

Depression among Male and Female Adolescents: A Review

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ABSTRACT

Introduction: Over the years, there has been a steady increase in the number of depressive patients in India. It has been understood that there are a lot of psychological and social factors that contribute to the development of depression among male and female adolescents in the Indian environment. In the current time due to the competitive lifestyle and changes in social and psychological factors, everyone wants to do the best in their life cycle. Depression typically presents at intervals the sort of medically unexplained physical symptoms. Rates of depression are high in women attending medicine clinics and qualitative studies demonstrate a robust relationship between discharge, weakness, neurotic symptoms, and psychosocial stress. One in each of these symptoms ought to be a core symptom: either depressed mood or loss of interest or pleasure. **Objective:** To study depression among male and female adolescents. **Method:** A systematic review with a focus on predictive research was carried out between 1983 to 2021 using Pubmed, Psychinfo, and Google Scholar. **Conclusion:** This review paper concludes that prevention and intervention programs must be developed and should be aimed at adolescents who are exposed to the numerous dangers revealed in the present paper.

Keywords: *Depression, Adolescent, Risk-factors.*

The World Health Organization has classified depression as among the foremost disabling clinical diagnoses at intervals around the globe, ranking fourth, and it's expected to climb to second place by 2020. Depression is determinable to own way on nearly 340 million people worldwide, furthermore as eighteen million people at intervals the USA at anybody time. Early-onset depression (before the age of 21) has been of specific concern as a result of individuals having longer initial episodes, higher rates of repetition, longer hospitalizations, and higher overall rates of co morbid disorders, furthermore as substance use disorders. For adolescents, depression is expounded to poor health and activity outcomes, furthermore as higher risks of unquiet behaviors, anxiety, misuse, unsafe sexual practices, and a bigger likelihood of caring in fights (Saluja et al., 2004). Within college settings, symptoms of depression unit associated with lower accomplishment on tests, lower teacher-rated grades, and poorer peer relationships. Depression throughout adolescence might cause weakened human capital accumulation, which could have negative

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Depression among Male and Female Adolescents: A Review

implications forever gain, activity decisions, and socioeconomic standing (Kessler et al., 1993) (Experiments, 2008).

Using structure analyses, we have a tendency to demonstrate that, first, depressive symptoms modified consistent with a curvilinear pattern, particularly for females; they inflated throughout early to mid-adolescence then declined in late adolescence to young adulthood. Second, compared with males, females toughened a larger range of depressive symptoms in adolescence and early adulthood. Third, kids WHO toughened parental divorce by age fifteen manifested a swindler increase in depressive symptoms compared to those from non - unmarried families. Fourth, disagreeable life events children toughened shortly once parental divorce mediates the impact of parental divorce on depressive symptoms. Fifth and at last, time-varying disagreeable life events, notably those associated with relationships and private loss, were considerably related to the trajectories of depressive symptoms. throughout the past many years, support for this analysis has come back from multiple sources as well as the National Institute of psychological state (MH00567, MH19734, MH43270, MH48165, MH51361), the National Institute on abuse (DA05347), the Bureau of Maternal and kid Health (MCJ-109572), the general Foundation analysis Network on self-made Adolescent Development among Youth in risky Settings, the Iowa Agriculture and residential political economy Experiment Station (Project No. 3320), and therefore the California Agriculture Experiment Station (CA-D*-HCD-6092-H)) (Ge et al., 2006).

Depression can be a considerable associate in nursing principally unrecognized drawback among young adolescents that warrants an accumulated need and likelihood for identification and intervention at the middle college level. Understanding variations in prevalence between males and females and among racial/ethnic groups may even be very important to the recognition and treatment of depression among youths. Depression is said to poor health behaviors and social challenges. In addition, to associate in nursing accumulated risk of suicide, youths UN agency square measure depressed square measure at subsequent risk for mental disorders like anxiety, conduct disorders, and misuse. They are in addition a great deal of apparently totally different completely different youths to possess interaction in unsafe sexual practices and different risk behaviors. Further, youths World Health Organization square measure depressed tend to experience problems concerning peers and square measure a great deal of apparently than others to worry in physical fights with peers. The difficulties they face in their peer relationships and their tendency toward violent behavior do not appear to be understood; however, there is some overlap between the issues Janus-faced by youths UN agency square measure depressed and other people Janus-faced by youths involved in aggressive behaviors like bullying (Saluja et al., 2004).

The literature on clinical options is Brobdingnagian with a typical preoccupation on whether or not depression in adolescence and adulthood correspond. A recent Australian study is informative in suggesting that options of adolescent depression don't disagree clearly from those of adult depression, excluding melancholic symptoms and cognitive content disturbance being rare: reflective the rarity of depression in adolescents. The authors judged that loss of delight, anergia and fatigue, sleep disturbance, diminished concentration, and unsafe intellection were of explicit worth in distinctive 'depression' (as a disorder), whereas guilt, self-reproach, cognitive content amendment, and appetency, and weight amendment were helpful markers of a lot of severe depression(Parker & Roy, 2001).

Moreover, depression among adolescents is additional typically lost than it's in adults, probably attributable to the prominence of irritability, mood reactivity, and unsteady

Depression among Male and Female Adolescents: A Review

symptoms. The prevalence of depression among kids is low with no gender variations so looks to rise well throughout adolescence.(Sajjadi et al., 2013).

More severe symptoms embody misuse, sturdy feelings of guilt, and panic attacks, with the foremost serious one being perennial thoughts of death or suicide. Womb-to-tomb consequences will embody impaired academic or line action, impaired relationships, and severe loss of vanity. Within U.S., unknown depression has resulted in a very surge in gun violence and shootings in colleges and communities at intervals in the last decade (specifically, 2011–2016), the prevalence of depression in Yankee adolescents has raised from 8.3% to 12.9%. Rates of depression are even bigger among females and older adolescents aged fourteen to nineteen (Zou et al., 2021).

Depression typically presents at intervals the sort of medically unexplained physical symptoms. Rates of depression are high in women attending medicine clinics and qualitative studies demonstrate a robust relationship between discharge, weakness, neurotic symptoms, and psychosocial stress. A part of the etiology of ‘medically unexplained’ discharge is also that it's a physical idiom for depression and psychosocial distress. We, therefore, are concerned the event of a lot of versatile models of fruitful health care and analysis that incorporate each physical symptom and their psychosocial contexts (Ridley et al., 2020).

In DSM-IV, the designation of MDE needs the presence of five out of nine given depressive symptoms for an amount of a minimum of a pair of weeks. One in each of these symptoms ought to be a core symptom: either depressed mood or loss of interest or pleasure. The “Appendix of Criteria Sets and Axes provided for more Study of DSM-IV” has established 2 diagnostic classes separating D from MDE: minor affective disorder (M in D) is outlined by the number of symptoms (fewer symptoms), and repeated transient affective disorder (RBD) is outlined by the period (less than a pair of weeks). M in D is characterized by the presence of 2–4 depressive symptoms throughout a 2-week amount and needs one in each of these symptoms to be a core symptom, either depressed mood or loss of interest or pleasure. RBD fulfills DSM-IV criteria for MDE apart from duration: the repeated depressive episodes last for a minimum of a pair of days however but a pair of weeks (Bertha & Balázs, 2013).

REVIEW OF LITERATURE

It's been found that a lot of researchers are done on depression in Asian nation and internationally by scholars. They used various approaches and ways to gather the information to spot depression among male and feminine adolescents.

The rising gender distinction (more feminine depressed than male) in depressed mood and depressive disorders appear once the age of 13 years or middle time of life. Girls measure a lot of seemingly to expertise negative events within the family than boys, and these adversities measure successively related to elevated depression. Girls determine a lot of powerfully with a female stereotype of wanting to seem skinny and consequently become a lot of discontent with their body form and physical look, that successively is related to exaggerated depression(Hankin & Abramson, 1999). A gender distinction emerged at age thirteen for depression symptoms and at ages 13–14 for diagnoses. These findings area unit just like those within the Nineteen Eighties and Nineties despite several social changes that have occurred. (Salk et al., 2016). Advancing time of life was related to depressed mood solely among females, however the temporal order of time of life changes, relative to one's

Depression among Male and Female Adolescents: A Review

peers, was associated with the depressed mood among each males and females, and among Latinos(Siegel et al., 1998).

Results open that girls measure in peril for developing depressed have an impression on by twelfth grade as a result of they accomplished heaps of challenges in early adolescence than did boys. The sex distinction in depressed have an effect on at twelfth grade disappears once early adolescent challenges area unit thought-about(Petersen et al., 1991).The prevalence in late and early adolescence was 11.7% and 8.9%, severally. it had been higher in women (22.3%) as compared with boys (19.2%). delicate depression was the foremost common kind known. presence of long-standing health problem within the past 3 months, impaired self-perceived body image, and perceived nerve-racking event(s) within the past six months. The overall prevalence of depression was considerably higher among girls than boys. One in 5 adolescents was screened positive for depression, necessitating attention on screening and early identification of depressive symptoms, particularly at the first care level (Mohta et al., 2021). The prevalence of depression was found to be higher among students' happiness to minorities (Buddhism, Jainism, etc.). Elder students were found to be a lot of depressed than younger students. Depression was found to be statistically considerably related to gender and faith. The guilty feeling was one of the foremost outstanding clinical factors associated with depression followed by pessimism, sadness, and past failure (Jha et al., 2017).

A teen partaking in risk behaviors square measure at accumulated odds for depression, self-destructive intellection, and suicide makes an attempt. though the causative direction has not been established, involvement in any sex or drug use is cause for concern, ought to and will be a clinical indication for psychological state screening for women; each boy and girl should be screened if partaking in any marijuana or felonious drug use (Hallfors et al., 2004). In evaluations of scholars involved in bullying behavior, it's necessary to assess depression and suicidal effect (Brunstein Klomek et al., 2007). Fatigue was the foremost common presenting depressive symptom, in addition to completely different emotional, psychological choices and physiological symptoms. unsafe ideations were the foremost common unsafe symptoms in depressed adolescent females, with serious unsafe (Khalil et al., 2010). Depressed ladies felt disappointment, guilt, punishment, worthlessness, low energy, and fatigue, or additional frailness; whereas depressed boys have symptoms like irritability, depression, unsafe thoughts, or need to cut back their pleasure. The results showed that the distinction between the boys and girls with emotional disorders is important for feeling unhappy, the emotion of self, unsafe thoughts or needs, restlessness, and irritability were important. Experiencing depression in boys and girls consistent with the role of gender was completely different. Gender will have a good role in showing depression symptoms in adolescents (Chowdhury & Chakraborty, 2017). Data on crude prevalence showed thoughts concerning death, want to be dead, thoughts of suicide, and suicide plans were all considerably higher among youths with a history of making an attempt, dangerous thinking was associated with being a lot of lonely, a lot of fatalistic, and a lot of demoralized, and to less shallowness, additionally to depression and a history of making an attempt. Variable analyses discovered the strongest factors related to current dangerous thinking were history of making an attempt, depression, and up-to-date life stress (Petersen et al., 1991). Research on self-concept, attributions, anxiety, depression, and suicide among adolescents with LD has examined for the aim of police work the consistency of indicators regarding these emotional and organic process variables. The analysis indicates that the emotional development of the many adolescents with LD isn't notably positive, and these students seem to be at hyperbolic risk for severe depression and suicide (McPhail, 1993).

Depression among Male and Female Adolescents: A Review

In general, the expertise of depression is very similar for adolescent girls and boys (Bennett et al., 2005). There was no distinction within the rates of depression between boys and girls before the age of eleven, however by the age of sixteen girls were double as probably as boys to own important depressive symptomatology. Thus, these results failed to support the thought that the biological changes of pubescence area unit a primary driver in manufacturing the changes within the sex magnitude relation in depression in adolescence (Angold & Rutter, 1992). However, girls with a history of depression don't take issue from men with a history of depression in either the chance of being inveterately depressed within the past year or within the chance of getting an acute repetition within the past year (Kessler et al., 1993). Results indicate that feminine adolescents perceived considerably a lot of support from friends than male adolescents did, whereas male adolescents perceived considerably a lot of support from fathers than feminine adolescents did. No gender variations were found in perceptions of support from mothers or academics. Boys and girls perceived quantity amount of support from fathers compared with alternative suppliers (Colarossi & Eccles, 2003). Male and female showed bound variations in sorts, rates, comorbidities, antecedents, correlates, and trajectories of those issues. Origins of male and feminine predominant issues square measure possible to be unmoving, in part, in biological, physical, cognitive, and social-emotional variations in boys and ladies which will precede the expression of clinical issues. These male-like and female-like characteristics square measure thought-about concerning conduct issues and depression to explore however they inform biological and environmental theories concerning gender and psychopathology. At a similar time, as a result of boys and girls additionally, show several similarities, it's necessary to avoid sex-stereotyping psychological state issues (Zahn-Waxler et al., 2008).

Domains of risk factors

Candidate areas include triggering stressful life experiences, pre-existing psychopathology or antecedent disorders, and predisposing familial and psychological factors. Risk factors like co morbid anxiety disorder, lack of support, parental psychopathology, family conflict, exposure to stressful life events, and low socioeconomic status not only increase the risk of the onset of the first depressive episode but also predict a poorer response to treatment, suggesting a maintenance role. Each is taken into account separately (Parker & Roy, 2001.).

Behavioral and Emotional risk factors

An "internalizing" approach, such as being behaviorally restrained, shy, nervous, dependent, or a "worrier," frequently links with cognitive preoccupations centered on being disliked, insecure, and having low self-esteem, raising the risk of depression in kids and teens (Caspi, 1996; Reinherz et al., 2000). Contrarily, an "externalizing" approach tends to raise the risk of substance dependence and behavioral issues (Reinherz et al., 2000). However, some externalizing traits, like violence, have been implicated as drug abuse and depression risk factors. Teenagers that are prone to depression have been found to have personalities that lack emotional dependability (Hirschfeld, 1983; Rohde et al., 1990).

Social factors

Any actual recent rise in adolescent depression in affluent nations has taken place at a time of political stability, in areas that have been largely spared from war, and in areas where social welfare programs have made it possible to ensure the basic needs of food, shelter, and clothes. In such circumstances, Durkheim (Parker & Roy, 2001) and other theorists, the community is more likely to experience anthropogenic stresses, internal cohesion is decreased, and a more depressed genic atmosphere is created. Although it's unclear how this predisposes teenagers to depression, a variety of risk factors are frequently suggested. Most

Depression among Male and Female Adolescents: A Review

seem to focus on "societal values," with an underlying "moral value" argument frequently present. Accordingly, it is believed that present cultural norms stress a "self-focus" on rights and freedoms while disregarding or downplaying "other-directedness" and societal responsibility. Second, the emphasis on individual behavior and non-responsibility help the individual's perception of himself or herself as either not at fault or a victim because the blame is placed on others. Additionally, the promotion of rapid pleasure (influenced by sex, drugs, and cell phones) prevents adolescents from learning how to cope with disappointment or to "go without," and as a result, they have lower levels of resilience and self-reliance. Additionally, the diminishing significance of the family and a rise in structural family issues (such as more single mothers and divorce) are still cited as contributory factors. Adolescent drug use has increased, which may, directly and indirectly, contribute to adolescent depression. These changes are also thought to be responsible for this rise (Parker & Roy, 2001).

'Negative' cognitive style

It has been extensively researched how such a cognitive approach affects adolescent depression (Lewinsohn et al., 1995). Low self-esteem (Overholser et al., 1995), self-criticism, the perception of having no control over unfavorable occurrences, negative attributions, pessimism (Gladstone et al., 1997; Lewinsohn et al., 1994), and a pessimistic outlook are among the contributing factors. Any such "negative" cognitive style may be innate, the result of unfavorable family and developmental circumstances, the result of significant persons modeling oneself, or even the result of recurrent sub syndrome depressive experiences (Overholser et al., 1995). It has been demonstrated in longitudinal studies of non-referred children that they are more likely to have protracted dysphoric moods after being exposed to stressors like receiving a poor grade in school or being rejected by peers. It can also have an iterative effect, whereby those with lower self-esteem are more likely to experience subsequent depressive episodes (Birmaher et al., 1996) as a result of a higher likelihood of attributing experiences negatively (Overholser et al., 1995).

Psychosocial family Factors

Adolescents who experience negative family circumstances are more likely to have despair, suicidal thoughts, and suicidal attempts (Fergusson & Lynskey, 1995). Adolescents with depression often view their family as being more hostile, unloving, unsupportive, and abusive (Reinherz et al., 2000), increased rates of depression recurrence are observed in households with more conflict. Causal hypotheses run the risk of being misinterpreted. Clearly, a depressed adolescent can cause family strife in a household that otherwise functions normally (Hammen et al., 1999), whereas parents trying to rein in a child's disruptive behavior can sometimes lead to family strife (Asarnow et al., 1994).

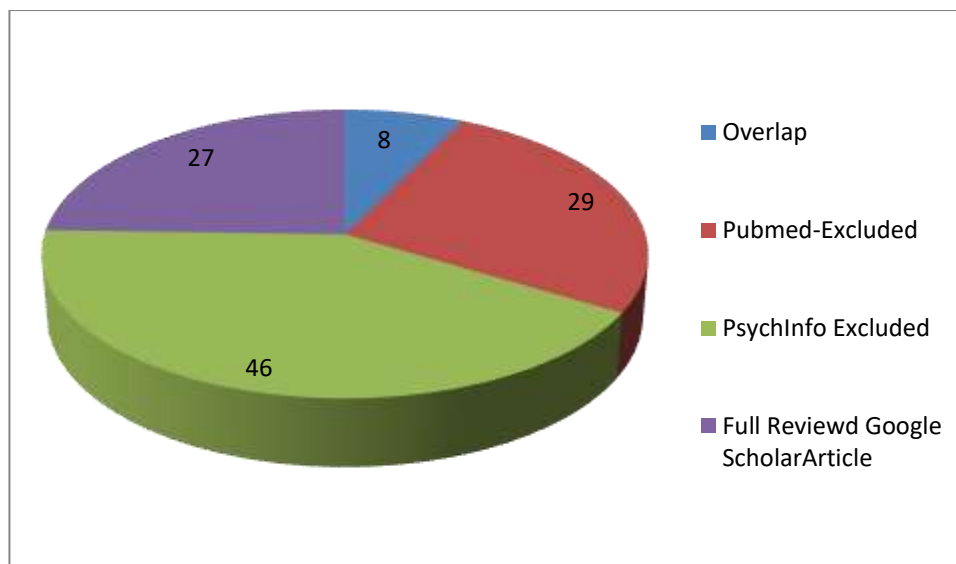
Parental actions and attitudes that foster low self-esteem in children and foster feelings of insecurity in children are important parental contributions (Parker, 1983), both of which result in lowered resistance to psychosocial stressors. "Chaotic" familial situations (Warner et al., 1995), whether structural (like the mother sharing a home with someone who is not the child's biological father) or functional (like family conflict) have been proposed as general stresses that cause depression in children who are sensitive to it (Billings & Moos, 1986; Hammen et al., 1999). Parental modeling may also teach children to "give up in the face of adversity" and to not learn how to control unwanted impacts. In the early years of a child's life, the mother's influence is thought to be especially significant (Mufson et al., 1994; Reinherz et al., 2000) [68,], when the child reaches puberty, fathers might have a stronger influence (Sanford et al., 1995).

Depression among Male and Female Adolescents: A Review

According to one study, there may be sex interactions between parents and children(Parker, 1983) stating that boys are more vulnerable to the effects of an uncaring mother and that females are more sensitive to the effects of an uncaring father. When moms are more frequently researched and graded than fathers, methodological problems may make interpretation difficult. Lack of perceived social support is another indicator of aspect that may raise the likelihood of adolescent depression(Lewinsohn et al., 1995), parental separation(Browne et al., 1995), a larger family(Reinherz et al., 2000), and elder siblings who use drugs or alcohol(Luthar et al., 1992; Reinherz et al., 2000). Although it has been proposed that any relationship may arise as much from general dysfunctional family traits as from abuse, those who have experienced sexual abuse are at increased risk of depression (in adolescence and in adulthood) (Fergusson et al., 1996)

METHODOLOGY

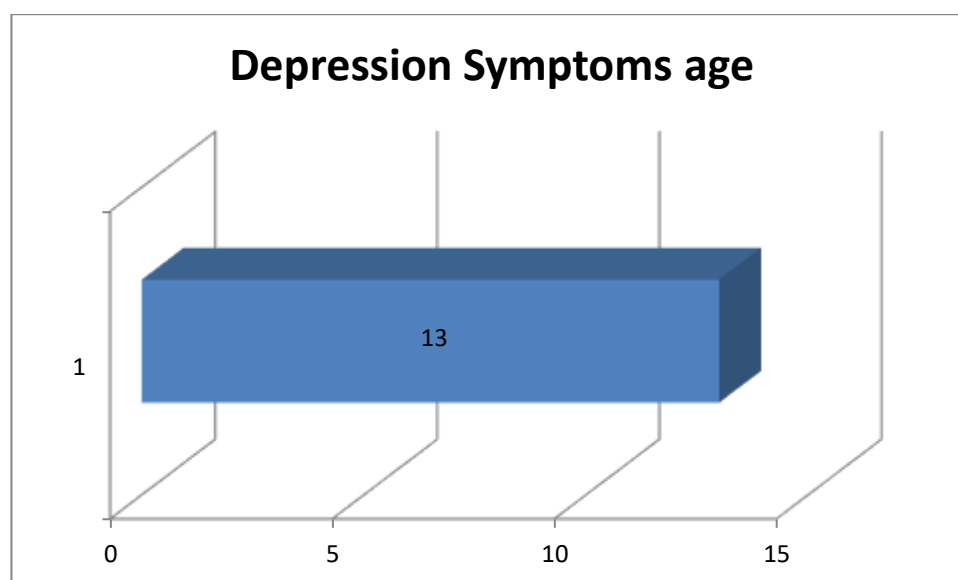
A systematic review with a focus on predictive research was carried out between 1983 to 2021 using Pubmed, Psychinfo, and Google Scholar. There were 110 articles found in the first search across all databases, 8 of which overlapped in other searches, leaving 102 articles for review, 29 articles were removed from the Pubmed search and 46 from the PsychInfo search after the initial abstract review. The keywords depression, adolescent, and risk factors were used to review the references of the abstracts of the final 27 papers and all full reviewed articles are from Google scholar.



Pie-Chart: Shows Article Searches

RESULTS

Overall the prevalence of depression reported varied from 6 % to 73 % in numerous populations. In our study females reported mostly higher depression compared to males (about twice). Depression in rural areas was on top of in urban areas. Single reported higher depression. There has been a substantial range of papers on feminine depression and physiological conditions (9 out of 27 papers). One in 5 adolescents was screened positive for depression, necessitating attention on screening and early identification of depressive symptoms, particularly at the first care level (by Mohta & others in the year of 2021). In a modern adolescent sample, we tend to determine gender variations in depression symptoms and diagnoses starting at age13.



Bar-Chart: Shows Depression Symptoms age

CONCLUSION

The results of this systematic review point to a significant prevalence of depression worldwide, particularly in specific populations, and it appears that future efforts should concentrate on risk factors, preventative tactics, and possibly prompt patient treatment. We tend to find that adolescent males and females experience different biological process trajectories of depression, suggesting completely different biological process windows for depression intervention programs and we also find that the chronicity burden of depressive disorder is similar across genders. The prevalence of depression was significantly higher in females than in males, and it was discovered that the most prevalent presenting symptom in female adolescents with depressive disorders was physical symptoms. Instead of the typical sad mood, depressive phenomena such as inexplicable weariness, decreased energy, changes in mental objects, difficulty of focus, weight changes, and dangerous ideations are also the presenting complaints. However, several gender differences that were previously observed in sad adults seem to have developed by adolescence, indicating that male and female depression may have relatively different aetiologies. One of the most notable clinical elements linked to depression, along with pessimism, unhappiness, and past failure, was the guilty feeling.

REFERENCES

- Angold, A., & Rutter, M. (1992). Effects of age and pubertal status on depression in a large clinical sample. *Development and Psychopathology*, 4(1), 5–28. <https://doi.org/10.1017/S0954579400005538>
- Asarnow, J. R., Tompson, M., Hamilton, E. B., Goldstein, M. J., & Guthrie, D. (1994). Family-expressed emotion, childhood-onset depression, and childhood-onset schizophrenia spectrum disorders: Is expressed emotion a nonspecific correlate of child psychopathology or a specific risk factor for depression? *Journal of Abnormal Child Psychology*, 22(2), 129–146. <https://doi.org/10.1007/BF02167896>
- Bennett, D. S., Ambrosini, P. J., Kudes, D., Metz, C., & Rabinovich, H. (2005). Gender differences in adolescent depression: Do symptoms differ for boys and girls? *Journal of Affective Disorders*, 89(1–3), 35–44. <https://doi.org/10.1016/j.jad.2005.05.020>

Depression among Male and Female Adolescents: A Review

- Bertha, E. A., & Balázs, J. (2013). Subthreshold depression in adolescence: A systematic review. *European Child and Adolescent Psychiatry*, 22(10), 589–603. <https://doi.org/10.1007/s00787-013-0411-0>
- Billings, A. G., & Moos, R. H. (1986). Children of parents with unipolar depression: A controlled 1-year follow-up. *Journal of Abnormal Child Psychology*, 14(1), 149–166. <https://doi.org/10.1007/BF00917230>
- Birmaher, B., Ryan, N. D., Williamson, D. E., Brent, D. A., Kaufman, J., Dahl, R. E., Perel, J., & Nelson, B. (1996). Childhood and Adolescent Depression: A Review of the Past 10 Years. Part I. *Journal of the American Academy of Child & Adolescent Psychiatry*, 35(11), 1427–1439. <https://doi.org/10.1097/00004583-199611000-00011>
- Brunstein Klomek, A., Marrocco, F., Kleinman, M., Schonfeld, I. S., & Gould, M. S. (2007). Bullying, depression, and suicidality in adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*, 46(1), 40–49. <https://doi.org/10.1097/01.chi.0000242237.84925.18>
- Caspi, A. (1996). Behavioral Observations at Age 3 Years Predict Adult Psychiatric Disorders: Longitudinal Evidence from a Birth Cohort. *Archives of General Psychiatry*, 53(11), 1033. <https://doi.org/10.1001/archpsyc.1996.01830110071009>
- Chowdhury, S., & Chakraborty, P. pratim. (2017). Universal health coverage - There is more to it than meets the eye. *Journal of Family Medicine and Primary Care*, 6(2), 169–170. <https://doi.org/10.4103/jfmprc.jfmprc>
- Colarossi, L. G., & Eccles, J. S. (2003). *Providers on Adolescents' Mental Health*. 19–30.
- Fergusson, D. M., & Lynskey, M. T. (1995). Suicide Attempts and Suicidal Ideation in a Birth Cohort of 16-Year-Old New Zealanders. *Journal of the American Academy of Child & Adolescent Psychiatry*, 34(10), 1308–1317. <https://doi.org/10.1097/00004583-199510000-00016>
- Gladstone, R. G., Kaslow, N. J., Seeley, J. R., & Lewinsohn, P. M. (1997). Sex Differences, Attributional Style, and Depressive Symptoms Among Adolescents. *Journal of Abnormal Child Psychology*, 25(4), 297–305.
- Hallfors, D. D., Waller, M. W., Ford, C. A., Halpern, C. T., Brodish, P. H., & Iritani, B. (2004). Adolescent depression and suicide risk: Association with sex and drug behavior. *American Journal of Preventive Medicine*, 27(3), 224–231. <https://doi.org/10.1016/j.amepre.2004.06.001>
- Hammen, C., Rudolph, K., Weisz, J., Rao, U., & Burge, D. (1999). The Context of Depression in Clinic-Referred Youth: Neglected Areas in Treatment. *Journal of the American Academy of Child & Adolescent Psychiatry*, 38(1), 64–71. <https://doi.org/10.1097/00004583-199901000-00021>
- Hankin, B. L., & Abramson, L. Y. (1999). Development of gender differences in depression: Description and possible explanations. *Annals of Medicine*, 31(6), 372–379. <https://doi.org/10.3109/07853899908998794>
- Jha, K. K., Singh, S. K., Nirala, S. K., Kumar, C., Kumar, P., & Aggrawal, N. (2017). Prevalence of depression among school-going adolescents in an Urban Area of Bihar, India. *Indian Journal of Psychological Medicine*, 39(3), 287–292. <https://doi.org/10.4103/0253-7176.207326>
- Kessler, R. C., McGonagle, K. A., Swartz, M., Blazer, D. G., & Nelson, C. B. (1993). Sex and depression in the National Comorbidity Survey I: Lifetime prevalence, chronicity and recurrence. *Journal of Affective Disorders*, 29(2–3), 85–96. [https://doi.org/10.1016/0165-0327\(93\)90026-G](https://doi.org/10.1016/0165-0327(93)90026-G)
- Khalil, A. H., Rabie, M. A., Abd-El-Aziz, M. F., Abdou, T. A., El-Rasheed, A. H., & Sabry, W. M. (2010). Clinical characteristics of depression among adolescent females: A

Depression among Male and Female Adolescents: A Review

- cross-sectional study. *Child and Adolescent Psychiatry and Mental Health*, 4, 1–7. <https://doi.org/10.1186/1753-2000-4-26>
- Lewinsohn, P. M., Clarke, G. N., Seeley, J. R., & Rohde, P. (1994). Major Depression in Community Adolescents: Age at Onset, Episode Duration, and Time to Recurrence. *Journal of the American Academy of Child & Adolescent Psychiatry*, 33(6), 809–818. <https://doi.org/10.1097/00004583-199407000-00006>
- Lewinsohn, P. M., Klein, D. N., & Seeley, J. R. (1995). Bipolar Disorders in a Community Sample of Older Adolescents: Prevalence, Phenomenology, Comorbidity, and Course. *Journal of the American Academy of Child & Adolescent Psychiatry*, 34(4), 454–463. <https://doi.org/10.1097/00004583-199504000-00012>
- Luthar, S. S., Anton, S. F., Merikangas, K. R., & Rounsaville, B. J. (1992). Vulnerability to Substance Abuse and Psychopathology among Siblings of Opioid Abusers: *The Journal of Nervous and Mental Disease*, 180(3), 153–161. <https://doi.org/10.1097/0005053-199203000-00002>
- McPhail, J. C. (1993). Adolescents with Learning Disabilities. *Journal of Learning Disabilities*, 26(9), 617–629. <https://doi.org/10.1177/002221949302600912>
- Mohta, A., Malhotra, S., Gupta, S. K., Mani, K., Patra, B. N., & Nongkynrih, B. (2021). Depression Among Adolescents in a Rural Area of Haryana, India: A Community-Based Study Using Patient Health Questionnaire-9. *Cureus*, 13(9). <https://doi.org/10.7759/cureus.18388>
- Mufson, L., Aidala, A., & Warner, V. (1994). Social Dysfunction and Psychiatric Disorder in Mothers and Their Children. *Journal of the American Academy of Child & Adolescent Psychiatry*, 33(9), 1256–1264. <https://doi.org/10.1097/00004583-199411000-00006>
- Overholser, J. C., Adams, D. M., Lehnert, K. L., & Brinkman, D. C. (1995). Self-Esteem Deficits and Suicidal Tendencies among Adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry*, 34(7), 919–928. <https://doi.org/10.1097/00004583-199507000-00016>
- Parker, G. (1983). Parental “Affectionless Control” as an Antecedent to Adult Depression: A Risk Factor Delineated. *Archives of General Psychiatry*, 40(9), 956. <https://doi.org/10.1001/archpsyc.1983.01790080038005>
- Parker, G., & Roy, K. (2001). Adolescent depression: A review. *Australian & New Zealand Journal of Psychiatry*, 35, 572–580.
- Petersen, A. C., Sarigiani, P. A., & Kennedy, R. E. (1991). Adolescent depression: Why more girls? *Journal of Youth and Adolescence*, 20(2), 247–271. <https://doi.org/10.1007/BF01537611>
- Reinherz, H. Z., Giaconia, R. M., Hauf, A. M. C., Wasserman, M. S., & Paradis, A. D. (2000). General and Specific Childhood Risk Factors for Depression and Drug Disorders by Early Adulthood. *Journal of the American Academy of Child & Adolescent Psychiatry*, 39(2), 223–231. <https://doi.org/10.1097/00004583-200002000-00023>
- Ridley, M., Rao, G., Schilbach, F., & Patel, V. (2020). *Mood and anxiety*. 1289(December). <https://doi.org/10.1126/science.aay0214>
- Sajjadi, H., Mohaqeqi Kamal, S. H., Rafiey, H., Vameghi, M., Forouzan, A. S., & Rezaei, M. (2013). A systematic review of the prevalence and risk factors of depression among Iranian adolescents. *Global Journal of Health Science*, 5(3), 16–27. <https://doi.org/10.5539/gjhs.v5n3p16>
- Salk, R. H., Petersen, J. L., Abramson, L. Y., & Hyde, J. S. (2016). The contemporary face of gender differences and similarities in depression throughout adolescence:

Depression among Male and Female Adolescents: A Review

- Development and chronicity. *Journal of Affective Disorders*, 205, 28–35. <https://doi.org/10.1016/j.jad.2016.03.071>
- Sanford, M., Szatmari, P., Spinner, M., Munroe-Blum, H., Jamieson, E., Walsh, C., & Jones, D. (1995). Predicting the One-Year Course of Adolescent Major Depression. *Journal of the American Academy of Child & Adolescent Psychiatry*, 34(12), 1618–1628. <https://doi.org/10.1097/00004583-199512000-00012>
- Siegel, J. M., Aneshensel, C. S., Taub, B., Cantwell, D. P., & Driscoll, A. K. (1998). Adolescent depressed mood in a multiethnic sample. *Journal of Youth and Adolescence*, 27(4), 413–427. <https://doi.org/10.1023/A:1022873601030>
- Zahn-Waxler, C., Shirtcliff, E. A., & Marceau, K. (2008). Disorders of childhood and adolescence: Gender and psychopathology. *Annual Review of Clinical Psychology*, 4, 275–303. <https://doi.org/10.1146/annurev.clinpsy.3.022806.091358>
- Zou, P., Siu, A., Wang, X., Shao, J., Hallowell, S. G., Yang, L. L., & Zhang, H. (2021). Influencing factors of depression among adolescent asians in north america: A systematic review. *Healthcare (Switzerland)*, 9(5), 1–19. <https://doi.org/10.3390/healthcare9050537>

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Conflict of Interest

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