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To Study Depression among Adoloscent students in Relation to their Sex in Haryana Govt. School

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Introduction:-

The term 'depression' covers a variety of negative moods and behavioural change. Some are normal mood fluctuations and other meet the definition of clinical problems. The mood change may be temporary or long lasting. It may range from a relatively minor feeling of melancholy to a deeply negative view of the world and an inability to function effectively. Depression is a "whole-body" illness, involving body, mood and thoughts of human. It affects the way people eat and sleep, the way people feel about self and the way people eat and sleep, the way people feel about self and the way people think about things. A depression disorder is not the same as a passing blue mood. It is not a sign of personal weakness or a condition that can be willed or wished away. People with a depressive illness cannot merely "Pull themselves together" and get better.

The symptoms of depression may vary from person to person, and depend on the severity of the depression. Depression causes changes in thinking, feeling, behaviour and physical well-being.

Types of Depression

- Often we feel depressed in a moral degree but sometimes when the depression is exaggerated out of proportion to the event and continues to cross the limit where many of us, being to recovery, then it is termed as neurotic depression. The chief symptoms of depression are passivity and dejection. There are four major views as to what cause depression. They are: The psychodynamic theory, behavioral theory, cognitive-behavioural theory and biological theory.

- **The Psychodynamic View:**

The psychodynamic view of depression invented by Freud, anchors on the principles of loss. Therapists privy to this view of depression believe that the root of all depression lies in the loss of something loved, whether it be a person or an object. The loss can be real or it can be imagined (Lowery, 1984).

In a study by Clayton in the late 1070s, widows and widowers were studied for a year after the death of their spouses. While depression brought about by the death of loved one is excluded as being a depressive episode by the psychological community, Clayton found that 45 percent of his subjects fit the criteria for a diagnosis of depression (lowery, 1984).

Freud's definition of what constituted a loss was broad. He deemed depression that didn't evolve is reaction to the loss of a loved one to be the result to "symbolic loss". In reaction to losing the object, Freud believed that the depression then develops feelings of self-hatred (Comer 1992). The depression begins to believe he or she is responsible for the loss. Freud also believed feelings of self hatred develop from the depressive's thought about unresolved conflict.

- **The Behavioural View:**

Behaviorist theorists and clinicians believe depression is learned. Charles Fester, one of the first researchers to suggest a link between depression and behaviour, hypothesized depression develops as a result of a lack of positive reinforcement for the depressive's action (Wetzel, 1984).

Fester hypothesized depression's lack of motivation and control and as a result receives negative feedback from others (Wetzel, 1984). Other behaviorists tend to agree with this view and see the presence of negative reinforcement as compounding, the depression by causing more self-esteem to be lost.

- **The Cognitive-Behavioural View:**

An offshoot of the behavioural model is Aaron Beck's Cognitive-behavioural view of depression. Beck believes "depressive suffer from a kind of basic thinking that disorts reality" (Papalia and Olds, 1988).

(year) Depressives, according to beck, distort reality by harboring negative feeling about anything and everything. They tend to take things too personally and believe the future is bleak and dim (Papalia and Olds, 1988). These inferior feelings, beck believes lead to more

negative experiences for the depressive. In turn, the depressive develop more thoughts of worthlessness and inferiority (Schwartz and Schwartz, 1993).

- **Biological View**

There are evidence that depression is related to genetics has been growing recently, as more research is being done to examine the role of brain and heredity.

For the first time in the early 1980s visible evidence of depression having a biological tie showed up in laboratory tests that examined the brain's functioning in depressives (Lowery, 1984). Studies showed that at least half of the depression examined had increased levels of activity in the hypothalamic-pituitary-adrenal axis of the brain. Often we feel depressed in a moral degree but sometimes when the depression is exaggerated out of proportion to the event and continues to cross the limit where many of us, being to recovery, then it is termed as neurotic depression. The chief symptoms of depression are passivity and dejection. During the last two decades has been a significant field of concern for clinicians, Psychiatrists, Psychologists and the Educationists. Moreover, during the last ten years theoretical and empirical investigations have been carried out. Depression has become the part and parcel of our everyday life now, as every individual now and then experience depression. Since this is the age of anxiety and moreover life has become so complex that one can hardly deny the experience of depression. As for example, the death of a loved one, the loss of a job, or disappointment in a love affair is experienced by each and everyone which initiate depression. Depression occurs when a person believes that his actions make no difference in bringing about either pleasure or pain. The learned helplessness theory of depression suggests that people most prone to depression, are those whose lives have been full of situation in which they were unable to obtain gratifications or avoid pain by their own actions and never learned the effective ways of responding.

Literature Review:- Patil, Gaonkar and Yadav (2000) carried out a study on "Depression among the Elderly and its Correlates". The sample was selected of elderly people (above 50 years) working in different institution (Banks, LIC, Forestry office, police department, school and colleges) who had pension benefits were obtained. The retried people (below 70 years) were selected from the "Registered, Pensioner Association" situated in Dharwed district, Karnatka. The total sample comprised of 220 elderly (117 male and 103 females). Ramamurti's (1978) scale was used to assess the health status, economic status and social activities of the elderly people. Hosmath's (1992) scale was used to elicit information

regarding the participation in religious activities. The scale constructed and standardized by Karim and Tiwari (1986) and was used to measure the level of depression. The results revealed that a larger proportion of the respondents have low level of depression, A negative and significant relationship is found between the depression level and economic status, health status, social status and family background. The religious activities was found to be positively and significantly related with the depression of the elderly people.

Jami, Kathy, Patricia and Jesenia (2005) investigated " the Role of Parent and Peer Support in Predicting Adolescent Depression: A Longitudinal Community Study " and found that whether perceived parent support, peer support and the interaction between them predict depression symptoms and depression diagnosis two years later in a community sample of 389 adolescents. Controlling for time one depression, parent support and anticipated peer support have not independently related to time two depressions in either linear or logistic regression analyses. However, there is a significant interaction between the two support variables, suggesting that parent support moderates the relationship between anticipated peer support and depression symptoms and diagnosis. Anticipated peer support is protective among adolescents with high parental support, but may act as a risk factor for adolescents with low peer support. Regarding developmental differences, low anticipated peer support at Time 1 was a stronger predictor of time 2 depression symptoms among older, compared with younger, adolescents. These findings highlight the importance of parent and peer support in predicting future depression among community adolescents.

Melaughlin and Pungello (2007) conducted a study on "Depressive symptoms in Young Adults: The influences of the Early Home Environment and Early Educational Child Care.' The relationship between depressive symptoms in young adults, the quality of the early home environment, and early educational child was investigated in young adults randomly assigned to receive early childhood intervention in the Abecedarian study. Of the original 111 infants enrolled (98% African American), 104 participated in an 21 follow-up. Those who had early treatment reported fewer depressive symptoms. The protective effects of the early childhood program were further supported by a significant home environment by treatment interaction. Negative effects of lower quality home environment on young adult depressive symptoms were almost entirely offset by preschool treatment, whereas depressive symptoms increased as the quality of the early home environment decreased for those in control group.

Verma (2007) conducted a research work on the effect of " Employment as the Determinant of Mental Health and Depression in the Highly Educated Women" The sample of 120 women (60 married and 60 unmarried) were selected in such a manner that 60 respondents were highly educated employed and 60 were highly educated unemployed, age ranging 21 to 35 years. The Beck Depression inventory (BDI) (1961) tool was used to measure depression and Mental Health analysis questionnaire by Thorpe Clark and Tiegs (1959) was used to measure the mental health of the women. The findings reveal that both employment and marital status affect the mental health and depression of the women. Employment and marriage both satisfies the economic, emotional and social needs to the great extent. Depression scores of the women were also affected by both the employment and marriage. The result suggests that unemployment and unmarried were more depressed than the employed and married women.

Deb and Bhattacharjee (2009) conducted a study on "Self-Esteem of Depressive Patients". In this study a sample of 18 depressive patients was taken and they were selected from different Government and Private Health Care Centres Following incidental sampling technique. Data were collected by background information of Scheduled and Self-Esteem Inventory. Three hypotheses were formulated and verified by applying suitable statistical test. Findings revealed that self-esteem of depressive patients and normal population of same age group differed significantly ($p<0.01$) which indicates that depressive patients have low self-esteem. Again findings revealed that self-esteem of male and female depressive patients of same age group also differed significantly ($p<0.01$), which indicates that male depressive patients possess high self-esteem than those of female depressive patients. Further, self esteem of depressive which indicates that the depressive patients who are suffering from depression for more than last one year possessed low self esteem as compared to the depressive patients who are suffering for the last one year.

Purandare (2009) carried out a study on " Depression, Explanatory style and self-perception as a function of sex and education among Adolescents" The sample of the study was 161 students studying at secondary level, both boys and girls in the age range of 14-16 years. Measures of the study were Depression scale, explanatory style scale and Self-perception profile that had five sub-domains as well as measure of depression in boys and girls. Significant difference between boys and girls was obtained on the measure of Explanatory style. In self-perception a significant difference was found between boys and

girls on the factor of athletic competence. No significant difference obtained between students studying in 8th Std. compared to students studying in 9th Std. on the measures of depression, explantory style and self-perception.

Objectives:- 1. To study differential analysis of depression among adolescent students in Haryana Govt. schools.

2. To examine gender based depression among students in Haryana govt. school.

Research Methodology:- To find out depression on the basis of gender in adolescents students in Haryana Govt. schools the Researcher took 400 hundred students sample from six division of Haryana comprising 200 male students and 200female students in govt. schools . THE CHILDREN DEPRESSION INVENTORY (CDI) KOVACS,1981 have been used to find out depression among the sample. The researcher used mean, standard deviation and t-test for measuring gender based difference in depression in Haryana govt. school.

Results:- The following table and graph shows the depression among male and female adolescent students in Haryana govt. schools.

Difference Between Depression of Male and Female Adolescents

Variable	Groups	N	Mean	SD	df	t value	Significant
Depression	**Male**	200	33.95	5.01	398	3.59	Significant**
	Female	200	32.22	4,41			

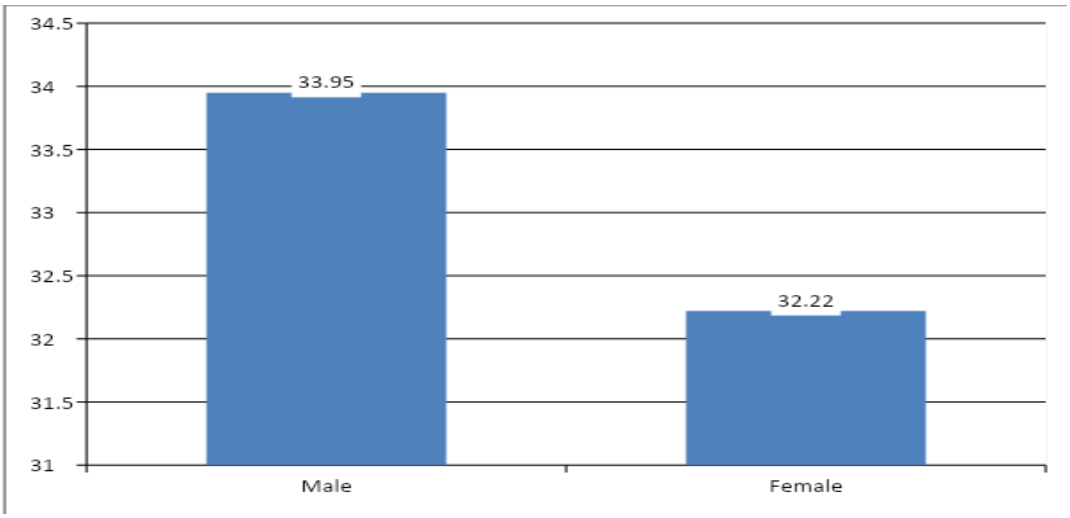

Table shows a significant difference between male and female adolescent students with regard to depression as t value is 3.39 which is significant at .01 level. Mean value for female is 32.22 which is lower than male students value 33.95. The result shows that female students are better than male students in relation to depression in Govt School in Haryana. The graph clearly shows that boys students have depression symptoms more that girls students in Haryana Govt. school.

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