The International Journal of Indian Psychology
ISSN 2348-5396 (Online) | ISSN: 2349-3429 (Print)
Volume 10, Issue 4, October- December, 2022
DIP: 18.01.215.20221004, DOI: 10.25215/1004.215
https://www.ijip.in

The International Journal of INDIAN PSYCHOLOGY

Research Article

A Study of Depression among Male and Female Adolescents of Darbhanga District

Dr. Kumar Om Prakash[1]*

ABSTRACT

The purpose of the present study is to find out the level of depression of adolescent students of Ranchi town. It also investigated the gender as well as age difference regarding these variables. A total sample of 120 class XI school studying in different school and streams under the Central Board of Secondary Education (CBSE). Tools used were Beck Depression Inventory developed by Beck (1972). Data were treated by Percentage, Mean, SD, t-test and ANOVA. The findings of the study revealed that level of depression was higher on moderate level among total sample of school students and also found level of depression is higher among age-1 in compare to age-2 students.

Keywords: *Depression, Gender, Age group*

Depression is a mental health disorder. Specifically, it is a mood disorder characterized by persistently low mood in which there is a feeling of sadness and loss of interest. Depression is a persistent problem, not a passing one - the average length of a depressive episode is 6-8 months. Depression is different from the fluctuations in mood that we all experience as a part of a normal and healthy life. Temporary emotional responses to the challenges of everyday life do not constitute depression. Likewise, even the feeling of grief resulting from the death of someone close is not itself depression if it does not persist. Depression can, however, be related to bereavement - when depression follows a loss, psychologists call it a "complicated bereavement." Depression is a real illness that impacts the brain**.** Anyone suffering from depression will tell you, it’s not imaginary or “all in your head.” Depression is more than just feeling “down.” It is a serious illness caused by changes in brain chemistry. Research tells us that other factors contribute to the onset of depression, including genetics, changes in hormone levels, certain medical conditions, stress, grief or difficult life circumstances. Any of these factors alone or in combination can precipitate changes in brain chemistry that lead to depression’s many symptoms. Baron (2001) has defined suicide as “the voluntary taking of one’s own life” suicide is something which is not rare to society today. Every day we find newspapers carrying stories of reported deaths as suicide. Suicidal behavior is a broad term that includes suicide gestures, attempted suicide, and completed suicide. Suicide gestures a relationship between suicide and depression is a significant but complex one. Depression (major depressive disorder or clinical depression) is a common but serious mood disorder. It causes severe symptoms that affect how you feel,

[1] Assistant Professor, Department of Psychology, R.K. College, Madhubani
*Corresponding Author

Received: September 20, 2022; Revision Received: December 27, 2022; Accepted: December 31, 2022

© 2022, Kumar O.; licensee IJIP. This is an Open Access Research distributed under the terms of the Creative Commons Attribution License (www.creativecommons.org/licenses/by/2.0), which permits unrestricted use, distribution, and reproduction in any Medium, provided the original work is properly cited.

think, and handle daily activities, such as sleeping, eating, or working. To be diagnosed with depression, the symptoms must be present for at least two weeks.

The feeling associated with a depressed mood includes disappointment, help-lessness and hopelessness (Comer, 1995). Persons who are in severely depress mood describe the feeling as overwhelming, suffocating or numbing. In the syndrome of depression which is also called clinical depression, a depressed mood is associated with several additional symptoms such as fatigue, loss of energy, sleeping difficulty and appetite changes. Clinical symptoms also involve a variety of changes in thinking and overt behaviour. The person may experience cognitive symptoms and behavioural symptoms. Depression has been alluded to by a variety of names in both medical and popular literature for thousands of years. Early English texts refer to "melancholia", which was for centuries the generic term for all emotional disorders. Depression is now referred to as a mood disorder. It has been described as a feeling of helplessness, hopelessness and fatigue, all feelings associated with chronic unrelieved stress, as well. Chronic stress is often associated with depression, not the least because circumstances that leads to chronic stress often seen too massive and out of control ever to be alleviated. The effects of repeated acute stress may induce continued depression also, but it isn't clear whether the depression is a result of personality characteristics that predispose individuals to stress or to the stress itself In nutshell, depression is a low sad stage in which life seems bleak and challenging and its challenges are overwhelming (Comer, 1995). The extreme opposite of depression is mania, which is a state of breathless euphoria in which people have an exaggerated belief that the world is theirs. Everyone experiences some unhappiness, often as a result of a change, either in the form of a setback or loss, or simply, as Freud said, "everyday misery", the painful feelings that accompany these events are usually appropriate, necessary and transitory and can even present an opportunity for personal growth. However, when depression persists and impair daily life, it may be an indication of a depressive disorder. Severity, duration and the presences of other symptoms are the factors that distinguish normal sadness form a depressive disorder. People in day-to-day life also experience various episode of depression. As we know, most people exhibit bad moods and they feel specially sad and unusually irritable. Usually, these moods do not last long and disappears very soon the individuals get past a difficult deadline or do something funny with a friend, neighbour, etc. They bounce back and more on.

In nutshell, it can be said that persons suffering from depression experience profound unhappiness and they experience it much of the time. A part from this, such persons also report that they have lost interest in all the usual pleasures of the life. Also, persons suffering from depression often experience significant weight loss or gain. Depression may also involve fatigue, insomnia, feeling of worthlessness, a recurrent inability to think or concentrate and recurrent thoughts of death or suicide. A person who experiences five or more of these symptoms at once during the same two week period is classified by DSM-IV as undergoing a major depressive episode.

Major Symptoms of Depression

Depression of mood can be expressed in different people in different ways. However, the major symptoms associated with depression expands five areas of functioning. The emotional, motivational, behavioural, cognitive and somatic. Emotional Symptoms include sadness among others. Along with the feeling of sadness, feeling of anxiety is very often present in depression (Fowles and Gersh, 1979). Activity which usually brings satisfaction, produce dullness and flatness in depressed person. Loss of interest usually starts in only a few activities such as work. But as depression advances in severity, it expresses through

practically everything the individual does. Pleasure obtained from hobbies, recreation and family diminishes. In one study, it was estimated that 92% depressive patients no longer derive ratification from some major interst in their life and 64% persons lose their feelings in other people (Beck 1967; Clark, Beck and Beck, 1994). Among cognitive symptoms, the negative thought colours the person's view of himself and the future. A depressed individual often has low self-esteem. He believes that he is inferior, inadequate, and incompetent. Depressed people have not only low self-esteem but also blame themself and feel guilty that affect them negatively. When failure occurs, the depressed individual take the responsibility upon themselves (Seligman & Rosenhan, 1998). Among motivational symptoms depressed people loose their desire to be participate in their accustomed activities. They usually show lack of drive, initiative and spontaneity and sometimes they may have to force themselves to go to work, converse with friends, eat meal and have sex (Butchwald & Rudick-Davis, 1993). In very extreme form this lack of response initiation is the paralysis of the will. In severe depression, there may be psychomotor retardation in which movements slow down. Difficulty in making decision also seems to a common motivational symptom of depression (Hammen & Padesky, 1977). For depressed individuals, making a decision may be overwhelming and frightening. Many depressed people are so indifferent to their life that they wish to die. Among behavioural symptoms depressed people show lack of energy and reluctance to do a work (Parker et.al., 2011; Butchwald & Rudick- Davis, 1993). Even their speech may be slow, quiet and monotonal. It has also been found that the depressed patients made less direct eye contact with others than did non-depressed persons. Such persons also turn down their mouth and hung their heads (Waxer, 1974; Jainer, Sharma, Agrawal & Singh, 1992). Among somatic symptoms severals type of physical ailments, headache, indigestion, constipation, unpleasant sensations and generalized pain are included. Disturbances in appetite and sleep are common (Kazes et.al., 1994; Buchwald & Rudick-Davis 1993; Spoov et.al., 1993). The DSM-IV-TR (American Psychiatric Association [APA], 2001) describes depression as a persistent disturbance of mood lasting at least 2 weeks. Persistent feelings of shame, guilt, and low energy may exist. Emotional symptoms may be exhibited by sadness, fear and or anger. Cognitive symptoms of the individual may include a labored thinking process, lack of concentration and a high level of distractibility. Somatic symptoms of depression may include physical problems without a medical cause, to include such symptoms as disruptions in sleep, fatigue, appetite changes and bodily pains. Lastly, behavioral symptoms may include slowed speech and movement. People with depressive illnesses do not all experience the same symptoms. The severity, frequency, and duration of symptoms vary depending on the individual and his or her particular illness. Depression varies from person to person, but there are some common signs and symptoms. It's important to remember that these symptoms can be part of life's normal laws. But the more symptoms you have, the stronger they are, and the longer they've lasted-the more likely it is that you're dealing with depression. When these symptoms are over whelming and disabling, that’s when it's time to seek help.

Causes of Depression

Research spanning the last 20 to 30 years has examined a range of influences that contribute to depression. These include ***genetics, brain chemistry, early life trauma, negative thinking, one's personality and temperament, stress, and difficulty relating to other*** (Liu 2010). Moreover, emerging scientific research suggests that metabolic phenomenon such as inflammation, oxidative stress, and hormonal imbalances can cause or exacerbate depression as well (Maes 2011; Wolkowitz 2011). Depression is a term which has a vast meaning. It varies from person to person and differs in causes and consequences for every individual. There are few known reasons behind its occurrence and few unknown reasons too. It is a mental

state but leaves certain major physical drawbacks. It can cause severe illness if not treated well on time. Depression usually isn't caused by one event or reason, but is usually the result of several factors. Causes vary from person to person. Depression can be caused by lowered levels of neurotransmitters (chemicals that carry signals through the nervous system) in the brain, which limits a person's ability to feel good. ***Genetics*** are likely involved as depression can run in families, so someone with a close relative who has depression may be more likely to experience it. The depressed brain is different from the brain of a person who is not depressed. Two of the neurotransmitters in the brain, norepinephrine and serotonin, are scarce during depression. Researchers have found in numerous studies that the brain of a depressed person tends to be less active. Myers (2004) says, "The left frontal lobe, which is active during positive emotions, is likely to be inactive in depressed state" (p. 642). ***Significant life events*** such as the death of a loved one, a divorce, a move to a new area, and even a breakup with a girl friend or boy friend can bring on symptoms of depression. Stress also can be a factor, and because the teen years can be a time of emotional and social turmoil, things that are difficult for anyone to handle can be devastating to a teen. Also, ***chronic illness*** can contribute to depression, as can the side effects of certain medicines or infections. Depression shows up in various form. In some cases people become short tempered. They lose their temper easily and quickly. Few patients like to stay alone. They don't want to mix with people or to have a social circle. Symptoms of depression vary from person to person. Depression can be caused due to several reasons. These reasons could be biological factors, genetic factors, and environmental factors.

A person's mind is easily affected by its surrounding. What we see, what we experience gives us an outlook towards life and if this outlook goes in negative direction it causes depression. Our body has its own ***chemical composition***. If this composition gets disturbed then there are certain abnormalities we suffer. One such abnormality is depression which results from the fluctuation in biochemical composition in our body. These chemicals we are referring here are commonly known as neurotransmitters. Apart from these chemicals, our own genes are responsible for causing depression. ***Heredity*** could be one reason too for depression. It is difficult to say which genes are responsible for causing depression but research is going on for knowing the exact causes. Most likely, depression is caused by a combination of genetic, biological, environmental, and psychological factors.

REVIEW OF LITERATURE:

Keith (1986) studied factors associated with house work, disagreement between spouses, and depression among couples at different stages of the life cycle. Members of 173 younger married couples 163 older married couples were interviewed individually to assess depression, house work, disagreements attitudes toward sex roles, and demographic characteristics. Atleast one child under 18 years old was present in households of the older couples younger subjects had less traditional expectations concerning work and family roles, although their behaviour was not significantly different from that of older couples. Younger subjects disagreed more often over work and family roles than did the older subjects. In the general results support a model in which the wife's employment and norms for work and family relationships are important in determining the distribution of house work.

Dunn (1988) studied community sample of elderly subjects (Mean age = 74 years) who were randomly assigned in reference group instructions on the basis of Geriatric Depression Scale (GDS). In one condition, subjects received no instructons as to reference group, which is the standard instructional format of the test. In the other three conditions, subjects were asked to

compare themselves with one of three reference groups. Results indicated that the GDS is robust withrespect to variation in reference group instruction.

Acklin et.al. (1989) investigated the utility of earliest childhood memories (EMs) in clinical assessment by predicting naturally occuring mood states. Of interest were those feature of EMs that discriminate depressed from non-depressed individuals. Subjects were 212 undergraduates who completed the Beck Depression Inventory, the profile of mood states and a self administered EM Questionnaire. Findings demonstrate the phenomenon of mood depressed recall in autobiographical memory namely, that memory attributes are strongly influenced by current mood state. In a study of Frets et.al. (1989) self efficacy, attitudes, knowledge, planfulness, job commitment and social support were studied as predictors of anxiety and depression about retirement theory of near and remote phases of preretirement was also examined. The results indicate that the best predictors of preretirement worry were a low sense of self-efficacy and low degree of planfulness both significant factors in addition to concerns about money or health. Analyses comparing those who were currently eligible for retirement with those who were 2-3 years away from retirement yielded no significant differences. Implications for the timing and content of preretirement counselling interventions are discussed subjects experienced both adversities compared with 6% of controls. Results were uninfluenced by the sex or pubertal status of the subjects. There appears to be no greater probability of being anxious rather than depressed in the presence of life events, alone or in combinations with friendship difficulties.

Oxman et.al. (1990) interviewed 333 patients (aged 18 + years) of 4 general internists and a family physicians to identify subjects suffering from depressive disorders. 19 elderly (60 + years) subjects and 22 younger (aged 18- 59 years) subjects met Research Diagnostic Criteria for major depressive disorder. In general, elderly depressed subjects and younger depressed subjects had similar symptomatology, as did the elderly and non elderly subjects without psychiatric disorder. Results support previous research on psychiatric inpatients by D.G. Blazer et.al. and in a community survey of non-institutionalized men and women.

Pahkala (1990) used the Self-rating-Depression Scale and other clinical interviewing and examination procedures to examine the relationship between DP in 229 men and 365 women (all aged 60 + years) in Finland. The occurrence of DP in both sexes was related to retirement because of sickness (rather than age), a small number of rooms in their homes, low numbers of hobbies lake of intimate friendships, and the occurrence of many long-standing and current social stress factors. Sex differences were found in the relationship between DP and such factor as health, marital status participation, and family dynamics.

Turner (1990) identified factors influencing social and psychological adjustment in 727 subjects (age 19-91 years) self-identified as physically disabled and in 850 comparison subjects. Measures included the center for Epidemiologic studies Depression Scale and the Diagnostic Interview Schedule. Disabled subjects showed seriously elevated rates of both depressive symptomatology (DSY) and Major Depressive Disorder (MDD). Subgroup analyses confirmed finding on DSY within all age- gender groupings and the findings on MDD for younger and middle-aged men and women but not for aged subjects. Findings may be attributed to differences in chronic stress associated with disability status. Chronic stress with indexed by the presence of physical disability, was a significant risk factor with respect to both DSY and MDD.

Objectives
- To study the level of depression among male-female, age- 1 and age-2 adolescents of Darbhanga District.
- To study the main and interaction effect of gender and age on depression of adolescents of Darbhanga District.

Hypotheses
- Level of depression will vary in sample sub-groups based on gender and age.
- There will significant difference of gender and age on depression of adolescents of Darbhanga District.

METHOD

Sample

The stratified random sampling was used to select the sample from different schools and of Darbhanga District. There were four strata. Form each stratum 25 cases were selected thus, altogether 120 cases were selected. The sample of the proposed research is based on a 2x2 = 4 Factorial design. The stratification was based on: Gender (Male and Female) Age (Age-1(13-14yrs)) (Age-2(18-19yrs))

Tools

This questionnaire was prepared by the research scholar to obtain information about respondents name, age, class, sex and category and Beck depression inventory (BDI) developed by Beck (1972) is a 21 questions multiple choice self-report inventory that is widely used instruments for measuring the severity of depression. The scale evaluates key symptoms of depression including mood, pessimism, sense of failure, self-dissatisfaction, built, punishment, self-dislike, self-accusation, suicidal ideas, crying, irritability, social withdrawal, indecisiveness, body image change, work difficulty, insomnia, fatigability, loss of appetite, weight loss, somatic preoccupation and loss of libido. Severity of depression has been evaluated by using standard scoring procedure. There are as follows:-

Table I

Scores	**Interpretation**
0-09	Low level
10-16	Mild level
17-29	Moderate level
30-63	Severe level

The items in this inventory were primarily clinically derived. This procedure is designed to assess whether variation in response to a particular category is associated with variation in total score on the inventory. For each category the distribution of total inventory scores for individuals selecting a particular alternative response was determined.

Procedure

As stated earlier that the samples of the study include different schools selected on random basis from Darbhanga District. A personal data questionnaire seeking information on such variables as gender, age, class, educational qualification, parental occupation etc and twenty-five cases were selected for each of the four sub-groups. The test of depression was

administered on the subjects by the investigator. Suitable statistical technique was used to analysis of obtained score.

RESULTS & DISCUSSION

The response sheets of the respondents on Beck Depression Inventory was scored and statistically treated using percentage, mean, SD, and t-test. The findings are given in the following table.

Table 2
Level of depression in total sample

Group	Low		Mild		Moderate		High	
	N	**%**	**N**	**%**	**N**	**%**	**N**	**%**
Total Sample (N=120)	7	7	36	36	48	48	9	9

Maximum cases ranged between mild and moderate level of depression. Few cases found in high and low level of depression.

(Impact of gender & age on depression of students)
One of the important objectives of resent research was to determine the main and interaction effect of gender and age on depression among students, analysis of variance (ANOVA) was calculated Table 3 presents the data.

Table 3 Analysis of variance (ANOVA) showing the impact of gender and age on Depression

Sources of Variance	Sum of Squares	Degree of Freedom	Mean Square	F ratio
Main effects				
A. Gender	59.29	1	59.29	0.55 (NS)
B. Age	1056.25	1	1056.25	9.93**
2 way interaction AXB	1115.54	1	1115.54	10.48**
Within treatment	10210.28	96	106.35	

**Significant at 0.01 NS: Not Significant

A look at the above table depicts that the gender does not produce significant impact on depression. The obtained F value was 0.55 which was statistically insignificant. Age had found independent effect on depression. The F Value was 9.93 which was statistically significant at 0.01 level. The interactional effect of gender and age were found significant.

Table 3
Comparison of mean depression score between boy and girls school students

Groups	N	Mean	SD	t -Value	P Value
Boys	60	19.80	8.36	1.01	Not significant
Girls	60	18.26	6.60		

Result indicated that the mean difference on depression of boys' and girls' students did not differ significantly. Mean scores of boys and girls were 19.80 and 18.26 and their SDs was 8.36 and 6.66 respectively. t- ratio between the means was 1.01, which was not significant at

.05 level of significance. Hence the hypothesis "There will be significant difference between boys' and girls' students on depression" was rejected.

Table 4
Comparison of mean depression score between the age-I and age-II students

Groups	N	Mean	SD	t- Value	P Value
Age- I	60	22.28	6.90	4.74	0.01
Age- II	60	15.78	6.80		

Result indicated that the mean difference on depression of age-I and age-II students did differ significantly. Mean scores of age-I and age-II were 22.28 and 15.78 and their SDs was 6.90 and 6.80 respectively. t- ratio between the means was 4.74, which was significant at 0.01 level of significance. Hence the hypothesis "There will be significant difference between age-I and age-II students on depression" was accepted.

CONCLUSION

This study concluded that depression is experienced by adolescence students. From this small sample of adolescence school students. It has been shown that-

- Maximum cases ranged between mild and moderate level of depression.
- level of depression was higher among age-I than age-II adolescence school students.

REFERENCES

Beck, A. T., Rush, A. J., Shaw, B. F., & Emery, G. (1979). Cognitive therapy of depression. *New York: The Guilford Press.*

Brown, G. W., Andrews, B., Harris, T. O., Adler, Z., & Bridge. L. (1986). Social support, self-esteem, and depression. *Psychological Medicine*, *16*. 813-831.

Carefield, C.F.; Duncan, G.; Rutsohn, J.; Medade, T.W.; Adam, E.K.; Coley, R.L. & Chase-Landale (2014) : A longtitudinal study of parental mental health during transition to father hood as young adults. *Pediatrics* published on line April 2014.

Cherniss, C. & Adler, M. (2000) : Promoting emotional intelligence in organizations. Alexanandria, Virginia, ASTD.

Cherniss, C. & Goleman, D. (1996) : Emotional Intelligence to the workplace. Retrieved september 9, 2003 from www.eiconsortirem-org.

Cherniss, C. (2000) : Social and emotional competence in the workplace. In R. Bar-on & J. Parker (Ed's.), The Handbook of Emotional Intelligence San Franciso : Jossey-Boss.

Chowdehary, N. (2003) : Lay health worker led intervention for depression and anxiety disorders in India. *British Jr. of Psychiatory*, 199, 6, 450-465.

Ciarrochi, J.; Chan, A. & Caputi, P. (2000) : A critical evaluation of the emotional intelligence construct. *Personality andIndividual Differences*, 28, 539-561.

Ciarrochi, J.; Deane, F.P. & Anderson, S. (2002) : Emotional intelligence moderates the relationship between stress and mental health. *Personality and Individual Differences*, 32,197-209.

Clark, D.A.; Beck, A.T. & Back, J.S. (1994) : Symptom differences in major depression dysthymia.Panic disorder and generalized anxiety disorder. *American Journal of Psychiatry*, 151(2), 205-9.

Drago, Judy, M. (2004) : The relationship between emotional intelligence and academic achievement in non-traditional collegestudents, Ph.D. Walden Unversity.

Egedle, L.E. & Zheng, D. (2003) : Independent factors associated with major depressive disorder in a national sample of individuals with diabetes *Diabetes Care* 26, 1, 104-111.

Freidman, R.C., Aronoff, M.S., Clarkin, J.F., Corn, R., Hurt, S.W. (1983). History of suicidal behavior in depressed borderline Depression, Life Stress and Personality 265 inpatients. *American Journal of Psychiatry, 140,* 1023–1026.

Isometsa, E., Heikkinen, M., Henriksson, M., Aro, H., &Marttunen, M. (1996).Suicide in non major depression. *Journal of Affective Disorders, 36,* 117– 127.

Sahoo S, Khess CR. Prevalence of depression, anxiety, and stress among young male adults in India: a dimensional and categorical diagnoses-based study. *J Nerv Ment Dis* 2010; *198* : 901-4.

Acknowledgement

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author declared no conflict of interest.

How to cite this article: Kumar O. (2022). A Study of Depression among Male and Female Adolescents of Darbhanga District. *International Journal of Indian Psychology*, *10(4),* 2247-2255. DIP:18.01.215.20221004, DOI:10.25215/1004.215