9th, 11th and 12th grades.

Cronbach's alpha values found in this study are higher and/or similar to those found in previous investigations. In the adaptation and validation of the EADS-21 into Portuguese of Portugal by Pais-Ribeiro et al. (2004), Cronbach's alpha value was 0.85 for the depression dimension, 0.81 for stress and 0.74 for anxiety. Also, Apóstolo et al. (2006) obtained Cronbach alpha values of 0.90; 0.86 and 0.88 for the depression, anxiety and *stress* dimensions, respectively. Overall, the EADS-21 obtained an α value of 0.95 similar to that of this study. And for the context of Brazilian Portuguese,

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Vignola and Tucci (2014) identified Cronbach alpha values of 0.92 for the depression factor, 0.90 for the stress factor and 0.86 for the anxiety dimension, indicating an optimal internal consistency for each subscale.

Leal et al. (2009), when validating the EADS-21 for children, found Cronbach alpha values of 0.78; 0.75 and 0.74 for the depression, anxiety and stress dimensions, respectively. In the same direction, in the study by Silva et al. (2016), the EADS-21 had strong internal consistency, with an α of 0.80; 0.80 and 0.77 for the depression, anxiety and stress dimensions, successively, and 0.88 for the general scale. Subsequently, Patias et al. (2016), when adapting the EADS-21 for adolescents, concluded that the subscales of this instrument showed adequate levels of internal consistency, ranging from 0.83 to 0.90.

In the study by Maia and Dias (2020), Cronbach alpha values of 0.94 were found for the depression subscale, 0.93 for anxiety and 0.92 for stress. Finally, Costa, Santos, Ximene and Rocha (2020), when analyzing the internal consistency of the EADS-21 subscales, found that Cronbach's alpha values were 0.90; 0.88 and 0.70 for the anxiety, depression and stress subscales, respectively.

When examining the frequency of symptoms of depression, anxiety and stress, the occurrence of the three factors was verified, with anxiety and stress being the most prevalent. These results demonstrate the negative psychological impact of the pandemic on young secondary school students in Mozambique (Rodriguês & César, 2020).

The critical picture of mental suffering identified in this investigation reinforces the idea that adolescence and youth are stages in the development of psychological vulnerability, and that young people had their mental health strongly impacted by the Covid-19 pandemic (Rodrigues, 2022). The presence of this condition in young students can make them have negative views of themselves, of others, of the environment and about the future, and put them in a situation of greater risk of suicide, substance abuse and academic difficulties, such as unauthorized leaves and absenteeism. This suggests taking the necessary measures through the implementation of psychological support services in the school in question.

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Some studies carried out before and during the pandemic using the EADS-21 involving students also revealed mental suffering in this target group, as identified in the present investigation. In the study by Certo (2016), the levels of depression, anxiety and stress evidenced in the students were considered disparate among them, with *stress* being the most significant, partially corroborating our results. In the investigation by Galvão, Pinheiro, Gomes and Ala (2017), most students (53.8% of 158) had higher levels of *stress,* anxiety and depression than the rest, with *stress* and depression being the most prevalent. Similarly, Montinho et al. (2017) found that 47.1%, 37.2% and 34.6% of the 761 students they surveyed showed symptoms of stress, anxiety and depression, respectively.

In Maia and Dias (2020), students who took part in the study during the pandemic period had significantly higher levels of depression, anxiety and *stress,* compared to those who took part in the study during the normal period. Partially, in Barbosa (2021), the frequency of symptoms was verified in the three dimensions, with stress presenting the highest score, followed by the depression and anxiety domain. However, in the research by Bridi (2016) and Guimarães, Vizzotto, Avoglia and Paiva (2022), the students' levels were predominantly in the moderate and normal category for anxiety, stress and depression. As revealed in the research by Santiago et al. (2021), the mental health of the students in this investigation may be at risk, which highlights the need to implement a political-pedagogical project by the educational institution, focused on this issue, presenting strategies to face this reality and aiming to the well-being of this population.

Following the analysis of the results, we sought to verify the existence of significant differences in the occurrence of depression, anxiety and stress in schoolchildren, as a function of age, sex and the class they attended. In this context, it was found that only the frequency class variable was statistically and positively correlated with the three dimensions, with the students in the 8th and 10th grades being the most prone to depression, anxiety and stress .

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In addition to issues related to the Covid-19 pandemic, the vulnerability of young 8th grade students may be associated with the fact that they are attending the first year of a new level of education, in this case secondary education and possibly facing difficulties in adapting to the teaching model adopted in the period before the return of face-to-face classes. Likewise, the transition from primary to secondary education can be a stressful event due to the new demands imposed by teachers and new subjects such as Physics, Chemistry and Biology, which are not part of the primary education curriculum.

Furthermore, it is important to remember that in 2020 general education students in Mozambique only had face-to-face classes in the months of February and March. And the emergency remote teaching model implemented by the Ministry of Education and Human Development was considered ineffective and exclusionary due to the lack of material conditions in schools and the population, such as: computers for reproducing the forms and monitoring school activities via radio and television, making schoolchildren in classes without exams benefit from what is called "automatic passage". Thus, it is obvious that automatic passage may have had a negative impact on the learning of students in subsequent classes.

Another hypothetical assumption that arises is that the lack of support and prior psychological preparation of young students, combined with a probable pedagogical deficit acquired in previous classes, as well as the transition suffered from primary to secondary education, may be at the origin of this identified mental suffering. With regard to 10th grade students, it should be remembered that this class has national exams, is the frontier of transition from the 1st cycle to the 2nd cycle of secondary education, and the certificate acquired may constitute a condition for accessing the technical-professional training courses of the police, health and primary school teaching. Thus, it is unequivocal that the search for good results is a huge challenge and an incessant goal for these students, in the sense of obtaining an average equal to or greater than 12 points, which is the minimum average required and accepted for admission to courses, for example primary magisterium.

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Final remarks

This study aimed to track the symptoms of depression, anxiety and stress in a sample of young students from a private secondary school located in the city of Angoche, in northern Mozambique. The results reached allow us to conclude that the majority of the students signaled symptoms in all items that make up the Depression, anxiety and stress *Scale* (EADS-21), which points to an installed picture of mental suffering. In this way, feelings of changes in the heartbeat without having practiced physical exercises, worrying about situations that could make them panic, difficulty breathing at times, feeling fear for no reason and feeling that they are going to panic are the most prevalent symptoms of the anxiety dimension. The most frequent symptoms of the stress dimension were: oversensitivity, intolerance of life situations, difficulties in relaxing and tendencies to overreact to everyday situations. Regarding the depression factor, the most evident signs are difficulties in taking initiatives to do things and not being able to experience a positive moment.

It is essential to take these results into account, as 19 of the 21 items that make up the EADS-21 were prevalent and more than 50% of the sample was symptomatic. Furthermore, the research findings support that depression, anxiety and stress are related to specific school characteristics, as demonstrated by the statistically significant correlation between attendance class and the three dimensions mentioned above, indicating that the students in the first cycle of secondary education, with an emphasis on those from the 8th and 10th grades, were the most prone to them. This identified profile should constitute a huge concern, as this level of education is mostly attended by young students aged 13 to 15 years old.

And since it is recognized that the state of mental health and well-being of students is related to school performance and success, there is an urgent need for the schools to design and implement psychological support services for this target group in order to support them, help them to overcome their adversities, as well as instill in them adequate ways of coping with stressors in the school and social environment.

Finally, it should be noted that this study has certain limitations, namely: being cross-sectional, involving a non-probabilistic sample, taking place in a single educational institution, regionality and not identifying the social determinants of mental suffering. Such limitations prevent drawing conclusions in terms of causality and the results cannot be generalizable. Even so, the research has the merit of being a pioneer in the assessment of depression, anxiety and stress in schoolchildren, using the Depression, anxiety and stress Scale, which expands its use in Portuguese-speaking countries and in the Mozambican population.

Due to the limitations indicated and the results presented here, it is suggested that more research should be carried out both in private and public schools involving different institutions and larger samples in order to improve knowledge about the emotional states of young students in Mozambique. In these studies, attention should also be given to school and social factors that are contributing to the degradation of the mental health of young students, as well as identifying the coping strategies they use, which can contribute to the improvement of knowledge on the subject in Mozambique and assist in decision-making for the design and implementation of policies aimed at mental healthcare for young students.

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