

Depression in Adolescents in Relation to Gender and Socioeconomic Level

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The aim of the present research was to find out level of depression in relation to gender and socioeconomic level in adolescents. After literature review it was hypothesized that level of depression will be high in girls as compared to boys. Second hypothesis was that level of depression will be high in adolescents from lower socioeconomic level as compared to middle socio economic level. The matched group design was used. The sample consisted of 60 adolescents (30 boys and 30 girls) with age range from 17-20 years and educational level, intermediate to graduation. They were further divided in two groups (middle and lower socioeconomic status). The data were collected from different colleges of Karachi. Purposive sampling technique was used. After consent taking and rapport development, Reynolds's Adolescent Depression Scale (Reynolds, 2002) was administered. Girls had higher levels of depression as compared to boys hence supporting the first hypothesis. Whereas the second hypothesis was rejected, as there was no significant difference on the level of depression of adolescents belonging to middle and lower socioeconomic status respectively.

Keywords: Depression, Adolescents, Socioeconomic level.

Depression is a mental health problem which is growing very fast in general population and reported to be one of the major clinical problems of 20th century (Murphy, Monson, Olivier, 1987). It has been recommended that if this rate of depression will continue it can be the second biggest health care problem by 2020 (Üstün & Chatterji, 2001). Studies reported that 15 to 20 % adolescent population is suffering from depression (Birmaher, Ryan, Williamson, Brent, Kaufman, Dahl et al., 1996; Kessler, Avenevoli, & Merikangas, 2001; Kessler & Walters, 1998). Form of depression generally reported is moderate without

physical and psychomotor symptoms (Birmaher, 1996). Symptoms of depression in adolescents are alike adult depression but the manifestation could be varied in behavioral terms. Their depression is difficult to identify from the emotional turmoil and mood lability they are going through due to their particular developmental age (Blackman, 1996). It was further reported that these symptoms can persist and lead towards depression in later years (Lewinsohn, Rohde, Klein, Seeley 1996; Rao et al., 1995; Kessler, Avenevoli, & Merikangas, 2001).

Subgroups of adolescents who are adversely affected by depression are girls. It has been reported by researchers that girls are twice as more likely to be depressed as boys (Hasin, Goodwin, Stinson, & Grant, 2005). Psychological theories explain four factors; developmental, genetic, social and environmental as causes to develop depression. Roles assigned by the society further categorize it where the disadvantaged groups are more susceptible to develop depression. One major group is females who also lack support and financial resources which may lead towards higher levels of depression.

According to Piccinelli and Wilkinson (2001), the adverse experiences (depression and anxiety disorders) in childhood and adolescence and psychological attributes related to vulnerability to life events and coping skills are the factors related to gender differences in depressive disorders.

Gender differences in depressive disorders are genuine according to Piccinelli, Wilkinson (2001) In their research findings they mentioned that adverse experiences in Among other factors lower socioeconomic level is also measured as another feature of depressive symptoms in adolescents. Stress theories have mentioned that tangible resources which are also linked with psychological problems, it have been mentioned that socioeconomic status has an association with adult depression and also for adolescents (Eamon, 2002; Kessler, Avenevoli, & Merikangas, 2001).

Lower socioeconomic level is consistently linked with increased level of depressive symptoms and depressive disorders. Social political and economic factors are accredited as the causes of disease that effect behavior, beliefs and biology (Link & Phelan, 1995). Phillip et al. (2004) reported in their study that women reported higher levels of family stress, and scored higher on a poverty index which was significantly associated with increased reports of depressed mood than males. It was further added that family stress significantly mediated the relationship between poverty and adolescent depressed mood, explaining 50% of the total effect. Gender-specific analyses revealed that this relationship only holds

for females, and there was no direct relationship between poverty and depressed mood for males. Thus the present research aimed to investigate gender differences in depression and also compared the level of depression in two socio-economic classes.

Following hypothesis were formulated on the basis of literature review.

- (1) Levels of depression will be higher in girls as compared to boys.
- (2) Levels of depression will be higher in adolescents from lower socioeconomic level as compared to adolescents from middle socio economic level.

Method

Participants

The sample consisted of 60 adolescents (30 boys and 30 girls), with age ranging from 17-20 years and educational level from intermediate to graduation; they were further divided in two groups (middle and lower socioeconomic status). The data were purposively collected from different colleges of Karachi.

Measures and Procedure

Reynolds's Adolescent Depression Scale (Reynolds, 2002). It was use to measure depression in participants. It is thirty item scale which provides indication of the clinical severity of depressive symptoms in adolescents. Four factorial derived subscales include:

Dysphoric Mood (DM). Represents a primary dimension of depression referred to as a perturbation of mood including sadness, crying behavior, loneliness, irritability, worry, and self pity.

Anhedonia /Negative Affect (AN). Exemplified by a disinterest in pleasurable activities which include disinterest in having fun, engaging in pleasant activities with other students, talking with others and eating meals.

Negative self Evaluation (NS). A belief that, parents and others do not like or care about them. symptoms include low self-worth, self denigration, and thoughts of self harm. *Somatic complaints (SC):* are somatic aches, feeling ill, fatigue, sleep disturbance, boredom, and feeling mad or dissatisfied with life.

Demographic Information Form. After rapport building through initial interviewing demographic form of Institute of Clinical Psychology was administered. This form was selected to collect information about the number of family members' socioeconomic status, history of any medical or psychological illness and family psychopathology. Socioeconomic

status was determined on the basis of Household Income and Expenditure Survey by the Federal Bureau of Statistics (FBS) Government of Pakistan.

Different colleges of Karachi were selected for data collection. Initially formal permission was taken from the authorities of the colleges and then the adolescents were approached. After taking consent data were collected from them.

Results

In order to meet the objectives of the present study and to test the proposed hypothesis, scoring was done through SPSS and total score was calculated by adding individual item scores.

Table 1

Gender differences on Reyold's Adolescents' Depression Scale (N=30 for each group).

Groups	Mean	SD	df	t
Boys	68.67	14.284	58	2.43*
Girls	76.80	11.418		

Note * = $p < 0.05$

Results mentioned in table 1 support the first hypothesis that girls have significantly higher levels of depression than boys.

Table 2

Comparison of levels of depression in adolescents in middle and lower socioeconomic statuses (n=30 in each group)

Groups	Mean	SD	df	t
Lower	76.00	9.837	58	1.92 (n.s)
Middle	69.47s	15.804		

Note: n.s = not significant

Table 2 shows that differences in adolescent's depression among middle and lower socioeconomic statuses was not significant thus rejecting the second hypothesis.

Table 3

Gender differences in level of depression for lower socioeconomic status group (n=30).

<i>Groups</i>	<i>Mean</i>	<i>SD</i>	<i>df</i>	<i>t</i>
Boys	64.00	15.892	58	1.98*
Girls	74.93	14.170		

Note: * $p < .05$

Table 4 shows gender differences in level of depression in low socioeconomic status class. Girls had a mean score higher on depression as compared to boys reflecting that girls had higher levels of depression as compared to boys.

Table 4

Gender differences in level of depression for middle socio-economic status class (n=30).

<i>Groups</i>	<i>Mean</i>	<i>SD</i>	<i>df</i>	<i>t</i>
Boys	73.33	11.108	58	1.52(n.s)
Girls	78.67	7.862		

Note: n.s = non-significant

Table 4 shows that no gender differences in levels of depression of adolescents belonging to middle socioeconomic status class.

Limitation of Study

Small sample size due to time constraint in data collection of the study and hence demand caution in generalization of the study. Another limitation of the study was that data was taken from the low and middle socio-economic status class only, therefore comparisons with higher socio-economic class was not possible and should be generalized accordingly.

Discussion

First hypothesis of the study that girls will have more depression as compared to boys showed significant mean difference. These findings indicate that girls have more depression than boys and the factors behind it could be that girls are disadvantaged group of the society. They have less control over resources, less opportunity to get well paid jobs and also very few are working on high status positions. There are other factors including early pubertal changes in girls may of the explanations of this difference, increased importance of bodily appearance, interpersonal

associations, and augmented threat for stress-inducing negative life events (Cyranski, Frank, Young, & Shear, 2000; Nolen-Hoeksema, 2001; Siegel, 2002). In our society they are completely dependent on their immediate families. Decisions about their lives are mostly made by their significant others. They are influenced by parents for a specific role given by the society and even when they have the strengths and capabilities they are pressurized by their family members to work in that specific role which is assigned by the society or family. Peer group, schools, teachers and media also play an important role in developing gender roles, which determines the limitations for resources, mobility, education, profession and marriage (Santrock, 2003).

The Second hypothesis was about the relationship between socioeconomic level and depression in adolescents. These results showed no significant difference. Boys and girls from lower socioeconomic level and boys and girls from middle socioeconomic level have the same level of depression but when further analysis was done on the subgroups by comparing boys and girls from lower socioeconomic level and boys and girls from middle socioeconomic level, it was found out that girls from lower socioeconomic level have more depression as compared to boys from that same socioeconomic status group. Whereas, the results of girls and boys from middle socioeconomic level showed no significant difference. The analysis revealed that socioeconomic level has correlation with depression in girls from lower socioeconomic class, while girls from middle socioeconomic level experience almost the same level of depression as boys from the similar background. The results are in similar direction as has been reported by Phillip et al. (2004) in their study that depression and poverty has strong relationship with women gender and that this relationship only holds for girls, and there was no direct relationship between poverty and depressed mood for males. These results further indicate that as girls have already limited control over resources and when family is suffering from economical problems their share will be more limited. These limitations will make them more vulnerable to depression.

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