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GENDER DIFFERENCES IN DEPRESSION: REALITY OR ILLUSION?

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Abstract

This study investigated whether gender differences in depression is real or an illusion among 368 youths in north-central Nigeria. Participants' ages ranged from 17 years to 44 years, with mean age of 23.59 years (*SD* = 5.70). Depression Symptoms Scale (DSS) was used for data collection in the study. A One-Way Analysis of Variance (ANOVA) was used for data analysis. The result indicated that there was no gender difference in depression, $F(1,367) = .02$, $p >. 05$. Given the inconsistent findings on gender differences in depression, and other human behaviours in recent years, the authors call for a re-appraisal of the ways humanity sees self, noting that gender dichotomy in most instances is illusory, and divisive. Thus, there is a need for more integrative perception of human behaviour for more effective utilization of human resources.

Keywords: Depression, gender, reality, illusion, youths.

Depression has become a major public health problem, demonstrating a constant increase in prevalence (Music Milanovic, Erjavec, Poljicanin,Vrabec, & Brecic, 2015). According to World Health Organization (2012), depression is ranked as one of the major contributors to the global burden of disease affecting 350 million people worldwide. It is a serious illness as it affects how a person feels, thinks and behaves and can lead to a variety of emotional and physical problems. More so, it can cause pain for both the individual and those who care about them. Studies also indicate that depression is a leading risk factor for suicide (Lopez, Mathers, Ezzati, Jamison, & Murray, 2006).

Depression adversely affects both mental and physical health (Luppa, Sikorski, Luck, Weyerer, Villringer, König, & Riedel-Heller, 2012), and is thought to contribute to, and increase the risk of death and co-morbid chronic health conditions such as cardiovascular disease and Type 2 Diabetes (Sherwood, Blumenthal, Trivedi, Johnson, O'Connor, Adams, Dupree, Waugh, Bensimhon, Gaulden, Christenson, Koch, & Hinderliter, 2007). Reviewed literature have shown that depression is related to increased morbidity and mortality from medical conditions (Nuyen, Volkers, Verhaak, Schellevis, Groenewegen, &Van den Bos, 2005; Ramasubbu, & Patten, 2003; Sartorius, Ustun, Lecrubier, & Wittchen, 1996). Some researchers (e.g., D'Alisa, Miscio, Baudo, Simone, Tesio, & Mauro, 2006; Fruhwald, Loffler, Eher, Saletu, & Baumhack, 2001) further pointed out that depression is associated with decreased quality of life among many other negative consequences.

Depression can affect anybody and can occur across all demographic variables. The prevalence of depression has been found to vary considerably based on gender (Wade, Cairney, & Pevalin, 2002). As pointed out by some authors (Cyranowski, Frank, Young, & Shear, 2000; Kendler, Gardner, Neale, & Prescott, 2001), the higher prevalence of major depression among females than males has been consistently observed among

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adults in the general population. Epidemiological and clinical studies have shown that women experience depression at significantly greater numbers than men (Leach, Christensen, & Mackinnon**,** 2008). Studies by Nolen-Hoeksema (2001) show that from early adolescence through adulthood, women are twice as likely as men to experience depression. Goodwin and Gotlib (2003) also indicated that being a female was associated with an increased likelihood of major depression.

Nolen-Hoeksema, Larson and Grayson (1999) noted that gender differences in depressive symptoms appear to emerge in early adolescence and then remain throughout the adult life span. Consistent findings also indicate that adolescent girls develop depressive symptoms at an earlier age than do adolescent boys and also more vulnerable to depression than boys even before adolescence (Ge & Conger, 2003). Batterham, Christensen and Mackinnon (2009) noted that the varying rates for depression among women range from 4.3% of the population to as high as 43.9%. Martin, Neighbors and Griffith (2013) noted that this finding is so well-established as to appear nearly axiomatic, and, as a result, depression is now heavily conceptualized as a female disease.

According to Martin et al. (2013), men seem to present more symptoms of depression than women - as men with depression may actually present more frequently than women but with some alternative symptoms that women with depression are less likely to endorse. Cochran and Rabinowitz (2003) noted these symptoms, which are mainly externalizing, as "alternative male-type symptoms," include anger attacks, irritability, substance use, and impulsivity. In contrast, women endorsed stress, irritability, sleep disturbance, and loss of interest at significantly greater rates than men.

Martin et al. (2013) showed that the key differences why literature reported that women are more prone to depression lies in the accounts that men were not good at recognizing a need for, and seeking, treatment. Martin et al. (2013) further opined that it is external "threats," such as changes in job functioning or strained relationships with a partner that often led them to seek treatment, emphasizing that part of the key reasons lie on the clinicians who observe and report the varying presentations of depressive cases in both men and women. Secondly, the traditional diagnostic criteria for depression describe some cases of depression in men accurately, although they may be insufficient for capturing the true prevalence of depression among men in the general population.

Depression is an illness that its etiology can be traced. Apparently, theories such as biological, psychological and socio-cultural theories can offer a great assistance in explaining the possible etiology of depression. According to biological or physiological theories (Blume, 1987), the etiology of depression lies on the genetic factors, structural abnormalities in the brain, and neurotransmitter and/or neuroendocrine dysfunction. Conversely, behavioral theories (Skinner, 1953) implicate lack of reinforcement as the cause of depression, whereas cognitive theories (Beck, 1963) point to negative attributions and helplessness, and reactions to stress as possible factors in depression.

From a more psychological perspective, two variables have been implicated in contributing to gender differences in depression: interpersonal orientation (Gladstone, Kaslow, Seeley, & Lewinsohn, 1997) and rumination (Lewinsohn, Gotlib, & Seeley, 1997). Researchers have suggested that the high levels of these constructs are associated with higher rates of depression among women (Cyranowski, Frank, Young, & Shear, 2000; Ormel, Oldehinkel, & Brilman, 2001).

Further, studies also reported psychosocial variables such as more frequent victimization and trauma in childhood, gender role factors (e.g., competing social roles, and role restrictions), interpersonal orientation such as increased vulnerability to the emotional pain of others, being more prone to rumination, differential attributional styles, and greater reactivity to stress in terms of biological responses, self-concept, and coping styles (Nolen-Hoeksema & Hilt, 2009; Bierut, Heath, & Phil, 1999; Steiner, Dunn, & Born, 2003).

Thus, many different explanations and consistent findings on gender difference in depression have been offered, but none seems to fully explain it. Given the significant impact of depression on individuals and society as a whole, a comprehensive analysis of the prevalence of depression is necessary especially as regards to gender difference. Based on this tenet, the researchers call for a reappraisal of the ways humanity perceive the issue of gender differences in depression, in that gender dichotomy in most instances is illusory, and divisive. In effect, the researchers seek to investigate whether gender differences in depression are real or illusory, basing their search on the youth population living in Kogi State. The expectation is that there is no such difference in depression among the population studied. This is because participants are drawn from a normal and vibrant population.

Method

Participants

Participants in this study comprised of 368 youths drawn from Kogi State., who were drawn using convenience sampling techniques from Ankpa area of Kogi State. Participants' ages ranged from 17 years to 44 years, with mean age of 23.59 years (*SD* = 5.70). Participants consisted of one hundred and seventy eight (178) male and one hundred and ninety (190) female youths, including both married and singles.

Instrument

The instrument used for the study was the Depression Symptoms Scale (DSS).The (DSS) was developed by Onyeizugbo (2011) and consists of 50 items designed to measure depression. The scale is scored in a 5-point Likert scale: Never (1), Rarely (2), Sometimes (3), Often (4) and Always (5). Some of the items in the scale include; Loss of interest in usual activities, difficulty sleeping, negative thinking, "I feel worthless", "My future is hopeless", etc. Onyeizugbo (2011) reported a Cronbach's alpha of .94 for the scale, and a split-half reliability of .91. Exploratory factor analysis (Principal Component analysis) indicated that the DSS has a single factor structure.

Procedure

The researchers administered the scale with the help of trained research assistants. The research assistants approached the youths individually in their respective homes and workplaces and explained the purpose of the study to them. They were assured that any information they provided on the questionnaire forms would be confidential and anonymous. Afterwards, questionnaire forms were issued to them to complete. After the completion of the questionnaires, it was collected, scored and analysed.

Design and Statistics

A factorial design was employed in the study and one-way Analysis of Variance was used to analyse the data.

Results

Table 1: Mean scores of Gender Differences in Depression

Independent Variable	Mean Score	Standard Deviation
Male	90.25	30.68
Female	89.91	29.38

The descriptive statistics computed as shown in Table 1 indicated that male participants reported a mean score

of 90.25 (*SD* = 30.68) while female participants reported a mean score of 89.91 (*SD* = 29.38) on depression.

Table 2: ANOVA summary showing gender differences in depression

	Sum of Squares	df	Mean Square	*F*	Sig.
Between Groups	10.79	1	10.78	.012	.91
Within Groups	329808.77	366	901.12		
Total	329819.55	367			

The results of the analysis of variance (ANOVA) in Table 2 showed no statistically significant gender differences in depression, $F(1,367) = .02$, $p >. 05$. Based on the finding, there was no gender differences in depression among youths studied.

Discussion

Substantial research in the last several decades had explored gender differences on a wide range of human endeavours and the potential implications of these differences on a number of outcome variables. The present study expanded on these initiatives by sampling 368 youths living in Kogi State to examine whether gender difference in depression could be found. In the present study, there was no significant gender difference in depression. The result indicates that male and female participants did not differ in depressive symptoms. The study is consistent with Masten, Caldwell-Colbert, Williams, Jerome, Mosby, Barrios, and Helton (2003) that examined gender differences in depression among Mexican adolescents from two distinct geographical regions but found no significant gender difference in depression in either of these two groups. The finding refutes the previous reports of gender differences in depression (e.g., Cyranowski, Frank, Young, & Shear, 2000; Batterham, Christensen, & Mackinnon, 2009; Ge & Conger, 2003; Goodwin & Gotlib, 2003; Kendler, Gardner, Neale, & Prescott, 2001; Leach, Christensen, & Mackinnon**,** 2008; Martin et al., 2013; Nolen-Hoeksema, 2001; Nolen-Hoeksema, Larson, & Grayson, 1999; Wade, Cairney, & Pevalin, 2002). This suggests that the reported gender differences in depression may seem but an illusion for the present sample.

Studies by Nazroo (1998) suggested that apparent gender differences in the rate of depression are the result of one or more possible artifacts. Hildebrandt, Stage and Kragh-Soerensen (2003) noted that the higher prevalence of female depression has been found more frequently in studies with non-clinical rather than clinical samples. Studies further noted that the gender difference in depression is limited, and in some cases non-existent in developing countries, traditional societies, and socially homogenous samples (Nolen-Hoeksema, 1990, cited in Ramirez, Maty, & McBride, 2003; Nolen-Hoeksema & Rusting, 2003; Piccinelli & Gomez-Homen, 1997 - cited in Piccinelli & Wilkinson, 2000).

Further likely explanation could be that perceived differences in rate of depression are as a result of the use of assessments of depression that do not draw a distinction between clinical depression and sub-clinical symptoms (Newmann, 1984). According to Newmann (1984) such approaches count the number of symptoms that each respondent reports and then average the number of symptoms across a population. This average score might be higher among women because they are more likely to report sub-clinical symptoms (Newmann, 1984). More so, studies by (Nazroo, 1998) indicated that the gender difference was neither a consequence of using too low a threshold nor of using an average score that emphasized women's hypothesized greater reporting of milder symptom states. The researchers also point at the adverse experiences, anxiety disorders in childhood and adolescence, socio-cultural roles, coping skills and some other psychological attributes subject to vulnerability as the probable explanations to such differences in depression.

The finding of lack of gender difference in depression in the present study could be because a homogeneous group – youths – was involved. This is a group at the most active, vibrant stage in their lives. They deal with similar issues such as job search/employment, relationship, establishing themselves in society, and the like. Besides, cultural inhibitions that used to cast a dark blanket or dark shadow on women is lifting as women models abound in government and in business. As such, unusual self-consciousness is out of the question as one focuses on how to breakthrough and assert one's peculiar giftedness. Also, the depression symptoms scale used for data collation contains items that are not peculiar to any gender or that balance the peculiarities of the genders.

By implication, depression generally is a serious illness that required a global attention in that if untreated can result in personal, family and financial problems, even suicide for both men and women. Especially with men, depressed men are less likely than women to acknowledge feelings of self-loathing and hopelessness; complain about fatigue, irritability, sleep problems, and loss of interest in work and hobbies; anger, aggression, violence, reckless behaviour, and substance abuse.

Nevertheless, the sample size used in this study is small and could have an impact in generalizing the finding. Locality is also another factor considered that could affect generalization of the study. Nigeria is a nation made up of six (6) geopolitical zones. In this study, all the participants were drawn from one zone in Nigeria which is likely to affect generalizing the findings among young people in Nigeria as a whole. Thus, in subsequent studies, researchers should endevour to involve a larger youth population from other geo-political zones of Nigeria so as to ensure more valid and reliable generalization of the findings among youths in Nigeria.

Conclusion

In conclusion, depression can occur across all demographic groups and can affect anybody irrespective of one's gender. A dearth of research relating to gender differences in depression was noticeable in the current review as it revealed a noticeable lack of clarity or inconsistencies in gender differences in depression. Thus, it is important that future studies should consider and integrate in assessment of depression male and female peculiarities so that a coherent picture will emerge as far as gender difference in depression (if any) is concerned.

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