



# **iJRASET**

International Journal For Research in  
Applied Science and Engineering Technology



---

# **INTERNATIONAL JOURNAL FOR RESEARCH**

IN APPLIED SCIENCE & ENGINEERING TECHNOLOGY

---

**Volume: 7      Issue: IV      Month of publication: April 2019**

**DOI: <https://doi.org/10.22214/ijraset.2019.4327>**

**[www.ijraset.com](http://www.ijraset.com)**

**Call:  08813907089**

**E-mail ID: [ijraset@gmail.com](mailto:ijraset@gmail.com)**

# Gender Differences in Depression and Suicide Ideation

Ms. Renu Soyal

Research scholar, Department of Psychology in university of Rajasthan, Jaipur

**Abstract:** *Generally depression was connected a state of low mood but also depression is influencing person feelings, behavior, psychosocial and other activity. Some symptoms of person with in depressed mood feel sad, worried, hopeless, helpless, worthless, guilty, irritable, angry and restless. Suicide was doing something with purposely one's own death. The aim of this study compare between women and men in depression and suicide ideation. Depression is a major factor to related form suicide and gender difference. In this present study has been undertaken to verify if these differences do exist for girls and boys. The sample chosen comprised of 50 male and 50 female from Jaipur city. Tools used were Beck Depression inventory –II and suicide ideation scale by Beck, et.al (1996; 1979). The findings significant difference in depression between men and women and also found no significance difference in suicide ideation. In conclusion women are more suffer from psychological problem, to experience suicide thought.*

**Keywords:** *Depression, Suicide, Gender*

## I. INTRODUCTION

Suicidal ideation associated with several mental disorders and life events but it is usually connected with depression and mood related disorders all of which possibly will increase risk of suicidal ideation.

Reinherz, Frost, and Bilge (1991) study found out that younger people got higher ratios than in older people and also in younger age people, female adolescents are more high levels of depression than male adolescents. Kessler et al., (1994) research supported that female adolescents get higher ratios of depression than male adolescents.

In during 2008-09, an estimated 8.3 million adults in the United States aged 18 and over are reported that 2.2 million person having made suicide suicidal thoughts in the previous year (Crosby & Beth, 2011). Gliatto & Rai (1999) are indicated that suicide considered a risk factor and most of people are suicidal plan but not means to attempts suicide.

Harvard Mental Health Letter (2006) according depression is considered as "the common cold of mental health". Now day's depression could found generally in movies, magazine, publication articles and interviews i.e. actors, celebrities (Leader, 2008).

Depression approximated every person are feeling at times in human life events (Rowe, 2003). Depression connected as a feeling 'down', having 'gloomy', being 'unhappy' and 'feeling of sadness', we have listen to my times use these vocabulary by our friends, family members and TV also admit these terms in human being in life.

In general depression was connected a state of low mood and aversion to activity but also depression is influencing person feelings, behavior, psychosocial and other activity (Salmans and Sandra, 1997; American Psychiatric Association, 2013).

NIMH (2012) was according that People have in depressed mood not only can feel sad, worried, blank, worthless, irritable, angry, hopeless, helpless, and restless But also less concentration in work, loss interested activities, occurrence loss of appetite or overeating, difficulties in making decisions due to attempt suicide. These people may be suffering from Insomnia, excessive sleeping, fatigue, weakness, pain, constipation, or less energy.

Suicidal ideation or thought concerns a strange preoccupation with suicide. Suicidal ideation ranged show discrepancy very much in momentary thoughts, to extensive thoughts, to complete planning, doing activities i.e. standing on a chair with a rope, standing on top floor and also doing incomplete attempts or might be fully planned outcome in death.

Institute of Medicine (2002) is defining ideation as thoughts kill and harm owns self. Suicidal ideations not only increase in among youth's risk of suicide attempts and death by suicide (ten Have et al., 2010), it is also indicated significant mental health desires, sexual danger activities, antisocial behavior and substance use (Thompson et al., 2010). Suicide outcomes of youth suicidal ideation are able to persevere into adulthood (Fergusson et al., 2005). In youth have suicidal ideation mainly doubtful in try to find out help (Husky et al., 2009) and suicidal ideation is normally not known through others people (Thompson et al., 2006). These studies show that what factors increase risk of suicidal ideation in youth.

## II. REVIEW OF LITERATURE

Many studies supported that women are more tending to suffer from depression or depressive symptoms (Weissman and Klerman, 1977). Even although researchers are supporting gender differences based on artefactual nature in depression (Newmann, 1984; Vrendenburg et al., 1986; Bromet et al., 1986; Coryell et al., 1992), female frequency are more common in depression (Radloff and Rae, 1979; Weissman, 1985; Billings and Moos, 1985; Nazroo et al., 1997; Piccinelli and Wilkinson, 2000). According to Weissman and Klerman (1977) are the popularity evident all countries of depression in women over all time periods in life.

The United States and international studies show that for the past 30 years women are more experiencing with depressive symptoms often than men. Some studies level extracts female-male ratio of 3:1 in depression (Klerman & Weissman, 1989; Wetzel, 1994). Although Depression ratios are may be different through society and culture still most of study reported that ratio 4:1 female and male. The depression is more harmful than several other health (mental & physical) conditions (Weissman, 1987).

NIMH (1987) published an evaluation of the epidemiological studies of depression conduct in the United States and other Western nations. These studies indicated that during of life occurrence many disorders in which included depression, anxiety disorders, and substance abuse. This review also investigated the relationship between gender and depression. It found that women had higher rates of depression than men, with a ratio of 2:1 being very common. Only bipolar depression occurred with equal frequency in women and men.

Gender differences are individual on high-income countries and low-income countries in depression. In review of studies depression in the United States, Nolen-Hoeksema reported that depression ratios are 2:1 female-male of depression in developed nation. Outside of the development nations, found out no significant difference between female-male in depression. These conclusions may be culture or society of a country has significant determinant of gender differences in depression (Nolen-Hoeksema, 1990)

Reinherz and colleagues (1995) reported that depression is most important factor of suicidal ideation in females, whereas substance use disorders are most important factor of suicidal ideation in males. Females are higher level of depression more or less twice persons of males and gender differences showed female are high level of suicidal ideation and attempts (Fergusson, Horwood & Lynskey, 1993).

Depression is most common factor of psychopathology and frequently show associated suicidal ideation and deaths (Brent et al., 1999; Garlow et al., 2007; Lewinsohn et al., 1993; Mazza & Reynolds, 1998; Shaffer et al., 1996). Previous studies show that depressive disorders are frequently present with young people and committed suicide (Brent et al., 1999; Shaffer et al., 1996). Also found out in both of these studies correlated with mood disorders are more prognostic of suicide in females than in males.

Many research showed that suicidal ideation is higher in women significant in the life event while men are more significant related to suicidal attempts and death (Hawton, 2000). While gender differences are mostly ignored in previous research as per research suicide was understanding by gathering of arousing and cognitive exposed and discovered significant gender differences in emotionality (Kring & Gordon, 1998) and cope up techniques (Tamres, Janicki, & Helgeson, 2002 for a review), these studies demonstration that choose the way of suicidal ideation would be different in both genders. But few studies examined suicide ideation of causes those supply to unconnectedly by males and females.

Goldberg (2006) depression is cause of a disease occurrence may clarify help to genetic, hormonal or chemical and social factors in women. But some researcher also accepted female predominance in higher level of depression. Piccinelli and Wilkinson (2000) have issued gender differences roles of factor inherited, biological and social in life play and through unpleasant incident in childhood and adolescence such as mood disorders, cope ability, feel helplessness to unpleasant events occur in life and social civilizing in depression. Some studies supported that unpleasant experience could influence risk for suicidal ideation in among youth. Found out diversity on hypothetical viewpoints are cognitive and affective method of affected among youth to psychosomatic dysfunction and consequential suicidal ideation (Brodsky & Stanley, 2008). Researcher indication that family disturbance might be mainly significant factor of unpleasant experience (Bruffaerts et al., 2010; Stein et al., 2010). Child abuse also found significant relationship with suicidal ideation in adolescent children and young people. These studies are also disclosure that suicidal ideation connected with observer violent behavior (Thompson et al., 2005). There are limited data supported the effect of both family to the provisions form of observer violent behavior, (Fitzpatrick et al., 2008) and society (Lambert et al., 2008) violence on suicidal ideation have to hardly ever dissimilarity in studied. Results show that a recent study found that numerous family shifted risk of suicide attempts and may also be a danger reason for suicidal ideation (Qin and colleagues, 2009).

In 2009 study be inclined to prove that slight no gender difference in suicidal ideation between men and women (Orszag & Peter; 2015). In 2008 study results show that gender difference found females are higher rate suicide attempts than males in earlier life and also indicated that rates are reduce with age (Thompson, Martie, Laney & Light; 2011). Depression considered on adolescent and

young adults because depression are more common in group age 15-19 years (Thapar, Collishaw , Pine & Thapar ;2012) with suffering more females than males ( McFarlane , Younger , Francis , Gordon-Strachan and Wilks ;2015) The most severe significant result of depression age group of 15-19 in suicidal ideation (Consoli , Peyre , Speranza , Hassler , Falissard & Touchette et al.,2013; Goebert, Thompson , Takeshita , Beach , Bryson & Ephgrave et al.,2009) Some investigated found perceiver's similarity to risk of suicidal factor in gender differences (Donker, Batterham, & Van Orden *et al.*, 2014; Lamis & Lester, 2013) current study is dissatisfying related to females in suicidal ideation (Donker *et al.*, 2014). This present study to proof that gender differences also a risk factor at suicidal ideation in college students (Lamis and Lester, 2013).

#### A. Rational

The present study, focus on difference between male and female to know the level of depression and what factors responsible to it. Even to examine suicidal thought in both gender and who is most attempts suicide.

#### B. Objectives

- 1) To examine the difference between boys and girls in depression..
- 2) To examine no difference between boys and girls in suicide ideation.

#### C. Hypothesis

- 1) There will be significant difference between boys and girls in depression.
- 2) There will be no significant difference between boys and girls in suicide ideation.

### III. METHOD

#### A. Sample

The sample (n=100) comprised of 50 boys and 50 girls from Jaipur city. The sample was selected for the study of convenience sampling method.

#### B. Inclusion Criteria

The sample age taken was 18-24 years. The student undertake in the study were graduate or post graduates.

#### C. Research Design

Two independent groups design will be used for the present study. The independent groups are the student of Rajasthan University (boys and girls).

#### D. Measure Tools

Beck Depression Inventory –II (Aaron T. Beck, Robert A. Steer and Gregory K. Brown; 1996)

The BDI-II is a rating scale of the 21 items. In scale all item on rated a point from 0 to 3 it means 4 point scale. The scoring in the scale 0-13 score present the minimal depression level, 14-19 score present the mild depression, 20-28 score present the moderate depression and 29 – 63 score present the severe depression. Severe depressive level indicated that got more high scores in the scale. In which scale have higher reliability coefficient of .92 and found content & construct validity have reported to satisfaction level.

Suicidal Ideation Scale (Beck, Kovacs and Weissman; 1979)

The SIS scale has of 19 statements. In scale 3 point scales on rated point from 0 to 2. In which scale minimum score level 0 and higher score are 38 and higher score showed more suicidal

thoughts. In which the scale have to reliability on Cronbach alpha coefficients .89 and also have validity coefficients of .41.

#### E. Procedure

After the selection of appropriate questionnaire, the subjects of the sample are contacted at the University of Rajasthan, Jaipur. The chosen subject (50 boys and 50 girls) were tested on the selected questionnaire.

Students were contacted personally and questionnaires were administered. They were given proper instruction and asked not to leave any of the items unanswered or unattended. Confidentiality was maintained. Care was taken of that, only completely filled questionnaire with all required information were included in the study for the research work. In all 100 completely filled answer sheets were obtained. After that, scoring was done and thus saw data was obtained. Then, statistical analysis was carried out and thus, results were drawn.



#### IV. RESULTS AND DISCUSSION

##### A. Objective

To examine the difference between boys and girls in depression.

##### B. Hypothesis

There will be significant difference between boys and girls in depression.

Table – 1 Depression Scale

Category	N	Mean	S.D	t- Value	P
Boy	50	26.3	5.54	2.16	.05 level
Girl	50	28.86	6.31		

##### C. Description of Table 1

NIMH (1987) published an evaluation of the epidemiological studies of depression conduct in the United States and other Western nations. These studies indicated that during of life occurrence many disorders in which included depression, anxiety disorders, and substance abuse. This review also investigated the relationship between gender and depression. It found that women had higher rates of depression than men, with a ratio of 2:1 being very common. Only bipolar depression occurred with equal frequency in women and men.

Table 1 show that means value for the boys is 26.3 whereas the S.D is 5.54 and the mean of the girls is 28.86 and the S.D is 6.31. 'T' ratio between boys and girls for depression is 2.16 which is significant at (0.05) levels that show by p. The higher mean indicated that girls are more depression in comparison to boys. Girls are more suffer from psychological problems i.e. sadness, worried, hopelessness, helplessness, worthless, guilt feeling, irritable and restless due to experience suicidal thought than the boys. Nolen-Hoeksema (1990) study found that may be culture or society of a country has significant determinant of gender differences in depression. In this present study results indicate that significant difference in boys and girls level of depression.

Table – 2 Suicide Ideation Scale

Category	N	Mean	S.D	t- Value	Not Significance
Boy	50	16.1	3.82	1.76	
Girl	50	17.72	5.34		

##### D. Objectives

To examine the difference between boys and girls in suicide ideation.

##### E. Hypothesis

There will be no significant difference between boys and girls in suicide ideation.

##### F. Description of Table 2

Some investigated found perceiver's similarity to risk of suicidal factor in gender differences (Donker, Batterham, & Van Orden *et al.*, 2014; Lamis & Lester, 2013) current study is dissatisfying related to females in suicidal ideation (Donker *et al.*, 2014). This present study to proof that gender differences also a risk factor at suicidal ideation in college students (Lamis and Lester, 2013).

Table 2 shows that mean value for the boys is 16.1 whereas the S.D is 3.82 and the mean of the girls is 17.72 and the S.D is 5.34. 'T' ratio between boys and girls for depression is 1.76 which is not significant level. The scores indicated that no significance difference between girls and boys. It means that girls and boys have parallel suicidal thoughts. Suicidal ideation ranged show discrepancy very much in momentary thoughts, to extensive thoughts, to complete planning, doing activities i.e. standing on a chair with a rope, standing on top floor and also doing incomplete attempts or might be fully planned outcome in death.

Thus, results show that the girls and boys both are in depression and experiencing sadness, anxious, hopeless, helpless, and worthless. The results of the present study indicated that no significant difference between boys and girls in suicidal ideation.

## V. CONCLUSION

The purpose of the study to measured both depression and suicide ideation. In present study, focus on difference between male and female to know the level of depression and what factors responsible to it. Even to examine suicidal thought in both gender and who is most attempts suicide.

Girls are more high level of depression than the boys. The score obtained boys are lower than that girls score on the scale of depression it indicated that girls are more suffering depressive symptoms could be feel sadness, worried, hopeless, helpless, worthless, guilt feeling, irritable, and restless.

Beside this, the results showed No significance difference between boys and girls in suicide ideation. Girls and boys have parallel suicidal thoughts but showed discrepancy very much in momentary thoughts and planning of death.

### A. Limitations

- 1) The sample size included under the investigation is not large and thus generalization of results is not possible.
- 2) The investigation is limited to age group taken & past graduate student.

## REFERENCES

- [1] American Psychiatric Association. (2013) . Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).
- [2] Billings, A. G., & Moos H. R. (1985). Psychosocial Stressors, Coping, and Depression. In E. E. Beckham & L. R. W (Eds.), Handbook of Depression: Treatment, Assessment and Research, 940-974: The Dorsey Press.
- [3] Brent, D. A., Perper, J. A., Moritz, A. C., Allman, C., Friend, A., Roth, C., Baugher, M. A.(1993). Psychiatric risk factors for adolescent suicide: A case-control study. Journal of the American Academy of Child & Adolescent Psychiatry, 32, 521-529.
- [4] Brodsky, B.S., Stanley, B. (2008). Adverse childhood experiences and suicidal behavior. Psychiatric Clinics of North America, 31, 223-235.
- [5] Bromet, E. J., Dunn L O., & Connell. M. M. (1986). Long-term reliability of diagnosing lifetime major depression in a community sample. Archives of General Psychiatry, 43(5), 435-440.
- [6] Bruffaerts, R., Demyttenaere, K., Borges, G., Haro, J. M., Chiu, W. T., Hwang, I., Karam, E.G., Kessler, R. C., Sampson, N., Alonso, J., Andrade, L. H., Angermeyer, M., Benjet, C., Bromet, E. de., Girolamo, G. de., Graaf, R., Florescu, S., Gureje, O., Horiguchi, I. Hu. C., Kovess, V., Levinson, D., Posada-Villa, J., Sagar, R., Scott, K., Tsang, A., Vassilev, S. M., Williams, D. R., Nock, M. N. (2010). Childhood adversities as risk factors for onset and persistence of suicidal behavior. British Journal of Psychiatry, 197, 20-27.
- [7] Consoli, A., Peyre, H., Speranza, M., Hassler, C., Falissard, B., Touchette, E. (2013). Suicidal behaviors in depressed adolescents: role of perceived relationships in the family. Child Adolesc Psychiatry MentHealth, 7(8).
- [8] Coryell, W., Endicott J., & Keller. M. (1992). Major depression in a nonclinical sample: demographic and clinical risk factors for first onset. Archives of General Psychiatry, 49(2), 117-125.
- [9] Crosby, Alex., Beth, Han. (2011). "Suicidal Thoughts and Behaviors Among Adults Aged ≥18 Years --- United States, 2008-2009". Morbidity and Mortality Weekly Report (MMWR), 60 (13). Retrieved 2015-01-08
- [10] Donker, T., Batterham, P. J., Van Orden, K. A., & Christensen, H. (2014). Gender- differences in risk factors for suicidal behaviour identified by perceived burdensomeness, thwarted belongingness and acquired capability: cross-sectional analysis from a longitudinal cohort study. BMC Psychology, 2(20), 1-10.
- [11] Fergusson, D. M., Horwood, L. J., Ridder, E. M., Beautrais, A. L. (2005). Suicidal behaviour in adolescence and subsequent mental health outcomes in young adulthood. Psychological Medicine, 35, 983-993.
- [12] Fergusson, D. M., Horwood, L. J., & Lynskey, M. T. (1993). Prevalence and comorbidity of DAM-III-R: Diagnoses in a birth cohort of 15 year olds. J Am Acad Child Adolescents Psychiatry, 32, 1127-1134.
- [13] Fitzpatrick, K. M., Piko, B. F., Miller, (E. 2008). Suicide ideation and attempts among low- income African American adolescents. Suicide and Life-Threatening Behavior, 38, 552-563.
- [14] Garlow, S. J., Rosenberg, J., Moore, J. D., Haas, A. P., Koestner, B., Hendin, H., Nemeroff, C.B. (2007). Depression, desperation, and suicidal ideation in college students: results from the American Foundation for Suicide Prevention College Screening Project at Emory University. Depression and Anxiety, 25, 482-488.
- [15] Gliatto, M.F., Rai, A. K. (1999). "Evaluation and Treatment of Patients with Suicidal Ideation". American Family Physician, 59 (6), 1500-6. PMID 10193592. Retrieved 2007-01-08
- [16] Goebert, D., Thompson, D., Takeshita, J., Beach, C., Bryson, P., Ephgrave, K.( 2009). Depressive symptoms in medical students and residents: A multischool study. Acad Med, 84, 236-41.
- [17] Goldberg, D. (2006). The aetiology of depression. Psychological Medicine, 36(10), 1341-1347.
- [18] Have, Ten. M., Graaf, de R., Dorsselaer, von. S., Verdurmen, J., van't, Land. H., Vollebergh, W., Beekman, A.( 2010). Incidence and course of suicidal ideation and suicide attempts in the general population. Canadian Journal of Psychiatry, 54, 824-833.
- [19] Hawton, K. (2000). Sex and suicide gender differences in suicidal behaviour. The British Journal of Psychiatry, 177(6), 484-485.
- [20] Husky, MM., McGuire, L., Flynn, L., Chrostowski, C., Olfson, M. (2009). Correlates of help-seeking behavior among at-risk adolescents. Child Psychiatry and Human Development, 40, 15-24.
- [21] Kessler, R. C., McGonagle, K. A., & Zhao, S. (1994). Lifetime and 12- month prevalence of DSM-III-R psychiatric disorders in the United States: Results from the National Comorbidity Survey. Archives of General Psychiatry, 51, 8-19.
- [22] Klerman, G. K., & Weissman, M. M. (1989). Increasing rates of depression. Journal of the American Medical Association, 261, 2229-2235.



- [23] Kring, A. M., & Gordon, A. H. (1998). Sex differences in emotion: expression, experience, and physiology. *Journal of Personality and Social Psychology*, 74(3), 686.
- [24] Lambert, S. F., Copeland, Linder, N., Ialongo, N. S. (2008). Longitudinal associations between community violence exposure and suicidality. *Journal of Adolescent Health*, 43, 380–386.
- [25] Lamis, D. A., & Lester, D. (2013). Gender differences in risk and protective factors for suicidal ideation among college students. *Journal of College Student Psychotherapy*, 27(1), 62-77
- [26] Leader, D. (2008). *The New Black Mourning Melancholia and Depression*: Penguin Books
- [27] Lewinsohn, P. M., Rohde, P., Seeley, J. R. (1993). Psychosocial characteristics of adolescents with a history of suicide attempts. *Journal of the American Academy of Child and Adolescent Psychiatry*, 32, 60-68.
- [28] Mazza, J. J., & Reynolds, W. M. (1998). A longitudinal investigation of depression, hopelessness, social support, and major and minor life events and their relation to suicidal ideation in adolescents. *Suicide and Life-Threatening Behavior*, 28, 358-374.
- [29] McFarlane, S., Younger, N., Francis, D., Gordon-Strachan, G., Wilks, R. (2015). Risk behaviours and adolescent depression in Jamaica. *Int J Adolesc Youth*, 19(4), 458-67.
- [30] National Institute of Mental Health, Depression Awareness, Recognition, and Treatment (D/ART) Program. (1987). Sex differences in depressive disorders: A review of recent research. Washington, DC: U.S. Department of Health and Human Services, National Institute of Mental Health.
- [31] Nazroo, J. Y., Edwards A C., & Brown G W. (1997). Gender differences in the onset of depression following a shared life event: a study of couples. *Psychological Medicine*, 27, 9-19.
- [32] Newmann, J. P. (1984). Sex differences in symptoms of depression: clinical disorder or normal distress? *Journal of Health and Social Behavior*, 25, 136-159
- [33] NIMH. (2012). "Depression". [nimh.nih.gov](http://nimh.nih.gov). Retrieved 15 October 2012.
- [34] Nolen-Hoeksema, S. (1990). Sex differences in depression. Stanford, CA: Stanford University Press.
- [35] Orszag, Peter. R. (2015). "Why Do More Men Commit Suicide?" . Bloomberg. Retrieved 1 July.
- [36] Piccinelli, M., & Wilkinson G. (2000). Gender differences in depression. *British Journal of Psychiatry*, 177(6), 486-492.
- [37] Qin, P., Mortensen, P. B., Pedersen, C. B. (2009). Frequent change of residence and risk of attempted and completed suicide among children and adolescents. *Archives of General Psychiatry*, 66, 628–632.
- [38] Radloff, L. S., & Rae D S. (1979). Susceptibility and precipitating factors in depression: Sex differences and similarities. *Journal of Abnormal Psychology*, 88(2), 174-181
- [39] Reinherz, H. Z., Frost, A. K., & Bilge, P. (1991). Changing faces: Correlates of depressive symptoms in late adolescence. *Family and Community Health*, 14, 52-63
- [40] Reinherz, H. Z., Giaconia, R. M., Silverman, A. B., Friedman, A., Pakiz, B., Frost, A. K., & Cohen, E. (1995). Early psychosocial risks for adolescent suicidal ideation and attempts. *J Am Acad Child Adolescents Psychiatry*, 34, 599-611
- [41] Rowe, D. (2003). *Depression The Way Out of Your Prison*. Routledge, Taylor & Francis Group.
- [42] Salmans, Sandra. (1997). *Depression: Questions You Have – Answers You Need*. People's Medical Society. ISBN 978-1-882606-14-6.
- [43] Shaffer, D., Gould, M. S., Fisher, P., Trautman, P., Moreau, D., & Kleinman, M., & Flory, M. (1996). Psychiatric diagnosis in child and adolescent suicide. *Archives of General Psychiatry*, 53, 339-348.
- [44] Sileo, C. C. (1990). What you should know about women and depression. Washington, DC: American Psychological Association, Office of Public Affairs.
- [45] Tamres, L. K., Janicki, D., & Helgeson, V. S. (2002). Sex differences in coping behavior: A meta-analytic review and an examination of relative coping. *Personality and Social Psychology Review*, 6(1), 2-30.
- [46] Thapar, A., Collishaw, S., Pine, D. S., Thapar, A. K. (2012). Depression in adolescence. *Lancet*, 379 (9820), 1056-67.
- [47] Thompson, R., Dubowitz, H., English, D.J., Nooner, K.B., Wike, T., Bangdiwala, S. I., Runyan, D. K., Briggs, E. C. (2006). Parents' and teachers' concordance with children's self-ratings of suicidality: Findings from a high-risk sample. *Suicide and Life-Threatening Behavior*, 36, 167–181.
- [48] Thompson, R., Litrownik, A. J., Weisbart, C., Kotch, J. B., English, D. J., Everson, M. D. (2010). Adolescent outcomes associated with early maltreatment and exposure to violence: The role of early suicidal ideation. *International Journal of Child and Adolescent Health*, 3, 55–66.
- [49] Thompson, R., Briggs, E., English, D. J., Dubowitz, H., Lee, L. C., Brody, K., Everson, M. D., Hunter, W. M. (2005). Suicidal ideation among maltreated and at-risk 8-year-olds: Findings from the LONGSCAN studies. *Child Maltreatment*, 10, 26–36.
- [50] Thompson, Martie., Laney, S. Light. (2011). "Examining Gender Differences in Risk Factors for Suicide Attempts Made 1 and 7 Years Later in a Nationally Representative Sample". *Journal of Adolescent Health*, 48, 391–397. doi:10.1016/j.jadohealth.2010.07.018
- [51] Vredenburgh, K., Krames L., & Flett G L. (1986). Sex differences in the clinical expression of depression. *Sex Roles*, 14, 37-49.
- [52] Weissman, M. M., & Klerman G. (1977). Sex differences and the epidemiology of depression. *Archives of General Psychiatry*, 34(1), 98-111.
- [53] Weissman, M. M., & Klerman L G. (1985). Gender and depression. *Trends in Neurosciences*, 8(9), 416-420.
- [54] Weissman, M. M. (1987). Epidemiology of depression: Frequency, risk groups, and risk factors. In *Perspectives on depressive disorders: A review of recent research* 1-22, Rockville, MD: National Institute of Mental Health
- [55] Wetzel, J. W. (1994). Depression: Women at risk. *Social Work-Health Care*, 19, 85-108.





10.22214/IJRASET



45.98



IMPACT FACTOR:  
7.129



IMPACT FACTOR:  
7.429



# INTERNATIONAL JOURNAL FOR RESEARCH

IN APPLIED SCIENCE & ENGINEERING TECHNOLOGY

Call : 08813907089  (24\*7 Support on Whatsapp)