

GENDER AND VULNERABILITY TO DEPRESSION IN ADOLESCENCE

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ABSTRACT

The purpose of this investigation was to study the gender difference and vulnerability to depression among adolescents residing in Karachi by administration of Beck's depression inventory (BDI). The hypothesis for this research was the depressive symptoms would be severe among adolescence girls than in boys, with depressed being more prone to suicidal ideation. A total number of 100 adolescence, aged 15-18 years, belonging to 10th grade and O levels from four private schools of Karachi were selected for the study. Upon analysis the results proved the hypothesis at the significance level of $P < 0.05$ with "t" value = 5.54. 60% of depressed girls, whereas 40% of depressed boys were prone to suicidal ideation. The pressure of school, home and social life affects the personal capacity of well being.

INTRODUCTION

Major depressive disorder is a common disorder, with lifetime prevalence of about 15% , perhaps as high as 25% for woman. It is one of the psychological disorders that can appear in childhood and adolescence. A depressed mood and a loss of interest or pleasure are the key symptoms of depression. Patients may say that they feel blue, hopeless, in the dumps, or worthless. About two third of all depressed patients contemplate suicide, and 10% to 15% commit suicide . Rates of depression rise dramatically during adolescence (from 3-17%). Twice as many girls as boys will experience depression starting in early adolescence. Many individuals experience depression first during adolescence, and half of them may have a recurrence of depression later in adulthood (Kaplan, Sadock,Grebb 1994),. Thus, adolescence is a crucial time to study risk factors and mechanisms for developing depression, especially with girls, so that improved treatment/ prevention programs may be created for this public health concern. Furthermore, considerable changes have occurred in the lifestyles of the Pakistani adolescent due to technological advancement and exposure to media. It is therefore, important to explore that to what extent the changed lifestyle and the pressure associated with it are influencing the personal well being of the younger generation of Pakistan.

Adolescent is a time of emotional turmoil, mood lability, gloomy introspection and heightened sensitivity. It's a time of rebellion and

behavioral experimentation. In mild form depression is probably the most common psychological disturbance during adolescence. All adolescents suffer at least mild depression at one time or another. Although depression is widespread among contemporary youth, less is known about the predictors of depression than other youth problems as school failure, early sexuality, drug abuse and drinking, consequently few preventive efforts and formal programs exist to prevent the sadness, worthlessness, and pessimism that many young people may experience. Depression is associated with school and interpersonal problems. It is correlated with increased incidence of suicidal behavior, violent thought, tobacco and drug abuse (Weiner, 1980).

In DSM-IV T R (2000) the criteria for children, adolescents and adults are the same. In children and adolescent the mood may be irritable than sad because children may not have the vocabulary to talk about such feelings and so may express their feelings through behavior. Younger individual with depression are more likely to show phobias, separation anxiety, somatic complaints and behavior problems. With psychotic depression children are more likely to report hallucinations, older adolescents and adults with psychotic depression are more likely to have delusions (Delusions require more advanced cognitive functioning than simple hallucinations).

According to Rutter (1986) symptoms of children and adolescent depression vary in severity and duration, and may be different from

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those in adults. Young people with depression may have a hard time coping with everyday activities and responsibilities, difficulty in getting along with others and /or suffer from low self-esteem. Child and adolescent psychiatrist advise parents and other important adults in a young person's life to be aware of signs such as;

- Missed school or poor school performance
- Changes in eating and sleeping habits
- Withdrawal from friends and activities once enjoyed
- Persistent sadness and hopelessness
- Problems with authority
- Indecisiveness, lack of concentration or forgetfulness.
- Poor self esteem or guilt
- Overreaction to criticism
- Frequent physical complaints, such as headache and stomachache
- Anger and rage

Susan Nolen- Hoeksema and Joan Girgus (1994) have attentively proposed an interactive model. According to this model, girls already carry a heavier load of risk factors for depression form childhood, but it is not until those factors are activated by the special challenges of adolescence that they crystallize into a greater vulnerability to depression. In defense of this theory, the researchers list a number of characteristics associated with depression. A negative attributional style, a tendency to ruminate on depression, helplessness, avoidance of aggression, and avoidance of dominance in groups. Though all these characteristics correlates with depression in males and females, girls show them to a greater extent than in boys long before adolescence.

Then, in adolescence, new risk factors arise, and it is the combination of these with the prior risks that tips the balance. One new risk, for example, is shame about one's body. Research has shown that boys value the physical changes associated with puberty more than girls do (Brooks_Gunn, 1988). Boys like their newly muscled shoulders; girls, on the other hand, tend to be distressed by the gain in body fat, and they often find maturation embarrassing. Such body dissatisfaction is associated with depression (Allgood-Merten, Lewinsohn, & Hops, 1990). So is sexual abuse and rape, another puberty connected risk factor that is far more serious for girls than for boys. It is estimated that girls aged 14 to 15 have a higher risk of being raped than any other age or sex group (Hayman, Stewart, Lewis, et al 1968).

Finally it is in adolescence that girls begin to confront most directly the restricted role carved out for them by their society. Many adopt the role quickly. Youngsters of both the genders show less interest in schools as they pass from sixth to seventh grades but girls show a sharper drop in academic ambition (Hirsch & Rapkin 1987). Girls who accept the narrowed role prescribed for women are at high risk for depression (Girgus, Nelson-Hoeksema, Paul, et al., 1991). According to studies done in 1970's, girls who defied such roles expectations were also more prone to depression (Grove & Herb, 1974) -no doubt a reflection of the widespread disapproval of assertive women, that standard is surely changing but not overnight. As young girls are already handicapped by higher load of risk factors, they are less likely to cope well and so according to Nelson-Hoeksema and Girgus (1994), they may develop the pattern that will make them, from then on, twice as vulnerable to depression as men.

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In the light of the above mentioned research evidences it was assumed that the depressive symptoms would be severe among adolescence girls than in boys, with depressed being more prone to suicidal ideation

METHOD

PARTICIPANTS:

Total of 100 adolescents, 50 boys and 50 girls participated in the study. The age range was 15 to 18 years. The adolescents belonged to 10 grade or O levels. Subjects were randomly selected through convenient sampling method from four private schools of Karachi.

MEASURE: BACK'S DEPRESSION INVENTORY:

BDI was used to assess the severity of depression among adolescence in this research. BDI is created by Dr.Aaron.T.Beck, is a 21-question multiple-choice self report inventory that is one of the most widely used instruments for measuring the severity of depression. The most current version of the questionnaire is designed for individuals aged 13 and over and is composed of items relating to depression symptoms such as hopelessness and irritability, cognitions such as guilt or feelings of being punished, as well as physical symptoms such as fatigue, weight loss, and lack of interest in sex.

When the test is scored, a value of 0 to 3 is assigned for each answer and then the total score is compared to a key to determine the depression's severity.

The standard cut-offs are as follows: 0–9 indicates that a person is not depressed, 10–18 indicates mild-moderate depression, 19–29 indicates moderate-severe depression and 30–63 indicates severe depression. Higher total scores indicate more severe depressive symptoms. BDI is positively correlated with the Hamilton Depression Rating Scale with a Pearson r of 0.71, showing good agreement. The test was also shown to have a high one-week test–retest reliability (Pearson $r = 0.93$), suggesting that it was not overly sensitive to daily variations in mood. The test also has high internal consistency ($\alpha = .91$).

Historically, depression was described in psychodynamic terms as "inverted hostility against the self". By contrast, the BDI was developed in a novel way for its time; by collecting patients' verbatim descriptions of their symptoms and using these to structure a scale which could reflect the intensity or severity of a given symptom. Throughout his work, Beck drew attention to the importance of "negative cognitions": sustained, inaccurate, and often intrusive negative thoughts about the self.

RESULTS

“t” test was performed to compare the means of the two groups. The results of the statistical analysis are shown in Table No 1 which indicates that there is a significant difference observed in the depressive symptoms of the two groups the obtained “t” value = 5.54 and the results are significant at $P < .05$ this suggests that depressive symptoms among adolescence girls is severe than boys. Table No 2 clearly shows that depressed girls are more prone to suicidal ideation than depressed boys. The deference in the percentage of Q9 of BDI regarding suicidal ideation also suggests that the adolescence girls are more prone to suicidal ideation.

TABLE 1

DIFFERENCE IN VULNERABILITY TO DEPRESSION
AMONG ADOLESCENT GIRLS AND BOYS

GIRLS	BOYS
N=50	N=50
t value = 5.54 significant at P < 0.05 level	

TABLE 2

PERCENTAGES OF SCORES OF ADOLESCENTS
GIRLS AND BOYS ON BECK'S DEPRESSION
INVENTORY (BDI) QUESTION 9 REGARDING
SUICIDAL IDEATION

GIRLS	BOYS
60%	40%

DISCUSSION

The purpose of the study was to explore the gender difference and vulnerability to depression among adolescents residing in Karachi by administration of Beck's depression inventory (BDI). The hypothesis for this research was the depressive symptoms would be severe among adolescent girls than in boys, with depressed being more prone to suicidal ideation. "t" test was performed to compare the means of the two groups (50 adolescent girls and 50 adolescent boys). The results are shown in Table No 1 & 2. The statistical analysis of the results proved the hypothesis is significant at $P < .05$ with "t" value = 5.54. 60% of depressed girls, whereas 40% of depressed boys were prone to suicidal ideation.

Certain groups within the population are more susceptible than other to depression. Women are about twice as likely as men to develop a serious depression, but curiously, the same is true for adolescence boys and girls. Adolescent girls are much more prone to depression and suicidal ideation, because they carry a heavier load of risk factors (Alloy, Jacobson, Cacella, 1999).

Pakistani girls as soon as they step in their teens they have to follow the norms tailored for them by the society. More restrictions are imposed by the family on girls as compared to boys as they grew up. The greater the amount of recent life stressors the more likely that

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the adolescent will be depressed (Friedric, Reams, and Jacobs, 1982). Evidence suggests that depression increases from childhood to adolescence, a variety of explanations for this have been offered (Rutter 1986).

- Sex hormones may increase susceptibility to depression, and these hormones may not be present until puberty.
- Life stressors may increase during this time, which in turn may be associated with higher levels of depression.
- Protective factors, such as family support may be reduced or less available during this time of independence seeking.

Persistent depression may lead to suicidal attempts. On special concern among groups at risk are teenagers, whose suicide rate has risen since 1960. In 1987 suicide became the second leading cause of death among 15 to 19 year old (Gould, Shaffer, Fisher, et al 1992). In some measure the answer lies in special circumstances of adolescence. Suicidal acts are generally associated with a significant acute crisis in the teenager's life. It is important to stress that the crisis may be insignificant to adult but very significant to teenager. The loss of boy or girl friend, a drop of school marks, negative admonition by a significant adult especially a parent or teacher may be precipitant to suicidal act. Trouble within the family is considered to be another important risk factor for adolescent suicide, beside this depression, drug abuse, school problems and social isolation are other risk factors for adolescence suicide (Gould, Fisher, Parides, et al., 1996).

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According to Nelson-Hoeksema and Girgus (1994), young girls in adolescence are more prone to depression and suicidal ideation as they are handicapped by a high load of risk factors due to the fact they have to adopt the restricted role carved for them by their society. Moreover, the physical changes taking place at this stage and menstruation are embarrassing for them. Consequently, adolescent girls are less likely to cope well and may develop the pattern that will make them, from then on, twice as vulnerable to depression as adolescent boys. Thus, it may be safely concluded that depressive symptoms are high among adolescent girls than boys and girls are more prone to suicidal ideations.