“INVESTIGATION ON THE IMPACT OF SELECTED DEMOGRAPHIC VARIABLES ON SCHOOL-GOING ADOLESCENTS: SELF-ESTEEM, DEPRESSION AND SUICIDE IDEATION”

A Thesis

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In

Psychology

Under the Faculty of Arts

By

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Under the Supervision of

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LIST OF ABBREVIATIONS

ASSc	Academic Stress Scale
ANOVA	Analysis of Variance
APA	American Psychiatric Association
BDI-II	Beck Depression Inventory-II
BSS	Beck Scale for Suicide Ideation
CBT	Cognitive Behavioural Therapy
CDI	Children Depression Inventory
CESD	Centre for Epidemiologic Studies Depression Scale
DAS	Depression, Anxiety, and Stress
DASS	Depression Anxiety and Stress Scale
DesTeen	Depression Scale for Teenagers
DSM-IV-TR	Diagnostic and Statistical Manual of Mental Disorders Fourth Edition-Text Revision
EA	Experiential Avoidance
ELS	Early Life Stress
FES	Family Environment Scale
GAS	General Adaptation Syndrome
GHQ	General Health Questionnaire
GTA	Gorkhaland Territorial Administration
HIS	Hispanic Stress Inventory
	International Classification of Diseases, Tenth

SL No.	TL No.	LIST OF TABLES	Page No.
1.	4.2	List of Research Tools	73
2.	4.3	Tool Profile for Academic Stress	74
3.	4.4	Item Distribution of the Family Environment Scale	76
4.	4.5	Tool Profile for Family Environment	77
5.	4.6	Scoring (Family Environment Scale)	79
6.	4.7	Tool Profile for Self-esteem	80
7.	4.8	Tool Profile for Depression	81
8.	4.9	The Interpretation of scores (BDI-II)	82
9.	4.10	Tool Profile of Beck Scale for Suicide ideation	83
10.	5.1	Frequency and Percentage of Age Group of school-going Adolescents (N=400)	89
11.	5.2	Frequency and Percentage of Family Type of school-going Adolescents (N=400)	90
12.	5.3	Frequency and Percentage of Social Group of school-going Adolescents (N=400)	92
13.	5.4	Frequency and Percentage of Religion of school-going Adolescents (N=400)	93
14.	5.5	Frequency and Percentage of Father's Occupation of school-going Adolescents (N=400)	94
15.	5.6	Frequency and Percentage of Mother's Occupation of school-going Adolescents (N=400)	96
16.	5.7	Psychological study variables of school-going Adolescents (N=400)	97
17.	5.8	Correlation between the study variables (N=400)	100
18.	5.9	Hierarchical Logistics Regression Analysis of Academic stress, different dimensions of Family environment and Self-esteem as predictors of Depression among school-going Adolescents (N=400)	106
19.	5.10	Model summary of the Academic stress, different dimensions of family environment and Self-esteem as predictors of Depression among school-going Adolescents(N=400)	107

20.	5.11	Coefficients of Academic stress, different dimensions of Family environment and Self-esteem as predictors of depression among school-going Adolescents (N=400)	109
21.	5.12	Hierarchical Logistics Regression Analysis of Academic stress, different dimensions of Family environment, Self-esteem and Depression as predictors of Suicide ideation among school-going Adolescents (N=400)	111
22.	5.13	Model summary of Academic stress, different dimensions of Family environment, Self-esteem and Depression as predictors of Suicide ideation in school-going Adolescents (N=400)	112
23.	5.14	Coefficients of Academic tress, different dimensions of Family environment, Self-esteem and Depression as predictors of Suicide ideation in school-going Adolescents (N=400)	114
24.	5.15	Interaction of Academic stress, Family environment and Self-esteem on Depression and Suicide ideation (N=400)	115
25.	5.16	Difference in Academic stress based on the gender among school-going Adolescent boys and girls (N=400)	117
26.	5.17	Difference in dimensions of Family environment based on gender among school-going Adolescent boys and girls (N=400)	119
27.	5.18	Difference in Self-esteem based on gender among school-going Adolescent boys and girls (N=400)	122
28.	5.19	Difference in Depression based on gender among school-going Adolescent boys and girls (N=400)	124
29.	5.20	Difference in Suicide ideation based on gender among school-going Adolescent boys and girls (N=400)	125

30.	5.21	Hierarchical Logistics Regression Analysis of selected socio-demographic variables as predictorsof Depression in school-going Adolescents (N=400)	127
31.	5.22	Model summary of selected socio-demographic variables as predictors of Depression in school-going Adolescents (N=400)	127
32.	5.23	Coefficients of selected socio-demographic variables as predictors of Depression in Adolescents (N=400)	128
33.	5.24	Hierarchical Logistics Regression Analysis of selected socio-demographic variables as predictors of Depression in school-going Adolescents	129
34.	5.25	Coefficients of selected socio-demographic variables as predictors of Suicide ideation in school-going Adolescents (N=400)	129
35.	5.26	Model summary of selected socio-demographic variables as predictors of Suicide ideation in school-going Adolescents (N=400)	130

SL No.	FG No.	LIST OF FIGURES	Page No.
1.	5.1	Frequency and percentage of age group of school-going adolescents (N=400)	89
2.	5.2	Frequency and percentage of family type of school-going adolescents (N=400)	91
3.	5.3	Frequency and percentage of social group of school-going adolescents (N=400)	92
4.	5.4	Frequency and percentage of religion of school-going adolescents (N=400)	93
5.	5.5	Frequency and percentage of father's occupation of school-going adolescents (N=400)	95
6.	5.6	Frequency and percentage of mother's occupation of school-going adolescents (N=400)	96
7.	5.7	Difference in academic stress based on the gender among school-going adolescent boys and girls (N=400)	118
8.	5.8	Difference in dimensions of family environment based on gender among school-going adolescent boys and girls (N=400)	120
9.	5.9	Difference in self-esteem based on gender among school-going adolescent boys and girls (N=400)	123
10.	5.10	Difference in depression based on gender among school-going adolescent boys and girls (N=400)	124
11.	5.11	Difference in suicide ideation based on gender among school-going adolescent boys and girls (N=400)	126

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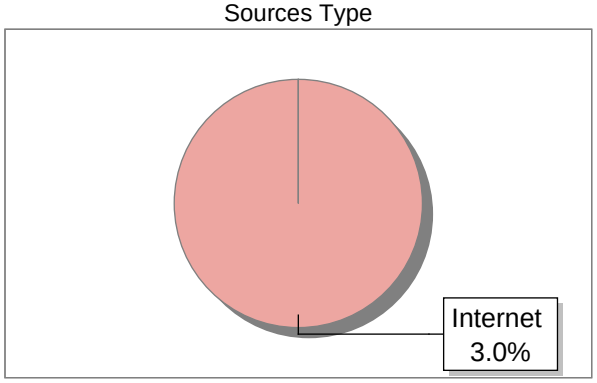

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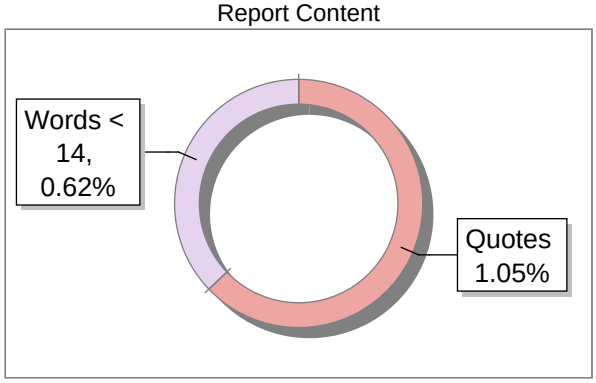

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ABSTRACT

The current study was conducted to investigate the impact of family dynamics, self-esteem, and academic stress on depression and suicidal thoughts in teenagers. The aim of the study was to investigate the relationship between depression and suicidal thoughts in middle to late adolescents, meaning those between the ages of 15 and 20. Specifically, the study looked at the role of self-esteem, familial environment, and academic stress as predictors of depression. For the study, 400 high school students 400 male and 400 female from both urban and rural areas, the ICSE board, and the STATE board were chosen. The Academic Stress Scale (ASS), Beck Depression Inventory-II (BDI-II), Family Environment Scale (FES), Rosenberg Self-Esteem Scale, and Beck Scale for Suicide Ideation (BSI) were used in the assessment. The test norms were used to analyze the quantitative data, and the raw scores were acquired. SPSS, or the statistical software for social science, version 20, was used to analyze the results of the quantitative study. Standard deviation and the percentage mean were employed as descriptive statistics. The Levine test, Multiple Analysis of Variance (MANOVA), Carl Pearson Correlations, Regression, and t-test were used to calculate the data.

The findings showed that there was no discernible link between suicidal thoughts, despair, and academic stress. The family environment scale comprises several dimensions, such as cohesion, expressiveness, acceptance, and caring, independence, active-recreational orientation, organization, and control. Its dimensions did not show any significant association with depression or suicidal thoughts. The study demonstrated a substantial negative connection between depression and the conflict dimension of the family environment scale.

Additionally, the research investigation found no evidence of a significant relationship between suicidal thoughts and the conflict dimension of the family environment scale. The findings showed a substantial difference in self-esteem, with females' self-esteem being greater than boys'. While there was a significant difference between boys and girls in the family environment scale's independence dimension, there was no significant difference between them in terms of cohesion, expressiveness, conflict, acceptance, active recreation, organization, and control.

When it came to depression, there was a noticeable difference between males and girls, with girls scoring higher than boys. The translated scores also showed that there was no statistically significant difference in the suicidal ideation rates of males and girls.

Keywords: Cohesion, Expressiveness, Depression, Suicide ideation, Academic Stress, Family Environment,

TABLE OF CONTENTS

PERPENDICULAR	PAGE NO.
Title Page	i
Certificate by the Supervisor	ii
Declaration by the Candidate	iii
Forwarding Letter of Head of Institution	iv
Acknowledgement	v-vi
List of Abbreviations and Symbols	Vii
List of Tables	viii-x
List of Figures	Xi
Course work Certificate	Xii
Plagiarism Report from the Central Library	Xiii
Copyright Transfer Certificate	Xiv
Abstract	xv-xvi
Table of content	xvii-xviii
Chapter I: INTRODUCTION	1-22
Chapter II: REVIEW OF RELATED LITERATURE	23-64
Chapter III: THE PRESENT STUDY	65-67
Chapter IV: METHODOLOGY	68-86
Chapter V: RESULTS, DISCUSSION AND INTERPRETATION	87-131
Chapter VI: SUMMARY, CONCLUSION, AND SUGGESTIONS FOR FURTHER RESEARCH	132-142
REFERENCES	143-178
APPENDICES	179-185
APPENDIX I : Informed Consent Form	179
APPENDIX II : Semi-Structured Performa	180
APPENDIX III: Academic Stress Scale	181
APPENDIX IV: Family Environment Scale	182
APPENDIX V: Rosenberg Self-	183

Esteem Scale	
APPENDIX VI: Beck Depression Inventory	184
APPENDIX VII: Beck Scale for Suicide Ideation	185
CONFRENCE 1	
CONFRENCE 2	
RESEARCH PAPER 1	
RESEARCH PAPER CERTIFICATE 1	
RESEARCH PAPER 2	
RESEARCH PAPER CERTIFICATE 2	

CHAPTER-I
INTRODUCTION

Hypothetical Background of the Study

Adolescence is a time of transition when people go through emotional upheaval. The early, middle, and late stages of adolescence can be distinguished from one another based on notable behavioral and developmental shifts. Because of the intricate interactions between the senses during adolescence and the immature and unpredictable behavioral capacities typical of this developmental stage, adolescence is a time of extreme vulnerability to risk-taking behavior. A teenager's mental state can be impacted by a number of things in addition to the hormonal shifts that accompany puberty. Adolescents may exhibit significant levels of disapproval due to societal norms during this stage, which may lead to harmful health behaviors. Furthermore, because peers are crucial to the emotional and social development of teenagers, peer pressure to perform well in school and academic stress can also negatively impact their mental health.

Adolescent’s emotional states are also frequently shaped by relationships. Family dynamics change as teenagers become more independent during puberty. As a result, individuals frequently gravitate toward friendships and other social situations where they value the intimacy, trust, and support found in romantic relationships. As a result, a teen's emotional growth greatly depends on the kind of environment their family provides. As a result, emotional deregulations might predispose teenagers to depression, one of the most debilitating illnesses. It is one of the main factors contributing to morbidity in teenagers who are contemplating suicide worldwide.

The adolescent stage, according to Aristotle (1941), is passionate and simultaneously revealing in impulses. Adolescence is a time when self-control and the ability to make important life decisions are developed as a person moves from childhood to maturity. Adolescent guys are highly contentious and easily agitated, according to Plato (1953). According to Mohanty & Mohanty (1997), adolescence is viewed in India as a phase that is challenging to categorize according to a certain notion of age. This stage of adolescence, according to Kundu and Basu (1998), is significant since it is when physical and psychological growth occurs in addition to ongoing mental development. Adolescence can be defined as the period between 11

and 18 years old for girls and 12 and 18 years old for boys. Other theories, such as Mascarenhas (1999), on the other hand, place the age of adolescence between 12 and 20 years old. They also note that delayed adolescence can extend up to the age of 21 or, in certain situations, 25 years old. He goes on to categorize the adolescent years into three stages: middle adolescence, which spans from 12 to 16 years, late adolescence, which spans from 16 to 19 years. Adolescence begins in the age range of 10 to 12 years. Adolescence, according to Chandrasekhar (2000), is a time of anxiety and adjusting to the changes that come with growing up. They may get depressed and turn to drugs as a way to cope with their emotions and avoid depression and anxiety due to a variety of circumstances, including familial issues and their own behavior.

According to Das (2000), the Latin word "adolescere," which means "to grow," is where the word "adolescence" originates. Adolescence, according to Das (2000), is a transitional stage during which pubertal maturation can lead to changes in an individual's physical, cognitive, social, and intellectual development as well as their independent, independent personality. Another word for this time frame is "youth." Mehta (2000) also establishes the 12- to 18-year-old range as the adolescent age.

Coleman (2006) described adolescence as a developmental stage that marks the shift from infancy to adulthood. This period often begins between the ages of 11 and 13 due to sexual changes brought on by puberty.

Adolescence is the start of the hormonal changes that happen in both boys and girls, according to Saunders and Frazier (2017). They are more prone to mood swings, biased interpretations, poor judgment, self-criticism, and emotion-based coping because to these hormonal changes. Adolescents with these traits may be more depressed and contemplate suicide.

According to a 2014 study by the National Crime Records Bureau, India has more than one lac records of suicide and accidental deaths on average. Suicide is a common occurrence, with 1,31,666 suicides recorded in 2014. When it comes to suicide rates, states like West Bengal, Tamil Nadu, and Maharashtra are at the top of the list with 12.4%, 12.2%, and 10.9%, respectively. 4682 boys and 4548 girls killed themselves between the ages of 14 and 18; this amounted for a 6.1% suicide rate among students.

1.1.1 Stress Defined

A person experiencing physical or emotional tension as a result of any thinking or situation that can cause them to feel irritated, agitated, or even anxious is said to be under stress. Stress is the body's response to a demand or difficulty that necessitates an adjustment or a response. Stress can be described as a pressure-like sensation as well as emotional and psychological suffering through the psychological lens. It can be defined as the extent to which one feels overpowered and is a typical aspect of life. Stress can come from internal sources such as illness or medical procedures, or it can come from external sources such as psychological, social, or environmental factors (Fink, 2016).

According to Martin (2002), stress is a phenomena brought on by events in life that can have either a beneficial or bad effect. In the seventeenth century, "stress" was defined as "straits," "hardships," "affliction," or "adversity" that could result in any disease or short-term illness. In their paper, Peplau (1968) and Ionna (2016) discussed stress as a component of daily life that can operate as both a stimulus and a reaction. According to Selye (1965), stress is a response to the changes that people experience in their daily lives. Conversely, Speileberg (1980) demonstrated stress as a reaction to a shift, an event in life, or a transaction taking into account a variety of variables that could be social, environmental, or personal in nature.

According to McGrath (1976), stress is an adaptive reaction to an apparent or hidden threat. It is the outcome of a threat that is "perceived" but may not be connected to real environmental conditions. Shaikh et al. (2004) provide an alternative definition of stress, stating that it is the incapacity to manage under specific circumstances that may result in psychological strain, helplessness, word load, and mental strain.

Stress is the result of an action or any circumstance that requires a person to act mentally, according to Pestonjee and Muncherji (1999). According to Pestonjee (1992), "stress" refers to a range of responses, from psychological reactions to outside influences on the people. People encounter phenomenological experiences associated with what are referred to as "stressful" situations.

1.1.1.1 Theories of Stress

The Bio psychosocial model of stress is one of the most complete models,

according to Bernard and Krupat (1994). Three elements are described in this model: internal, external, and their interactions. Bernard and Krupat (1994) provided more support for this claim by elucidating how stressful work environments, job demands, and obligations are linked to health issues in individuals. Canon (1932) concurs with the model's external component and asserts that a variety of psychosocial factors that pose a risk to the physiological and emotional equilibrium of humans might trigger the stress response. Stress was defined as a transition between its internal component and its interaction aspects by Mandler (1982) in his interruption theory. According to Lazarus and Launier (1978), the Biopsychosocial model of stress refers to the interplay between an individual's cognitive processes and external and internal factors.

According to Selye (1985), stress cannot be defined and can result from a wide range of stressors, both internal and external. Selye (1985) also concentrated on the internal elements of stress. He presented the generalized adaptation theory, which aims to explain stress as the body's response to any potential demands. These requirements can range from exposure to severe weather to minor physical injuries. He went on to say that a person under stress passes through three stages of adaptation, which he called General Adaptation Syndrome (GAS) and included the alert, resistance, and weariness stages:

a. *The alarm stage:* This phase is characterized by a fight-or-flight reaction to a physical reaction, such as a shift in the body's hormone levels, as well as psychological reactions, such as heightened awareness, elevated anxiety, and the induction of defensive behavior.

b. *The resistance stage:* The body is attempting to adjust to the stressor during this phase. This stage is characterized by a constant state of arousal, and under prolonged conditions, the high level of hormones may disturb homeostasis. It might damage internal organs, leaving a person more susceptible to illness.

c. *The exhaustion stage:* The ultimate stage begins when a person can no longer withstand stress and breaks down. According to Selye, many stress-related illnesses in humans develop during this stage and are referred to as "diseases of adaptation." Adrenal gland depletion is the physical reaction, and cognitive distortion is one of the psychological symptoms.

Life events and everyday inconveniences are the two models of stress developed by Lazarus & DeLongis (1983). According to the life event model, an individual experiences changes in their life as a result of an event that requires them to adjust, which ultimately leads to stress. The second model, daily difficulties, covers a broad range of unpleasant scenarios that people encounter on a regular basis, such as not spending enough time with family.

The primary and secondary assessments in individual-environment interaction are the central idea of Lazarus's (1991) stress theory, also referred to as the comprehensive emotion theory. When a goal is threatened by any stressor or stressful condition, primary evaluation takes place, and secondary assessment happens as a coping mechanism. Three different types of stress were identified by Lazarus and Folkman (1984), and they are driven by patterns in both primary and secondary appraisal. Harm that has already occurred is psychological damage or loss. Threat is the expectation of harm, and challenge is the result of demands that a person feels they can meet.

1.1.1.2 Types of Stress

Positive and negative stress were categorized by Selye (1956, 1978) as eustress and distress, respectively. Distress, according to Selye (1978), is a negative response to stressful circumstances that might include anger, anxiety, and in certain cases, depression. A satisfying response or de-stressing makes an individual joyful and inspired.

Bisht (1987) classified stress into 13 different categories:

***a. Existential Stress*:** This kind of stress arises when an individual perceives a threat to their life as a result of societal expectations.

***b. Achievement Stress*:** This kind of stress is linked to the pressure to succeed and perform well, much as the pressure to do well in the profession, in the classroom, and in contests across all fields.

***c. Academic Stress*:** This type of stress can be caused by a wide range of academic circumstances, including tests, failure, grade competitiveness, interactions with other students, etc.

***d. Self-Concept Stress*:** This kind of stress is brought on by an idea or perception of

oneself that may be different from others' in the community.

e. Self- actualization Stress**:** This kind of stress results from not getting what one wants and not being happy with one's own work. This kind of tension can also occur when someone doesn't know how capable they are and can't live up to their own standards.

f. Physical Stress**:** This kind of stress would result from modifications to a person's physical makeup and way of life. Due to the bodily changes that come with puberty, adolescents may encounter this kind of stress. They become more aware of it because of the modifications to their bodily makeup.

g. Social Stress**:** The expectations of an environment that some people may not be able to meet lead to social stress. In order to maintain good interpersonal interactions with peers and society, the individual must meet expectations.

h. Role Stress**:** Role stress arises from the roles that an individual must play in the organization, including roles that are based on one's own and others' expectations at work and roles that require role modification at home in a family where views are changing.

i. Institutional Stress**:** An institution's employees, staff, and students all encounter stress when they must adapt to its structure, and stress is exacerbated by an inability to cope.

j. Family Stress**:** Such tension is brought on by the obligations a person needs to fulfill within their family. Stress of this kind arises when an individual finds it difficult to cope with the many circumstances that the family encounters.

k. Financial Stress: This type of stress might arise from a family member experiencing financial difficulty or from someone facing financial difficulties. Teenagers attending school who come from lower socioeconomic backgrounds experience this kind of stress, which can be exacerbated by financial hardship.

l. Vocational Stress: When there is an excessive burden or no job at all, it can lead to a person experiencing occupational stress. This kind of stress is also brought on by unfavorable working circumstances or an unethical workplace.

m. Superstition Stress: Superstitious views can lead to tension in the person and produce problems in thinking and decision-making.

Three types of stress exist, according to the American Psychiatric Association (APA) (2013): acute stress, episodic acute stress, and chronic stress. One prevalent type of stress that results from previous stressors is acute stress.

This kind of stress has a brief duration. A little more severe than acute stress is episodic

acute stress. There is almost little likelihood of alleviation for the person, who is under persistent stress. Chronic stress is a prolonged state of tension that can be brought on by a chronic illness or terrible childhood experiences. Ignoring daily stimuli might result in chronic stress. Anybody experiencing this kind of stress simply accepts it and doesn't hunt for solutions. According to Caplan (1975), occupational stress is caused by circumstances at work that could endanger an individual. According to Ross and Altmair (1994), workplace stress results from circumstances in which an individual's abilities are not up to par with expectations.

1.1.1.3 Academic Stress

Cognitive expectations that may be too demanding for a student to adjust to are linked to mental anguish. They might struggle to complete easy projects, experience stress from failing their classes, or deal with obstacles at work. Students experience stress as a result of the intense competition to succeed in this cutthroat society.These days, families and society as a whole place enormous pressure on adolescents to perform academically well. High academic expectations may also cause children to feel overwhelmed, which can lead to depression (Bhujade, 2017). Academic stress encompasses a broad range of stress that can arise from a variety of other sources, including peer pressure, conduct, relationships with teachers while competing with other students, and parental and instructor expectations to perform well in extracurricular activities. According to Scott Sheldon (2008), academic stress results from demands placed on an individual that they find impossible to meet, which can cause major issues with their psycho-socio-emotional well-being.

Academic stress is a type of mental anguish that is mostly brought on by frustration that is expected and linked to academic failure, even in cases where the individual is aware that academic failure may occur (Gupta & Khan, 1987). An event has the potential to challenge or threaten a person. While threat or distress can cause anxiety, sadness, social dysfunction, and even suicidal thoughts in some people, demanding factors can inspire people and increase their performance on tasks (Lazarus & Folkman, 1984).

Anxiety, poor time management, and dissatisfaction with finishing extracurricular activities are identified by Misra and Kean (2000) as common causes of academic stress. These factors are also powerful indicators of academic stress. An individual experiences stress when their body reacts to the demands of their academic pursuits and they are unable to fulfill them.

Many academic-related variables, such as the expectations and demands of teachers and parents, busy schedules, inadequate academic performance, insufficient time to manage many school duties, and poor study habits, contribute to academic stress in 2011 Banerjee.

Adolescents are the age group most susceptible to depression because of the stress associated with their schoolwork. Numerous investigations have been carried out with the aim of pinpointing academic stress as a primary predictor of depression in teenagers.

The elements of academic stress that are positively connected with depression are academic conflict, pressure, and anxiety, according to research done on a sample of 200 teenagers by Kaur and Sharma (2014). Regarding academic frustration, there was a substantial gender difference, but not in terms of the other components of academic stress. Compared to men, women showed higher levels of academic frustration (Kaur & Sharma, 2014). According to data from the National Crime Records Bureau (2014), 1.8% of students killed themselves as a result of failing an exam.

A study by Sagar and Singh (2017) sought to determine the degree of academic stress experienced by pupils in upper secondary schools. A total of 180 individuals were considered for the research. The results indicated that there was no significant difference in the academic stress experienced by male and female students, but there was a significant difference in the stress experienced by students in the arts, commerce, and scientific streams of study.

1.1.1.4 Causes of Academic Stress

A research conducted by Krishna and Agarwal (1960) discovered that a student's exam performance could not be attributed to a single element because multiple factors could be involved in the student's success or failure.

In the Indian city of Kolkata 374 male and female adolescents in the eleventh and twelfth grades participated in a study by Bhattacharya and Deb (2012). According to the study's findings, adolescents experienced parental pressure to perform well on exams in 46.2% of cases. Gender disparities were also seen, with female adolescents reporting 53.2% and male adolescents reporting 39% of the parental pressures, respectively.

Lal (2014) divided the reasons of academic stress into several groups:

a. Academics: Academic stress can arise in students due to the challenge of meeting required academic levels and the incapacity to meet the demands.

b. Dating: In this section the stress comes from the person breaking up with the date or not being able to secure a date.

c. Environment: Stress in teenagers is caused by their incapacity to adapt to new situations, such starting school, entering a new institution, moving to a new city, or switching from one board to another.

d. Extracurricular activities: Stress arises when a person's desire to get involved in extracurricular endeavors is not met by the opportunities that present themselves.

e. Peers: As the pressure from the peer group increases, the student experiences stress. Stress can be brought on by the need to define oneself and live up to peer expectations over how one should dress or behave, among other decisions.

f. Parental pressure: Young people must deal with expectations from their parents as well as from peers, the school, and society. Students experience stress due to parental pressure to perform well academically and in extracurricular activities.

Adolescent stress was classified by Goodman (1993) into four categories: academic, time, financial, external, and internal concerns. In order to learn more about stress, Kadapatti and Vijyalaxmi (2012) conducted research on 360 pre-university students, including both male and female participants. The findings showed that a variety of factors, including bad study habits, high aspirations, study difficulties, a shift in the language of instruction, and unfavorable socioeconomic circumstances, might contribute to students' feelings of academic stress.

Investigation was done by Monteiro and Sebastian (2010) to examine a number of variables, including parental pressure, the educational system that the kids are currently enrolled in, and the correlational effects these factors have on teenagers. One hundred individuals, aged fourteen to eighteen, from both rural and urban parts of Mangalore, India, made up the sample. Based on the study's findings, pupils from urban areas reported higher levels of stress compared to those from rural areas.

Yumba (2008) tested one hundred male and female college students to determine the different sources of stress related to academics. The study's findings demonstrated that a variety of elements, including overloaded courses and evaluation processes, were the main sources of academic stress; on the other hand, social, familial, and personal issues were the least stressful. Ibrahim et al. (2017) studied 250 students to learn about academic programs and stress in Nigeria. The study's findings showed that students' stress levels are considerably raised by their academic programs, the sort of college they attend, and their marital status.

An other contributing element to kids' academic stress is subpar academic achievement. A research by Bjorkman (2007) involved 268 pupils in grades 6 through 8. The pupils' reported stress level and grade point average were shown to be correlated, according to the findings.

In order to comprehend the elements of academic stress among postgraduate management students, Nandamuri and Gowthami (2011) carried out a study. There were 500 participants in the study. The study's findings indicated that the main source of stress for pupils is their instruction and curriculum.

Research by Chan (1999) showed that students who were under pressure to do well showed less enthusiasm in their studies. According to Cheng's (2001) research, a number of factors, including inadequate social and interpersonal skills, peer competition, academic pressure, and poor time management, contribute to academic stress in students.

1.1.2 Family Defined

The family of an individual is the first educational setting in which they learn. It is regarded as the most significant component of social impacts and among the initial social situations that an individual encounters. A person's family substantially influences his or her behavior, cognitive process, and views. Family members, such as parents and siblings, are very important in forming a child's personality.

The family is the fundamental social unit in our society. In order to live in the outside world, one must acquire the courage and strength that are taught in this unit. Before allowing their children to enter the outside world, family members must exercise extreme caution and critical thinking when it comes to managing them (Moore, 2007).

A review of the literature on how parental influences affect depression disorders was done by Yap et al. (2014). The review study's findings demonstrated that parental characteristics such as warmth, over-involvement of the parents, and inter-parental conflict serve as risk factors for both anxiety and depression in teenagers.

Moore (2007) came to the conclusion that the family's origins remain unclear. According to Sonawat (2001), the family is a fundamental unit of study in many academic fields, including psychology, sociology, economics, and others. This was stated in his article "Understanding Families in India."

According to Ozguven (1993), the family is viewed in Turkish society as a social unit that is founded on marriage, which forges kinship and social ties. Members choose diverse responsibilities, which in turn impact one another to fulfill a range of

social, cultural, economic, and psychological ties.

Families, according to Zabriskie and McCormink (2001), are a single entity working toward a common objective. Every member of the family is related to the others and shapes the adolescent. They are also influenced by their surroundings and internal environment.

1.1.2.1 Types of Family

According to Gokce et al. (2003), traditional kinds that were introverted and extended made up the family structure prior to the industrial revolution.

In their study, Gunindi et al. (2012) provided an explanation for the differences between the families. The concept of family structures was also defined by them. The number of married couples and the generations residing in the same home are examples of variables.

An extended family, according to Budak (2000), is a kinship group that extends beyond the nucleus family and is made up of relatives who live in the same home as one larger unit, such as grandparents. Sharma (2013) cited UNESCO reports from 1992 that classified families into various types based on factors such as location (patrilocal, matrilocal, or avunculocal), marriage (monogamous or polygamous), authority in the household (patriarchal or matrilocal), and makeup of the kin living together (nuclear or joint). A mother, father, and their offspring make up the sort of family group known as a nuclear family. Joint and extended families are made up of the mother, father, and their offspring as well as additional family members who live in the same home, such as grandparents (if any), blood relatives such aunts and uncles, and cousins (Reiss, 1988).

Conjugal families, which are nuclear in nature, are made up of spouses and kids (Smith, 2017). A single parent who has exclusive custody of their child or children, or one in which the child's custody is split equally between the divorced parents, is also recognized as a single-parent family (Braver & Lamb, 2018). Blended family structure is the term used to describe a family with mixed parents or stepparents where one or both parents have remarried and combined their families with their children.

1.1.2.2 Family and Adolescents

The adolescent and parent's interpersonal interaction fosters sentiments of acceptance that have a favorable effect and aid in the teenager's identity formation, which results in strong self-esteem (Hauser et al., 1984; Allison & Sabatelli, 1988;

Eccles et al., 1991). Neo-Freudian psychologist Erik Erikson created eight phases of psychosocial development, each of which he described as a developmental milestone that a person experiences while exhibiting particular traits. He defines adolescence as the period of time between 13 and 19 years old in one of his stages. According to him, the stage is one of "fidelity," during which a person is able to adjust to changes in and around their surroundings with ease. The teenager will either acquire a sense of identity or become confused about their roles if they are able to adjust well. Erik Erikson asserts that an adolescent's adjustments throughout this era are also influenced by their relationship with their parents. According to Rubin's research, parental pressure can negatively impact a child (2005). Overly demanding expectations from parents can backfire on their child, who then feels alone and powerless since they can't live up to the standards. According to the author, during a "Draw A Story" examination, the youngster produced a number of drawings, the majority of which showed a lonely boy who was powerless. Adolescents are impacted by a variety of family conflict difficulties, such as divorce, remarriage, and blended families, which can cause them to lose motivation and experience emotional distress when adjusting to new circumstances or environments (Magano & Gouws, 2012). A study involving 585 teenagers was carried out to determine the association between family members and the adolescent's involvement in family decision-making. The findings indicated a relationship between the adolescent's capacity for making decisions and the family's socioeconomic status, cohesiveness within the family, and quality parent-child communication.

Henry's (1994) study found a favorable correlation between family life satisfaction, parental support, and flexibility in the family and the adolescents' perceptions of these factors, as well as family system traits and parental behaviors. A second study by Berner (1992) highlights the significance of candid communication, which serves as the foundation for positive parent-adolescent relationships. Good parenting can help teenagers transition more smoothly from childhood to early adulthood and can reduce many of the dangers that come with it, such as sadness, anxiety, and emotional discomfort (Stern & Zevon, 1990; Cohen et al., 1996). According to Bhushan and Shirali (1993), good parenting is also linked to openness, effective positive communication, and less issues in parent-adolescent relationships. In order to investigate the association between gender as a variable and the family structure, self-image, and parent-child interaction, Dunlop, Burns, and Bermingham

(2001) carried out a longitudinal study. The study encompassed the years of adolescence to early adulthood and was carried out over a ten-year period in three intervals. The study's conclusions showed a constant link between good parental care and low levels of overprotective control on the side of the parents, along with a greater sense of self that was even more pronounced in participants from intact homes.

Field (2002) investigated the interactions between 89 teenagers and their parents as well as their peers. A thorough questionnaire was used to deliver the study in order to ascertain how differently adolescents perceived the quality of their relationships, whether they were evaluated as high or low. The findings showed that teenagers with high ratings for their relationships with parents and peers also had higher grades, more friends, and a stronger sense of family connectedness. They also showed reduced levels of despair and drug use.

Another study was carried out by Lasko et al. (1996), in which 455 teenagers were assessed using self-report measures on risk-taking behavior, depression, closeness, social support, and self-esteem. The study's conclusions showed that sad teenagers had fewer close relationships with their parents. Their parents and friends provided them with less social support, and their self-esteem was low. Adolescents who stated that their parents are not happy also displayed comparable outcomes.

1.1.3 Self-Esteem Defined

Self-esteem: It can be characterized as having an optimistic outlook, self-assurance in one's own talents, self-respect, and self-worth realization.

According to Mondrea (2006), self-esteem is a person's perception of who they are, what they aspire to be, and what they need to do to reach their objectives. It is the outcome of both good and negative self-perceptions. According to Dobrescu (2013), self-esteem stems from social comparison and feedback, both positive and negative, that one receives from others regarding their abilities and attributes.

According to Scarneci (2009), self-esteem results from being confident in oneself and having respect for oneself. It is a person's subjective assessment of their own value, regardless of how excellent or bad. It can include achieving success in school or the workplace as well as having positive connections with friends and lovers. According to Erickson (1968), adolescence is a time of developmental crisis that shapes self-identity; he refers to this period as the transition between identity and role confusion. He identified identity uncertainty as the maladaptive stage and identity cohesiveness as the adaptive stage. He goes on to say that role confusion arises when

the adolescent is not receiving the necessary guidance and support from the individuals with whom they are interacting, including friends and family. Children's self-esteem fluctuates based on their age, gender, physical characteristics, and ever-changing hormones, among other external factors (Muntean, 2006).

According to Santrock (1996), self-esteem is a psychological factor that affects a variety of situations, including substance (drug) and alcohol abuse, delinquent behavior, depression, aggressive and hostile behavior, and dysfunction in one's life. Numerous studies on self-esteem have indicated that it is more closely linked to body image in young females than in boys. Girls who matured more quickly had higher odds of using drugs and alcohol, getting involved in sexual activity earlier in life, and experiencing issues at school with their peer groups. Their stress levels are further increased by the abrupt changes in their physical maturity and appearance that happen during the adolescent stage (Adams, 2009).

As was previously said, one's level of likeability or self-esteem is referred to as self-esteem. Adolescence is a time of heightened self-examination and erratic self-worth. Teenagers' self-esteem is often influenced by a variety of things. These include friends who have a significant impact on their lives and parents or relatives who are not encouraging. Many research have attempted to determine the factors that predict self-esteem. After doing a study of the literature, Edington (1970) discovered that there is a relationship between adolescent self-esteem and the educational attainment of those living in urban or rural settings. Spellman (1996) evaluated the relationship between psychological functioning, life stress, and the significance of social support and self-esteem in another study. The findings of the study, which involved 58 kids, indicated that kids and teenagers with high self-esteem also experienced mild psychological disorder.

Living with single parents helps adolescents adjust more easily, which may contribute to their potential for strong self-esteem. Additionally, it was found that males with strong self-esteem thought their parents were kind, understanding, forgiving, and warm. High self-esteem is influenced by aspects of the home environment such as respect among family members, justice in punishments, understanding, tolerance, and a lack of antagonism. According to Kassam-Adams, Fleisher, and Winston (2009), the boys who had poor self-esteem had parents who were dictatorial, negligent, and indulgent. An authoritarian parenting style aids in the development of a child's ability to cope with stress, improves psychological readiness,

and boosts self-esteem. According to Steinberg, Elmen, and Mounts (1989), the other styles lead to negative behaviors including delinquency from the indifferent style of growth, dependency on parents from the authoritarian style of growth, and immature or irresponsible social behavior from the indulgent style of growth.

Berk (2006) states that parental guidance can aid in a child's development of four distinct forms of self-esteem:

1) Open child- who is supported in both conditioned and unconditional behavior and who has a strong and steady sense of self-worth.

2) Abandoned child- who lacks both unconditional and conditional behavioral support from others and who has a low and stable sense of self-worth.

3) Spoiled child- who, in addition to receiving just unconditional personal support from others without any conditional support behavior, has a strong and fluctuating sense of self-worth.

4) Trained child- who lacks the person's unconditional support and gains solely from behavior that provides conditional support and has low and inconsistent self-esteem.

The self-esteem of the person is also impacted by other elements, such as scholastic stress and accomplishments.

Hoglund (1995) looked at the association between academic accomplishment and self-esteem in males and females aged 8 to 14 and the gender variations in self-esteem stability. The study's findings showed that academic achievement and self-esteem were positively correlated for females of all ages and for boys between the ages of 12 and 14. Dobrescu (2013) also highlights how expanding one's social network and using assessment methods in schools resulted in social comparisons that could boost or lower self-esteem.

Changes in an adolescent's self-image are caused by social mobility of parents, limitations and laws, and expectations from teachers regarding their performance. Marsh et al. (2009) also point out that a person's self-esteem may rise in response to favorable school results.

1.1.4 Depression Defined

Depression: It is a collection of symptoms that include an easily agitated mood, mood swings, and a lingering sense of despair, remorse, poor self-worth, and boredom. Significant weight loss or gain, sleeplessness or hypersomnia, exhaustion, excessive, inappropriate guilt, and worthlessness are among the symptoms, as is a decreased capacity to focus unrelated to substance addiction or alcohol consumption.

The Latin verb "deprimere," which meaning "to press down," is where the word depression first appeared. A person may occasionally have feelings of depression, worry, anxiety, and reluctance to carry out everyday tasks; however, these emotions pass after a while. A diagnosis of "clinical depression" may be made if the person is unable to return to "normalcy" or if the symptoms worsen and interfere with social, personal, professional, or occupational functioning. A depressed individual typically has low self-esteem and confidence, which can be triggered by irrational feelings of guilt and hopelessness. It may result in a lifelong disability that impairs an individual's ability to operate normally. According to Knaus (2006), patterns of negative, depressive thinking, such as worthlessness, helplessness, and hopelessness, are indicative of clinical depression.

It's probable that someone who is depressed has gone through unpleasant experiences in the past. The stress those earlier experiences had caused eventually served as a dispositional component for the emergence of depression. According to Pettitt and Joiner (2006), depression can be understood as a chronic and recurrent mental health illness that can lead to a number of debilitating ailments, including anxiety.

Depression is a significant public health issue in India that is largely to blame for the country's high morbidity rate. Depression has been documented in both urban and rural regions, affecting people of all genders and a wide variety of ages. On the auspicious day of "World Health Day" in 2017, the World Health Organization (WHO) arranged an awareness program titled "Depression- Let's Talk" (WHO, 2017). It was noted that more than 18% of people in India suffer from depression (WHO, 2017). Being a developing country, it has experienced significant urbanization and socio-demographic change; as a result, the prevalence of disorders like depression is high and is expected to rise in the years to come. The National Mental Health Survey (NMHS)

(2015-2016) reports that, among Indians over the age of 18, 1 in 20 had experienced depression at least once in their lives, amounting to a total of over 45 million cases in 2015 (Murthy, 2017). In India, the prevalence of depression has also risen dramatically over time (Nandi et al., 2005). Children aged 13 to 17 had a 0.8% prevalence rate of depression, according to the NMHS (2015–2016).

- There are three severity levels for depression, and each person's symptoms vary accordingly. Depression ranging from moderate to severe can be debilitating and pose a serious risk to an individual's health. In addition to distress, there are other symptoms such as the incapacity of the individual to engage in social and occupational activities.

- Sense unhappy almost every day
- Decidedly condensed attention or preference in virtually all events that previously the person found pleasure in
- Decline or slow in the thought process
- Feelings of worthlessness
- Reduced self-confidence and self-esteem
- Abnormal changes in sleep patterns (Hypersomnia or Insomnia) nearly every day
- Appetite changes (Binge eating or reduced appetite and/or weight)
- Has a negative view of oneself and society at large
- Being easily irritable and dependent on a substance is a symptom that can be seen in adolescence
- Perversity Ideation

Depression can harm a person’s personal, social, vocational, or occupational life.

In India, approximately two-thirds of those with depressive disorder reported having disabilities of various degrees in the areas of work-life (67.3%), social life (68.6%), and family life (70.2%), according to a WHO research (Murthy, 2017). In India, more than half of those suffering from depressive disorder stated that their illness made it difficult for them to go about their everyday lives (Murthy, 2017). According to Chakrabarti et al. (1995), 77% of relatives including those of the individuals afflicted with this disorder experienced some difficulty in relation to disruptions of family routine, financial circumstances, interactions, and leisure

activities.

1.1.4.1 Depression Epidemiology

According to the World Health Organization, depression is currently the fourth most common cause of disability globally, and by 2020, it is expected to rise to the second position. According to data from the 17 nations that participated in the global mental health survey, one in every 20 respondents on average said they had experienced a depressive episode (Murray & Lopez, 1996).

There are regional variations in the prevalence of depression as well. For instance, according to Andrade et al. (2003), it is roughly 3% in Japan and 16.9% in the US. 33572 participants in several research carried out in India reported having depressive episodes. According to reports, it was between 7.9 and 8.9 per thousand people, and it was almost twice as high in cities (Reddy & Chandrashekhar, 1998). According to a study conducted in south India, 0.1% of people between the ages of 14 and 16 had depression (Srinath et al., 2005). An annual depression incidence rate of 1.61 per 1000 children was found in another community-based investigation on school-aged children carried out in north India (Malhotra et al., 2009).

Adolescent depression was found to be predicted by a number of risk factors, including the loss of a family member, moving, failing an exam, ending a major relationship, etc. (Patel et al., 1998). Stress in the home and at school, a family history of mental illness, and other factors are also associated with depression (Krishnakumar & Geeta, 2006).

Studies looking at socio-demographic factors show that those with lower socioeconomic backgrounds (Bagadia et al., 1973), younger generations (Ponnudurai et al., 1981), and women (Sethi & Prakash, 1979; Poongothai et al., 2009; Nandi et al., 1979) are more likely to experience depression. Research has also indicated that among the factors contributing to the respondents' depression were birth order, parental discord, and loss of a parent before the age of eighteen (Bagadia et al., 1973).

In societies where mental health is viewed as a social stigma, depression therapy is socially unacceptable. According to Chen et al. (2005), less than 25% of people worldwide have access to depression treatments. In certain nations, less than 10% of depressed individuals receive treatment of any kind (Chisholm et al., 2004). According to a global study conducted in 2011 with 84,850 participants from over 17 countries, mental health therapy is very important and desperately required.

1.1.4.2 Screening and Assessment of Depression

The diagnosis of major depressive illness is made in accordance with the symptoms and signs that the patient exhibits. According to the DSM-IV-TR (American Psychiatric Association, 2000), a person with major depressive disorder must exhibit at least five of the nine specific depressive symptoms listed, which include feeling down most of the time, losing interest in once-pleasurable activities, experiencing significant weight loss or gain, experiencing insomnia or hypersomnia, feeling guilty, etc. The symptoms must substantially hinder the person's ability to function in social, professional, personal, occupational, and other critical domains, and they must be present almost daily for a minimum of two weeks.

Adolescents may not exhibit the overt symptoms of depression, therefore their signs and symptoms differ greatly from traditional symptoms. Some symptoms include low self-esteem, impulsivity, an inability to control emotions leading to feelings of pessimism, anger, guilt, irritability, and anxiety, low energy, decreased motivation, and difficulties with memory and concentration. Instead of being depressed and melancholy for the majority of the day, they may become impulsive.

The World Health Organization's International Classification of Diseases, Tenth Revision, or ICD-10, provides an additional resource for creating checklists in addition to the DSM-IV-TR. Other methods for documenting depressed symptoms include semi-structured interviews, parental reports, clinically created tools, and self-reports (Gilbody et al., 2007).

To screen for depression, numerous tools and diagnostic screens have been created. Depression diagnosis may be aided by screening tools like the Patient Health Questionnaire (Mitchell & Coyne, 2007). The Beck Depression Inventory-II, which consists of 21 questions with assertions that aid in the diagnosis of depression, is another significant and often used screening tool (Beck, Steer, & Brown, 1996).

1.1.4.3 Depression and Intervention

One of the conditions that is difficult to identify is depression. The understanding, management, and hence prevention of depressive illnesses have significantly improved over time. There are numerous efficient therapies available, depending on the kind and severity of depression (Donohue & Pincus, 2007). Medication, biological interventions, therapies, and phased rehabilitation strategies are all effective ways to treat depression. Medication and therapies can even be combined for more successful results. Antidepressant drugs and psychotherapies are useful in treating moderate and severe

forms of depression, according to a number of studies (American Psychiatric Association, 2000; DeRubies et al., 2005; Dimidjian et al., 2006).

People with severe or potentially fatal depression disorders are administered biological therapies such as electroconvulsive therapy and antidepressant medicines. Over the past ten years, there has been a significant increase in the usage of medications such as antidepressants (Rigler et al., 2003). If depression is treated with an appropriate drug, there has been a considerable reduction in the likelihood of recurrence of symptoms (American Psychiatric Association, 2000).

Numerous studies have demonstrated a positive relationship between pharmaceutical use and the management of depression symptoms.

According to Nierenberg and Dececco's (2001) research, antidepressant drugs have been shown to be beneficial for between 25% and 60% of individuals with depression. Gitlin (2002) discovered in another study that the response rates to a single antidepressant drug ranged from 60% to 70%, whereas the response rates to placebos were only 30%. In addition to biological interventions, numerous studies and investigations have demonstrated the efficacy of psychological therapy. A small number of studies (Bortolotti et al., 2008; Cuijpers et al., 2009) discovered a strong and positive correlation between the clinical improvement of depressed symptoms and psychological types of therapies. According to different investigations (Leichsenring, 2001; Leichsenring & Rundu, 2008), psychodynamic therapy has been shown to be successful in treating depression. Cognitive behavioral therapy, or CBT, is another well-known therapeutic approach that has been shown to be successful in treating patients with depressed symptoms.

This kind of treatment is based on the idea that an individual's behavior may be changed by altering their thought process, or cognition. By altering the cognitive process and content and bringing thinking back into line with reality, cognitive behavioral therapy seeks to reduce discomfort (Longmore & Worrell, 2007). The many kinds and modes of depression treatment are widely used; yet, there is a significant treatment gap in India due to the stigma associated with depression. India is gradually making progress toward accepting the treatment of mental illnesses like depression. Public mental health is taken into consideration through mental health camps and initiatives like the National Mental Health Program (NMHP).

1.1.5 Suicide Ideation Defined

Suicide ideation is the phrase used to describe a recurring and persistent thought of taking one's own life. The majority of research projects carried out globally have identified a favorable association between suicidal thoughts and depression. According to the National Centre for Health Statistics (1994), among teenagers between the ages of 15 and 19, suicide is the third most common cause of death.

Suicide and depression are intimately related, and depression can trigger suicide, according to the WHO. Research has demonstrated a strong correlation between depression and suicide rates, with depressed hospitalized patients having a 15% chance of dying by suicide (Simon & Von Korff, 1998). Due to a concurrent rise in adolescent depression and suicide, suicide is quickly becoming a major public health concern (Weller, Weller, &Svadjian, 1996). Major depressive disorder is present in 2% of suicide victims in India, indicating a substantial correlation between depression and suicide (Manoranjannitham et al., 2010). India ranks 43rd in the world in terms of suicide rates, with a rate of 10.6/100,000 as of 2009 (WHO suicide rates).

1.1.5.1 Suicide Ideation Epidemiology

Among those between the ages of 15 and 44, suicide ranked as the eighth most common cause of death in 2004 (WHO, 2008). Belarus, Estonia, and Lithuania are among the Eastern European nations with the highest suicide rates. There have also been reports of high suicide rates in Sri Lanka (Gururaj et al., 2004). Suicide rates are higher in northern Europe and northern sections of Japan than in southern countries, yet there are still a sizable number of suicidal deaths in the UK and Hungary (Hawton & Van Heeringen, 2000). Suicide rates are lower in various regions of the world, such as Latin America and certain Asian nations like Thailand. Suicide rates have been connected to poorer socioeconomic level (WHO, 2002).

In line with the rising global trend, India's suicide rate is rising. In 1978, the number of suicides in India increased from 6.3 per 100,000 to 8.9 per 100,000, as reported by the National Crime Records Bureau. According to Radhakrishnan and Andrade (2012), this indicates a growth rate of 4.1% annually combined with a rise of 41.3% in a decade. Between 1999 and 2002, there was a decrease in the suicide rate; from 2003 to 2006, there was a mixed trend; however, from 2006 to 2010, the suicide rate rapidly increased.

The National Crime Records Bureau revealed that since 2008, there has been a

1.7% increase in the suicide rate (Radhakrishnan & Andrade, 2012). Because suicide incidents in rural areas are underreported, different Indian states and regions have variable rates of suicide. In the general population, the average yearly suicide rate varied from 62/100,000 to roughly 95/100,000 (Joseph et al., 2003).
Young people are more at risk as they are considered to be a vulnerable group.

According to an Indian study, the maximum suicide rate was 38 per 100,000 people in the 15–29 age group, while the rate was 34 per 100,000 people in the 30–44 age group. According to Gururaj et al. (2001), there were 18/100,000 people in the 45–59 age range and 7/100,000 people over 60. This NIMHANS report was comparable to one provided by the National Crime Records Bureau (NCRB) in 2009, which indicated that youth between the ages of 15 and 29 accounted for the greatest percentage of suicide cases (34.5%), followed by those between the ages of 30 and 44 (34.2%) (Radhakrishnan & Andrade, 2012). According to several additional research, young individuals between the ages of 15 and 39 are the most vulnerable to suicide risk of any age group (Vijayakumar & Rajkumar 1999). According to a study done in a general hospital setting, people between the ages of 16 and 45 are also more likely to have suicide thoughts (Unni & Mani, 1996).

CHAPTER II

REVIEW OF RELATED LITERATURE

The first and most crucial step in the research process is a review of the literature. It facilitates comprehension of the researcher's subject. The comprehensive studies contain earlier studies on the subject topic conducted by different academics and researchers. Additionally, it provides a broad overview of the several problems that have been examined during the course of the investigation as well as the research limits that the researchers were aware of. The planned research's relevance to earlier studies on the subject is discussed in the literature review. Scholarly publications, survey books, and other pertinent sources related to the field of study are included. It also demonstrates the significance and novelty of the upcoming research. Above all, the literature evaluation highlights gaps in knowledge and points out contradictions. An overview of the studies that were carried out earlier to help a researcher in examining the research problem is included in a review of the literature. A review of the literature greatly influences research endeavors and aids in the formulation of the research problem. Additionally, it supports the ground theory and helps find new research topics and subtopics, steer clear of potentially fruitless techniques, and uncover any underlying ideas for further study (Gall, Borg, & Gall, 1996).

According to Hart (1998), a literature review is crucial for knowing what has been done and what still needs to be done while doing research on a specific issue. It aids in the definition of fresh variables pertinent to the subject and crucial to the investigation. Additionally, it gives the study a novel and fresh viewpoint that clearly defines the goal or primary context of the issue.

Western Sydney Education (2017) states that there are three primary characteristics of the literature review:

Features	Description
Purpose	Understanding the research topic is just one goal of the literature review; another is to assist the investigator in determining how prior works relate to the topic under investigation when taken into consideration. In order to understand why additional research is necessary, it also helps the researcher to situate their work within the framework of earlier literature. This aids in planning any future research projects.
Content	A critical assessment of earlier research on the subject would be one of the topics covered in the review of the literature. The research challenge would be given clarity and focus by the inclusion of topics that demonstrate relevance to the ongoing studies.

Structure	The introduction, the body, and the conclusion make up the basic structure. The goal and main points of the literature review are outlined in the introduction. The key points of the sources or studies that are pertinent to the current study issue, along with an analysis, interpretation, and critical review of earlier studies, can be found under subheadings inside the body of the document. The body of the study also includes the primary goals. The study's major conclusions, drawn from the literature, should be expressed in the conclusion with an emphasis on their importance.

Areas of the Chapter

Five major areas of interest were selected for the research, and these are as follows: academic stress, family environment, depression, self-esteem, and suicidal ideation. The study also takes associated variables into account.

2.1 ACADEMIC STRESS AND DEPRESSION IN ADOLESCENTS

Cole (1991) studied Chinese schoolchildren attending both public and private institutions. The study's findings showed that kids who struggled academically were made fun of and embarrassed by their peers, parents, and teachers. The kids' melancholy was exacerbated by their subpar academic achievement. Juon et al.'s (1994) study on Korean students looked at a number of variables that may have contributed to 9886 high school students' suicidal behavior. According to the findings, students who expressed a great deal of concern over their academic performance were more likely than those who did not to consider suicide.

Danaher-Nash (1994) investigated depression and acculturative stress in homeless Hispanic men. For the study, 100 Hispanic men were recruited, 50 of whom were homeless and the other 50 were not. A demographic questionnaire, the Hispanic Stress Inventory, and the Center for Epidemiologic Studies Depression Scale were used to evaluate them. The study's findings revealed no connection between the length of homelessness, depression, or acculturative stress. Age was found to have a

substantial association with stress and depression, as expected. The study indicated that while occupation and economic stress were not significant, the levels of depression and acculturative stress were. The findings also showed that there were no notable variations in depression and acculturative stress between those who were homeless and were Mexican-born and those who were not.

Chen (1995) found a substantial correlation between depression and academic achievement.The study's findings showed that kids with depression had greater issues in school than kids without depression. The study also showed that adolescents who struggled academically at school were frequently the targets of criticism and demotivating feedback, which aided in the emergence of depressive symptoms in them. According to D'Mello (1997), psychiatrists have shown that education is a significant cause of stress for students and a predictor of suicide fatalities.

A study conducted in 1999 by Bandura, Freeman, and Lightsey revealed a -.31 association between depression and academic achievement in a sample of 282 students. This is a considerable correlation between teenagers' poor academic performance and the frequency of depression in them. Similar research was done in Singapore by Ho, Tay, and Kang (1999), who found that among young people who had tried suicide, scholastic difficulties were a predictor of suicidal behavior.

The perceptions of stress among professors and students were compared in a study by Misra et al. (2000) on perceived academic stress in male and female college students. 249 students and 67 faculty members participated in the study; the mean age of the participants was 21 for students and 42 for faculty members. The study's findings showed that faculty members and students had different perspectives on pressures and ways to respond to them. Compared to faculty members, students reported higher levels of stress and more frequent reactions to stressors. The study also demonstrated that stress levels differed according on gender and school year.

Singh and Gupta's Mental Health Battery was used to measure mental health (2000). The grades that students received in their final grade were used to calculate the achievement percentage. The study's findings showed that academic stress significantly correlated negatively with teenagers' mental health and academic achievement, whereas academic achievement significantly positively correlated with mental health.

About 400 children between the ages of 13 and 18 were chosen at random from several schools in Agra, Uttar Pradesh, in order to investigate the effects of academic stress on teenage achievement and mental health. 200 of the participants were men, and the remaining 200 were women. The participants' degree of academic stress was gauged using a stress scale created by Sinha, Sharma, and Mahendra (2001).

A study on the association between teenage cognitive evaluation processes and academic stress was carried out by Govaerts and Gregoire (2004). The study involved 145 instances of academic stress on 100 teenagers, whose mean age was 16.9. Adolescent guys believed they had greater coping mechanisms than girls to handle the pressures of school. When it comes to how each group perceived stress, there were variances since one group—designated as a high-risk appraisal group—showed higher levels of stress than the other groups. In a related study carried out in India, Kaura (2004) discovered that one of the things stressing out kids and teens was the related testing system.

An investigation of the relationship between overall adjustment and stress related to academics, or academic stress, was carried out among high school students attending public and government schools. According to the findings, kids at public schools experience much more academic stress (Hussain, Kumar, & Husain, 2008).

Research on teenage distress and academic stress was done by Rao (2008) with 12th class students in Chennai. According to the study's findings, the majority of students experienced high levels of anxiety and despair in addition to academic stress. Diverse student groups have encountered academic difficulty, which has shown in varying degrees of anxiety and depression. In terms of academic anguish, other issues that were mentioned included hectic schedules, experiencing stress, physical symptoms, beliefs, the role of god, hard work, and education reform.

Arun and Chavan (2019) conducted a cross-sectional study to determine the connection between students' experiences of suicidal thoughts, psychological well-being, and academic stress. The association between the factors was also examined. 2402 students in grades seven through twelve participated in the study, which used the GHQ 12-item measure, money problem checklist, suicide risk eleven, and sociodemographic scale. Following that, the data was statistically examined using Spearman's correlation and chi-square. The study's findings revealed that, of the 2402 participants, 1078 (44.8%) had psychological issues, 1201 (50%) thought there were issues with their academic performance, and 930 (37%) said their academic

performance had declined. 180 students (7.4%) felt that their life was a burden; 122 students (5%) said they had considered suicide; and 8 students (0.33%) had actually tried suicide. The survey also found that students felt their life was a burden and even had greater rates of suicidal thoughts as a result of scholastic difficulties and an unsupportive atmosphere.

The association between stress, anxiety, and depression was investigated by Bhasin, Sharma, and Saini (2020) on 242 teenage participants who were from wealthy homes and were enrolled in ninth through twelfth grades. 21 items Depression The Anxiety and Stress Scale was employed to gather information. The study's findings indicate that there is a strong relationship between stress, anxiety, and depression. Compared to men, women showed significantly higher levels of depression. Additionally, compared to students in grades 9 and 11, pupils in grades 10 and 12 had noticeably higher levels of depression. Students' academic performance and their levels of stress, anxiety, and depression are inversely correlated.Agarwal (2021) studied on academic achievement and mental health of maleand female adolescents. Significant differences were found between academic achievement and mental health of male and female adolescents.

Deb et al. (2022) a study in Kolkata revealed that, despite differences in gender, age, grade, and other personal factors, two-thirds of the students reported feeling stressed out due to academic pressure.

In terms of academic stress and depression, Khanehkeshi and Basavarajappa (2022) examined the differences between male and female high school pupils in the first and third grades. There are 120 pupils total—60 boys and 60 girls—40 in first grade, 40 in second grade, and 40 in third grade. Data were gathered using a stress assessment scale for academics created by Sinha, Sharma, and Malhotra in 2001 and Kovacs in 1992. The study found that while depression was not significantly impacted by grades, it was when it came to grades. Additionally, there was a discernible difference between male and female students' perceptions of academic stress and sadness.

Another study by Liu and Lu (2022) looked into the relationship between the incidence of depressive symptoms and academic stress among 368 Chinese high school students. The sample was split into two groups, with 90% and 10% of the sample each. The first group of 90% demonstrated that academic stress was brought on by a lack of success in the classroom and that it is a strong indicator of depressive symptoms in those individuals. Conversely, 10% of the students in the second group did not believe that academic stress was a good indicator of depression. According to the study's findings, teenage academic stress brought on by poor performance is linked to depressive symptoms.

After analyzing 24,557 participants, Huang (2023) found a link between subpar academic performance and ensuing depression.

Kim and Park's (2023) study looked at the relationship between teenage depression response patterns and academic stress. 419 high school students from two different high schools participated in the study. We employed the CES-D Scale (9Radloff). Academic stress and response style were measured using the Academic Stress Scale for Adolescents (Lee, Kim, & Wachholtz, 2016) and the Response Style Questionnaire, respectively. The findings demonstrated that academic stress levels were higher for both boys and girls, and that the rumination response style raised depression levels while the distraction response style lowered them.

In order to examine the association between academic stress and depression, Kaur and Sharma (2014) studied 200 teenagers enrolled in the 11th standard. They did this by utilizing the Beck Depression Inventory-II (Beck, Steer, & Brown, 1996) and the Scale of Academic Stress (Bisht, 1995). The findings showed a strong relationship between depression and academic stress. Teenagers' depression rose along with their levels of academic stress. Though there was no discernible difference in how men and women perceived sadness, girls reported feeling more academically frustrated.

Deb, Strodl, and Sun (2015) conducted a study to look at the relationships between academic stress and psychosocial aspects as well as mental health and academic stress in Indian high school students.In Kolkata, India, they studied 190 eleventh and twelfth graders from three government-aided and three private schools. GHQ and specifically created structured questions were used to collect the data. According to survey results, there was no significant difference in the percentage of students (63.5%) who experienced stress related to academic pressure based on gender, age, grade, or various other personal criteria. Sixty-six percent of the

participants in the study said that their parents put pressure on them to perform better in school. Parental pressure to perform academically was highly connected with both academic stress and mental issues, and anxiety related to school exams was positively correlated with psychiatric issues.

An assessment of gender disparities and teenage academic stress was done through research. The results of the study showed a substantial difference in academic stress between male and female adolescents, with female adolescents scoring higher than male adolescents (Dhull & Kumari 2015). A study with 250 pupils in the 12th standard was carried out in Tamil Nadu. According to the survey, male students experienced more academic stress than female students. More academic stress was experienced by urban students than by rural ones. Students in public schools experience less academic stress than those at private schools. Compared to other streams, scientific students experience higher levels of academic stress (Prabu, 2015).

In 2015, Jayanthi, Thirunavukarasu, and Rajkumar conducted a cross-sectional study on 1120 teenagers enrolled in higher secondary institutions in the Tamil Nadu state. Examining the connections between factors like depression and academic stress was the goal of the study. MESS (Modified Educational Stress Scale) and other similar scales were used. According to the study's findings, teenagers who experienced academic stress were 2.4 times as likely to experience depression.

A study by Masood, Rashid, Musarrat, and Mazzahir (2016) examined the impact of non-clinical depression and anxiety as predictors of academic stress. Six prominent medical institutions in Punjab provided 650 first- and final-year medical students for the study. The findings revealed that among first-year and final-year students, anxiety and depression were prevalent, at 67.9% and 83.9%, respectively. Depression, academic stress, and anxiety were significantly correlated. The results of the research showed that while anxiety was not a significant predictor of academic stress, depression was. It has been noted that women experience higher levels of academic stress than men do, and that they are more likely to experience anxiety and despair. Significant suffering in terms of anxiety and sadness was also found in the study among medical students. Compared to males, females had a higher prevalence of symptoms.

According to a research by Park et al. (2016), teenagers who have greater levels of scholastic stress and difficulty also have higher rates of depression and suicidal thoughts.

A study by Chellamuthu and Kadhiravan (2017) looked into how students' mental health is affected by academic stress. In Salem, Tamil Nadu, 200 students from both public and private high schools participated in the study. The Positive Mental Health Scale and the Educational Stress Scale for Adolescents were the scales used. Private school students scored higher on academic stress measures. Compared to their peers, pupils attending private schools reported better mental health. Additionally, a strong correlation was found between academic stress and mental health.

In a 2017 study, Sandal et al. examined the mental health condition of teenagers enrolled in school in Chandigarh, India, and searched for signs of depression, anxiety, and stress (DAS). The study's findings demonstrated that DAS is common among teenagers and that girls were more likely than boys to have overall depressive comorbidity. Thus, the study hypothesized that detecting DAS early on can shield teenagers from developing a predisposition to mental illnesses.

The goal of Sharma and Pandey (2017) was to determine whether stress, anxiety, academic success, and depression are related in any way. 120 kids, 60 males and 60 girls, enrolled in class XI government schools in the remote Mahasamund district of Chhattisgarh were the subjects of the study.

The variables were measured using the anxiety, depression, and stress scale, and it was shown that there was a strong but inverse association between anxiety and depression. It was discovered that there was a favorable correlation between academic achievement and stress. Thus, it was determined that students' mental health issues have an impact on their academic performance.

In a study published in 2017, Liu investigated the connections between teenage anxiety symptoms, depression, and academic stress in Shenzhen, China. According to the study, women who perform poorly academically, do not own their own home, and have a disturbed family history are at risk for depression.Teenagers from Shenzhen, China, consistently claimed that the biggest risk factor for depression and anxious symptoms was academic stress.

2.2 FAMILY ENVIRONMENT AND DEPRESSION IN ADOLESCENTS

Robertson and Simons (1989) used the interview approach to examine the relationship between depression, self-esteem, and family environment in 300 teenagers. The study's conclusions indicated that the only family component linked to depression symptoms in teenagers was the perception of parental rejection. The teenagers' sense of parental rejection affected their self-esteem in both direct and indirect ways.

Positive interactions between adolescents and their parents were found to positively influence the adolescents' adjustment, according to a different study by Furman and Holmbeck (1995) with 96 teenagers.

In order to determine whether depression and particular family dynamics have an impact on adolescents' risk of engaging in suicide behavior, Hollis (1996) carried out a study. The purpose of the study was to compare 3054 non-suicidal control subjects with 284 cases of suicidal behavior. The findings demonstrated that each factor in the family setting is independently associated with suicide behavior. The odd ratio for an operational definition of depression syndrome is 4.4; the ratio for family strife is 1.5; the ratio for a disrupted mother-child interaction is 1.5; and the ratio for familial lack of warmth is 1.6. The study came to the conclusion that poor family relationships raise the possibility of depression and suicidal thoughts and actions.

A longitudinal study was carried out by Sheebar et al. (1997) to look into the connections between teenage depressive symptoms, family conflict, and family support. Adolescent mothers and 231 female and 189 male adolescents participated in the study. The results of the study showed that among the teenagers investigated over a one-year period, higher levels of depressive symptoms were linked to less supportive parents and more conflict in the family environment. The findings indicated that a key factor in understanding how teenage depression symptoms emerge is the caliber of family relationships.

A research by Pinquart and Srugies (1998) looked at the level of disagreement between teenagers and their parents. A sample size of 202 teenagers between the ages of 14 and 19 participated in the study. The study's findings indicated that teenagers were more at odds with their mothers than with their fathers.

Shiner and Marmorstein (1998) evaluated the family functioning of teenagers with a history of depression in a different study, taking into account the mother's depression history. Three groups of teenagers were compared in the study: ever-depressed adolescents with mothers who had experienced depression in the past, ever-

depressed adolescents with mothers who had never experienced depression, and never-depressed control adolescents. The findings showed that, at 47% and 18%, respectively, more ever-depressed adolescents with moms who had also experienced depression had disturbed family functioning than control adolescents. Compared to never-depressed adolescents and controls, ever-depressed adolescents with ever-depressed moms reported worse family functioning, especially when it came to the father-adolescent interaction.

Lau and Kwok (2000) investigated the connection between the family environment and the depression and self-concept of teenagers. Assessments such as the multidimensional family environment scale, the multi-domain multi-perspective self-concept inventory, and the multi-dimensional depression scale (Reynolds, 2004) were used to help conduct the study on 2706 teenagers. According to the study's findings, there was a substantial association between three characteristics of depression and each of the three family environment categories.Students who scored highly in the areas of personal development, upkeep of the system, and family ties also scored highly in other areas of self-concept, but they scored poorly in other areas related to depression.

Aydin and Oztutuneu (2001) conducted research to look at the connection between teenage depression, negative thinking, and the home environment. 311 pupils who ranged in age from 16 to 17 were chosen for the research. The Automatic Thought Questionnaire, the Family Environment Scale, and the Beck Depression Inventory were used to measure the study's outcomes. These revealed a relationship between teenagers' levels of negative thinking and depression and family cohesion.

McLean (2016) investigated the impact of genetics, gender, peer pressure, and family on the onset of adolescent depression in South Africa. For the study, 385 teenagers in the eleventh grade—114 boys and 271 girls—were taken into consideration. The Goldberg Depression Scale and the Adolescent Life Perspective Questionnaire were employed in the study, and the results showed that depressive symptoms in teenagers were influenced by both bad peer and family relationships. Adolescent males and females did not differ in terms of depression.

Seguin and colleagues (2003) examined family psychopathology and the role that family dynamics have in the development of adolescent depression. For the purposes of this study, three groups of teenagers were examined: adolescents who were currently depressed and had at least one parent who had or was currently experiencing a mood disorder, adolescents who fell into the category of currently depressed but whose parents had never been diagnosed with a mood disorder, and adolescents who had never experienced depression. The study's conclusions showed that life events, parent-child relationships, and parental psychopathology are all significant predictors of teenage depression.

Research on the connection between shyness, low self-esteem, and depression in teenagers and parent-adolescent contact was done by Sun et al. (2004). The study included 928 adolescents in employment as participants. The investigation's conclusions demonstrated that the quality and pattern of parent-adolescent communication has distinct predictive implications on teenage shyness, melancholy, and self-esteem.

In order to determine whether ethnic groups differ in aspects such as depressed symptoms, negative cognitions, and familial situations, Herman, Tucker, and Ostrander (2018) performed research. Between the ages of 12 and 17, the researchers looked into the relationships between depression, family conflict, and cohesion in a variety of African American and European American teenagers. According to the findings, depression in African American adolescents was linked to low family cohesion, while depression in European American adolescents was predicted by high family conflict.

Wang, Xie, Li, and Zhu (2008) studied 1,135 university students in Henan to investigate the forms and patterns of family communication as well as the relationship between coping strategies and wellbeing. The study's conclusions demonstrated a substantial difference in the variables, such as family communication patterns, between male and female students who came from different sorts of colleges or whose parents had different educational backgrounds.

Usha and Lakshmi (2008) did a study on the impact of parental style and self-compression on a sample of 500 students from six schools in Kerala. The findings showed that, compared to kids attending government schools, the parenting style had no discernible impact on the mental health of teenagers enrolled in assisted education programs.

Teenagers' involvement in extracurricular activities, family dynamics, social environments, and their connection to depression were all studied by Mason et al. (2019). In addition to being self-assessed for depressed symptoms, 322 teenagers who were in for their regular medical checkup were also evaluated for social network risk factors, which include things like smoking behaviors and other family connection areas like conflict and cohesion. The study's conclusions showed that teenagers with lower depressed symptom scores had better family relationships and participated in extracurricular activities more.

Family conflict has been linked to the development of depressive symptoms in teenagers, according to a survey of 22 publications on the subject of adolescent depression. Higher levels of depressive symptoms are associated with unresolved family conflicts. Cook et al. (2019) discovered that the relationship between depressed symptoms and father-adolescent conflict was stronger than that of mother-adolescent conflict.

A study by Singh and Udainiya (2019) involved 100 teenagers from nuclear and joint homes. The purpose of the study was to determine how the teenagers' self-efficacy and general well-being were affected by their gender and type of household. The self-efficacy of the teenagers was shown to be significantly impacted by both gender and family type, but no significant relationship was observed between these factors and wellbeing indicators.

An et al. (2020) conducted a comparison study on the impact of different parental characteristics on teenage suicidal thoughts. These factors included being content with one's family, having a health condition, and being satisfied with one's appearance. A comparison was also made between suicide ideation and other parental characteristics, such as mothers' inadequate sleep, dads' happiness with their health, and parents' history of contemplating suicide. Along with their parents, 2965 teenagers between the ages of 15 and 18 participated in the study. Another element that was evaluated was gender. The study's findings showed that there were notable differences in familial characteristics between teenagers who considered suicide and those who did not. When it comes to things like not getting enough sleep, being unhappy with one's health, and having a dysfunctional family, women were more vulnerable than men. It was discovered that psychosocial factors influenced teenage suicidal ideation more than hereditary factors.

Adolescent depression and the amount of time spent with parents and siblings were the subjects of research conducted by Desha, Nicholson, and Ziviani (2021). According to the study's findings, the degree of depressive symptoms was positively correlated with the amount of time spent with parents and siblings.

Lipps et al. (2022) investigated the connection between depression and parenting styles in Jamaican teenagers enrolled in the tenth grade. The Beck Depression Inventory-II and the Parenting Practices Scale were used to measure the data. According to the findings, 29.1% of teenagers reported experiencing moderate to severe depressive symptoms, while 52.1% experienced mild to severe symptoms. Teenagers who experienced parenting in an authoritative or permissive manner also showed reduced levels of depressive symptoms.

Zgambo et al. (2022) reviewed the literature to investigate depression in Chinese youth and young adults. The review's findings demonstrated how common depression symptoms were among Chinese kids and teenagers. because of a number of variables, including as race, gender, age, obesity, body image, and peer and family relationships.

Research on the connection between adolescent depression and unfavorable home environments was done by (Gate et al. in 2023). The study included 163 mother-adolescent pairings, and the findings indicated a correlation between depression and low levels of positive parental behavior.

In his research, Sigfusdottier (2023) looked at how depression and rage functioned as a mediator between teenage sexual abuse, family violence, and suicidal thoughts. Nine thousand eight hundred fifty-eight Icelandic high school students made up the sample. Participants' ages ranged from 16 to 19 years old. The study's theoretical foundation was based on Agnew's general strain theory. The results show that depression and rage moderated familial violence and other variables including sexual abuse and were also associated with adolescent suicide attempts. Further research revealed that while anger did not play a mediation role in suicide ideation, low mood did. This was in line with findings regarding the association between sexual abuse, family violence, and conflict and mediating pathways.

Bagi and Kumar (2014) looked at the connections between teenagers' familial environments and subjective well-being. Descriptive statistics and Pearson product-moment correlation were used in the analysis of the data. The findings showed that, in addition to conflict and cohesiveness, there was a strong positive association between

expressiveness and cohesion, acceptance, and compassion. Subjective well-being did not, however, significantly correlate positively with any of the family environment's components.

In a study published in (2014, Biglan et al.) investigated the impact of experiential avoidance on depression and family conflict in early adolescents enrolled in grades 6, 7, and 8. The study's findings demonstrated that depression is linked to experience avoidance and that it is more common in households with high levels of conflict. Adolescent females were differently impacted by family conflicts and had a considerably higher level of experience avoidance than male adolescents.

Lin et al. (2014) examined the suicidal thoughts of teenagers from various backgrounds and families in terms of their educational experiences. 979 students from Miaoli, Taiwan's elementary schools participated in the study. The study's variables included depression, suicidal thoughts, family, school, and demographics. According to the study's findings, 175 students had depression at a rate of 17.9%, and 146 students had suicidal ideation at a rate of 14.9%. Depression, which had a 3.7-fold risk, was the independent factor that was most significant for predicting suicide. It was followed by a tumultuous family situation rather than children who lived in a peaceful setting. Compared to individuals who were not depressed and lived in a happy home, youngsters who were sad and witnessed family conflicts had 27 times higher chances of contemplating suicide.

A study conducted by Sharma and Mazmanian (2014) investigates the connection between Chandigarh's adolescent depression and home environment. The study's scales were the BDI and FES. According to the results, there was a noteworthy inverse relationship between depression and aspects of the family environment such as cohesiveness, expressiveness, independence, and recreational orientation. Only in the organization dimension did females and boys differ significantly. Adolescents with high cohesiveness, expressiveness, and independence ratings also had low depression scores. Moreover adolescents want a friendly family environment for healthy overall growth.

Kenchappanavar et al. (2015) conducted a study to determine the impact of the family environment on teenage students' involvement in their studies. Multiple stepwise regression analysis was used to analyze the data, with a sample of 110 students from class IX. The biggest predictor of study engagement was cohesion, according to the results, which also showed a positive association between study involvement and other characteristics like cohesion, expressiveness, acceptance, and compassion. In contrast,

there was an inverse relationship between study involvement and conflict.

Van et al. (2016) We out a study to investigate the role that friendships and family ties play in the emergence of depressive symptoms in adolescents who have experienced early life stress (ELS), including family adversity. 477 males and 322 girls made up the 771 teenagers that were taken from a three-year longitudinal study. The findings demonstrated that, for both boys and girls, family support served as a moderating factor in the relationship between stress and the emergence of late-adolescent depression symptoms by the age of 17. Consequently, adolescent stress and depression can be decreased in healthy family settings.

Adolescents who have strong familial support are less likely to experience the onset of anxiety and depression symptoms. In order to investigate the incidence of hopelessness and depression among teenagers as mediated by damaged family ties, Ahookhosh et al. (2017) carried out a study in Iran. Thirty male and ninety female adolescents who tried suicide and ended up in the hospital due to self-poisoning made up the sample. The study's findings demonstrated that teenagers who experienced impaired family cohesion were more likely to experience depression and had a higher likelihood of having suicidal thoughts.

2.3 SELF-ESTEEM AND DEPRESSION IN ADOLESCENTS

Robertson and Simons (1989) investigated the relationship between adolescent depression, the familial environment, and self-esteem. For the study, 300 teenagers were selected, and information was gathered via interviews. Depression showed a substantial correlation with self-esteem. Over time, one's perception of one's own value might always change. For some people, experiencing severe declines in self-worth can lead to depressive symptoms.

A study conducted by Lou (1999) examined the relationship between students' mental health and stress in secondary education. For this study, 2,986 students between the ages of 15 and 19 were included. According to the study, teenagers in urban China who were stressed out and had mental health issues were socially conscious.

McGee et al. (2001) investigated the association over time between suicidal ideation between the ages of 21 and 18, hopelessness, self-esteem, and ideas of self-harm in mid-childhood. There was a model created specifically for males and girls. The variables that were selected demonstrated a high correlation between childhood experiences of poor self-esteem and hopelessness and early-life suicidal thoughts and self-harm. Self-esteem was also found to have a minor but significant impact on female

suicidal ideation.

Otsuki et al. (2003) investigated the connection between depression and depression using alcohol, tobacco, and other drugs (ATOD) among 4,300 Asian American high school students in California. Chinese, Japanese, Korean, Filipino, and Vietnamese students were divided into five subgroups. The results of the correlations showed that, compared to men, women were more likely to have high levels of sadness and low self-esteem when they used cigarettes, alcohol, or marijuana. Additionally, it was discovered that while self-esteem was unrelated to sadness in females, there was a substantial correlation between alcohol and tobacco usage. On the other hand, marijuana usage did not considerably worsen depression or low self-esteem.

Trzesniewski et al. (2016) had out a longitudinal study, the results of which showed that a person's likelihood of developing severe depressive illness at age 26 is higher if they had low self-esteem between the ages of 11 and 15.

Dixon and Kurpius (2008) investigated the relationships between four variables: self-esteem, depression, stress, and college students mattering. Participants in the study ranged in age from 18 to 23 years, including 256 females and 199 males. Women were shown to be more stressed out in college, more depressed, and more mattering. By sex, self-esteem, and mattering, stress and sadness accounted for 13.8% and 39.4%, respectively. The entire model, which included sex, self-esteem, and mattering boosting the prediction of depression by stress, accounted for 49.1% of the variation.

Orth, Robins, and Roberts (2008) two longitudinal data sets research were carried out with regard to two models; the data sets were regularly collected between the ages of 18 and 21 and 15 to 21. The study's conclusions demonstrated that while depression did not predict self-esteem, self-esteem did predict eventual degrees of depression.

Dehart et al. (2019) conducted a 30-day qualitative study on alcohol usage, interpersonal interactions, and self-esteem among Loyola University Chicago students. Adolescent students with poor self-esteem drank more throughout the days because they had more unfavorable interpersonal interactions, according to a multilevel analysis of the data. On the other hand, students with high self-esteem drank more on the days when they had had satisfying social contacts. It also suggested that whereas teenagers with high implicit self-esteem might drink to increase their good interpersonal experiences, those with poor implicit self-esteem might inadvertently use alcohol to

regulate their unmet desire for acceptance.

Yaacob et al. (2019) examined the degree of correlation between stress, self-esteem, and loneliness in 1,407 secondary school students, ages 13 to 17. The study's conclusions demonstrated a modest but substantial correlation between depression and stress, self-esteem, and loneliness.

Li et al. (2020) 1,945 Chinese teenagers between the ages of 12 and 19 were researched to determine the association between mental health, self-esteem, and physical health. The study findings demonstrated unequivocally that teenage self-esteem was a predictor of both mental and physical health, and that it had a correlation with the mental and physical health of the teenagers.

Kuhlberg, Peña, and Zayas (2020) used path analysis to examine 226 Latino teenagers who had attempted suicide in the past. The results revealed a connection between self-esteem and suicide. People who have low self-esteem may be more likely to attempt and complete suicide.

Grotmol et al. (2020) conducted a ten-year longitudinal study with 631 teenagers from Norway to see whether parental attachment and self-esteem were predictive of severe depressive symptoms. The study's conclusions showed that a mediator between depressed symptoms and parental bonding was low self-esteem.

Sowislo et al. (2022) conducted long-term research to look into the connection between anxiety and depression and low self-esteem. For the study, 77 types of research on depression and 18 types on anxiety were gathered. Participants in the study ranged in age from young children to elderly adults.The findings indicated that depression was strongly correlated with self-esteem. Furthermore, it was discovered that the effect was not significantly correlated with age, gender, depression and self-esteem scores, or even the interval between evaluations. The study also suggested that treatments aimed at boosting self-esteem might be able to lower the incidence of depression.

Mahoney, Edelman, and Cremer (2023) attempted to link the relationship between implicit and explicit self-esteem and suicidal thoughts, depression symptoms, and loneliness. The study included 95 female students from the Netherlands, and the following instruments were used to measure the variables: the UCLA Loneliness Scale-Revised, the Heilbron and Prinstein Suicide Ideation Scale, the Rosenberg Self-esteem Scale, and the Beck Depression Inventory. The study's findings revealed a persistent

correlation between low self-esteem and suicidal thoughts, loneliness, and elevated depressive symptoms. The study found that among adolescents, low self-esteem in particular was a strong predictor of depression symptoms, feelings of loneliness, and suicidal thoughts.

Isomaa et al. (2023) investigated relationships between depression, social anxiety, and self-esteem using a prospective population cohort research. 2070 teenagers, including 1,167 females and 903 boys, who were 15 years of age or older, made up the participants. The participants came for a 2-year follow-up; they were from two Finnish cities. According to the study's findings, poor self-esteem may have served as a sign for internalizing different types of psychopathology and was linked to depressed symptoms.

Steiger et al. (2014) We out a longitudinal study on 1.527 teenagers to look into the relationship between depression and low self-esteem.Every year between the ages of 12 and 16, self-esteem was measured, and between the ages of 16 and 35, depression was measured. The findings indicated that people who had reached adolescence and had low self-esteem were more likely to have depression as adults. Adolescent and early adult depression is predicted by low self-esteem.

Schone, Tandler, and Pelster (2015) carried out an investigation of the relationship between depression susceptibility and contingent self-esteem. Using the SEKJ (Selbstwertinventar fur Kinder Und Jugendliche) for self-esteem and the DIKJ (Depressionsinventar fur Kinder und Jugendliche) for depressive symptoms, a study of 1888 pupils between the ages of 10 and 16 was carried out. The study's conclusions showed that there was a gender difference that started to show at the age of ten or eleven. Compared to men, women scored lower on the self-esteem component and higher on depressive symptoms. The study also revealed a relationship between depressed symptoms and contingent self-esteem.

Babore et al. (2016) sought to investigate the features of depressed symptoms in early adolescence, as well as the relationship between depressive symptoms and self-esteem, as well as perceived emotional availability from both parents and mothers. The mean age of the 594 adolescents in the study was 12.11 years, with 50% of them being female. The results revealed that the girl participants had somewhat elevated levels of depressive symptoms, but not to a statistically significant degree. Furthermore, it was observed that maternal and paternal emotional availability were the next most significant predictors of depression, after self-esteem.

Manna et al. (2016) carried undertaken research to determine the connection between anxiety disorders, depression, and low self-esteem. Teenagers between the ages of 11 and 14 participated in the study. The study's conclusions revealed that there was a substantially greater relationship between self-esteem and depressive and anxiety symptoms than there was between anxiety and depression and self-esteem. The results also showed that anxiety and self-esteem were positively correlated with gender, while girls were found to report higher levels of worry than boys.

Moksnes et al. (2016) We have out a cross-sectional study to look into how stress and self-esteem relate to depression symptoms in teenagers in Norway. The study included about 1239 teenagers, and the findings indicated that while boys scored better on the self-esteem dimension, girls scored higher on stressor domains like conflict, peer pressure, and academic achievement. It was discovered that teenagers' experiences of depression were significantly influenced by their sense of self-worth, which acted as a potent mediator between the stressor and depressive interactions.

Adolescent depression can negatively impact both their social and academic lives. This may also serve as a risk factor for drug misuse and thoughts of suicide. In order to find out more about the relationship between an adolescent's self-esteem and their ability to handle negative emotions, control over life events, and quality of relationships, (Fiorilli et al. 2019) did a study. The study involved 182 Italian adolescents from three Italian schools, ages 10 to 14. The study's findings suggested that teenagers' self-esteem plays a significant role in the emergence of depression symptoms. Adolescent depression was specifically linked to problems with friends and family, which also had a detrimental effect on the teenagers' sense of identity and self-worth.

2.4 DEPRESSION IN ADOLESCENTS

Rutter (1976) discovered that, in contrast to teenagers between the ages of 14 and 15, who had a 40% prevalence, youngsters under the age of 10 reported feeling devalued, moody, depressed, and miserable in just 1 in 9 of them. When compared to their parents' sentiments of melancholy and sorrow, which are more typical in adolescents, nearly 8% of the participants reported having suicidal thoughts.

Inamdar et al. (1979) Hospitalized teenagers were the subject of a study whose findings revealed that teenage depression differs from that of depressed adults in that the former do not exhibit the typical symptoms of slow thinking, appetite loss, decreased

libido, and irritability.

As per the research done by Mezzich (1979) Adolescents suffering from depression are more likely than adults to experience social frustration and fear social abandonment. They also exhibit aggression and act out behaviors like fleeing their families.

Gotlib (1984) investigated the connection between self-reported depression in subclinical populations and a few self-report measures of other types of psychopathology. 475 undergraduate students from the University of Western Ontario, 147 of whom were male and 296 of whom were female, were the study's participants. The Beck Depression Inventory, D-30 Scale, Trait Anxiety Inventory, Dysfunctional Attitude Scale, Multiple Affect Adjective Check List, Symptom Check List-Revised, and Rathus Assertiveness Schedule were the instruments utilized. The study's findings demonstrated substantial associations ranging from moderate to strong for each of the metrics used. It was determined that teenage self-report assessments showed several forms of maladaptive functioning that may be used to gauge psychological distress, dysphoria, or malaise. The findings showed that rather than being classified as sad, the study's depressed students would have engaged in other forms of maladaptive behavior and been called nervous, unassured, or attitudinally dysfunctional. Therefore, when administered to students who were psychiatrically normal, the Beck Depression Inventory was found to be more of a gauge of overall psychopathology than a particular indicator of depression.

Connelly et al. (1993) carried out a study, the findings of which showed that 18.1% and 50% of high school adolescents, respectively, had depression. Although adolescents are generally thought of as healthy compared to other age groups, 20% of them suffer from mental health issues, the most prevalent of which being anxiety or depression. A study by Yang and Clum (1994) found a direct correlation between depression and suicidal thoughts.

Upmanyu and Upmanyu (1994) carried out a study to look into the relationship between depression, sex-role orientation, and hopelessness in 100 students—100 of whom were male and 100 of whom were female—between the ages of 17 and 20. The Beck Depression Inventory, the Hopelessness Scale, and the Bem Sex-Role Inventory were used to evaluate the subjects. The study's findings showed that depressed symptoms were more common in women than in men. It was clear that there was a gender difference in hopelessness, with men scoring 17.18 and women scoring 22.26. It

was also shown that sex-role orientation did not influence gender disparities in respondents who reported feeling less hopeless than usual.Gender disparities were influenced by sex-role orientation in respondents with higher than average levels of despondency. More female respondents who identified as masculine than male respondents showed a tendency toward severe depression. Finally, there was a greater propensity for sadness in both males and females with undifferentiated sex-role orientation and high pessimism.

De Man (1999) investigated the correlation between the following variables with suicidal ideation: age, gender, self-esteem, locus of control, stress, health, social support, alcohol and drug usage, and anomy. Depression's influence was eliminated. The study involved 200 English-Canadian students, 104 of whom were males and 96 of whom were girls, who attended two regional high schools. The students' ages ranged from 12 to 18 years old, with a mean age of 14.9 years and a standard deviation of 1.6. Furthermore, a total of 558 French Canadian participants—272 boys and 286 girls—participated in the study. Their ages ranged from 11 to 18 years old, with a mean of 14.0 and a standard deviation of 1.5. When the influence of depression was eliminated, the correlation analysis revealed that there was a decrease in the association between nearly all the variables and suicidal thoughts. The association between suicidal ideation and individual variables was partially analyzed using partial correlation analysis, which likewise showed a significant loss for all relationships other than those involving alcohol and health. Suicidal ideation was found to be solely predicted by depression, with a 36.8% correlation, according to the multiple regression analysis.

Kalia and Sheoran (2000) examined the relationship between depression and caste, gender, and place of residence. Eighty eighth-grade children from the Rohtak region in Haryana participated in the study. They were split evenly between groups according to their domicile, sex, and case. The Children's Depression Scale was the scale that was administered. The study's conclusions showed that, compared to male pupils, female students scored much higher on the whole "D" scale. Students in the scheduled caste group had considerably higher scores on the whole "D" scale, sickness, death, and self-esteem. On the depression subscales, however, there was no discernible difference between pupils in rural and urban areas.

Takakura and Sakihara (2001) sought to identify the psychosocial elements linked to the enduring depressed symptoms among Okinawan high school students in Japan. The survey included 3,202 high school students from 12 different public senior high schools. Measures such as the depression scale from the Centre for Epidemiologic Studies were used in the study. Additionally, the students were asked to record any instances throughout the last week in which they experienced depressive symptoms, as well as if such symptoms lasted for five to seven days. Perceived social support, life stressors, health behaviors, locus of control, and self-esteem were the variables that were looked at. The study's findings demonstrated a positive correlation between depressed symptoms and life stressors, such as friends, family, and teachers. Positive correlations were discovered between friends, family, and teachers and persistent depression symptoms. Depressive symptoms were significantly inversely correlated with positive health behaviors, strong self-esteem, internal locus of control, and social support.

Ganguli (2003) 230 adolescents studying in the eighth and ninth grades had their growth, beliefs, feelings, aspirations, and relationships with teachers and parents assessed. The participants were from Maharashtra's rural areas. According to the results, mood swings were experienced by 57 male students who scored 58.76% and 61 female students who scored 60.9%. Additionally, it was discovered that compared to male students, female students (80.4%) reported feeling more depressed. It was shown that the most frequent factor linked to depression was loneliness.

Seguin et al. (2003) carried out a case study in a regulated environment. The purpose of the study was to look into family psychopathology, parent-child relationships, and adolescent depression. For the study, three groups of teenagers were recruited.

The first group of teenagers was depressed at the time and had at least one parent who had or was presently dealing with a mood condition. Adolescents who were depressed at the time and whose parents had never received a diagnosis of mood disorders made up the second group. Finally, there was never a depression in the third group of teenagers. The parental bonding instrument, the life events checklist, the Beck Depression Inventory, and the Schedule for Affective Disorders and Schizophrenia—Children's Version—were used to deliver the DSM-IV to the participants. The findings demonstrated the relevance of life events, parent-child relationships, and parental psychopathology in relation to depression in teenagers and the necessity of taking these factors into account in preventive, assessment, and therapeutic efforts.

Galambos, Leadbeater, and Baker (2004) carried out research using a sample of 1,322 teenagers between the ages of 12 and 19. The purpose of the study was to investigate how gender variations and other risk variables for major depressive episodes and depressive symptoms interact. According to the study's findings, girls and boys differed significantly in terms of the frequency of severe depression episodes and the degree of depressive symptoms. Among early teens, there was no discernible rise in the symptoms of depression.Depression symptoms were directly correlated with both an increase in smoking and a decrease in social support.

Hammack, Robinson, Crawford, and Li (2004) investigated how family stress functions as a mediating factor between depression and poverty. Adolescent African Americans participated in the study. 1,704 teenagers who took part in the study were from low-income families. According to the study's findings, 47% of the teenagers reported having clinical depression. In the gender field, it was observed that women scored highly on the poverty index and had higher levels of household stress. Increased levels of depression mood were associated with these characteristics. With a 50% score, family stress was also found to be a major mediator between adolescent depression and poverty.

Nair, Paul, and John (2004) investigated to find out how common depression is in Kerala's teenage population. According to the study's findings, depression affected 12.8% of boys and 22.4% of girls who attended school. It was also shown that females who had dropped out of school (11.2%) experienced severe depression at a rate that was significantly higher than that of girls who continued their education (2.8%).Greca and Harrison (2005) examined a variety of aspects of teenage interpersonal functioning, including romantic relationships, best friend characteristics, and general peer interactions (i.e., victimization and crowd affiliation among peers) as indicators of social anxiety and depression. In this study, 421 teenagers were recruited and their attributes as victims of social pressure, best friends, romantic connections, and peer crowd affiliation were measured. The study's findings showed that positive aspects of the best friendships shielded adolescents from feeling socially anxious, and that having dating relationships and having high social anxiety were linked to relational victimization and unfavorable interactions in best friendships. The findings also demonstrated that high-status peer crowd connection provided defense against depression. Relational victimization, the bad aspects of the best friendships, and romantic relationships were all predictive of depressive symptoms.

Macphee and Andrews (2016) carried out a study to identify the depression risk variables in 2,014 early adolescents between the ages of 12 and 13. The study's findings demonstrated that, when combined with parental behavior, self-esteem is the most powerful predictor of depression in teenagers, whether male and female.

Krishnakumar and Geeta (2016) conducted a retrospective analysis to assess the clinical characteristics, co-morbidity of depression disorders, and risk factors in children in Calicut, Kerala. Major Depressive Disorder, Single Episode was diagnosed using the DSM IV. There were 19 females and 26 boys involved in the study. 18% (8 people) had mild depressed symptoms, 56% (25) had moderate depressive symptoms, and 26% (12 people) had severe depressive symptoms, according to the analysis. Of the thirty-three children diagnosed with depressive illness, seventy-three percent reported having encountered stress either at school or in the household, and eighteen percent reported experiencing stress in both contexts.

Saluja et al. (2016) conducted a cross-sectional investigation to ascertain the prevalence, risk behaviors, and risk variables related to depressive symptoms in a sample of young adolescents in the United States that was nationally representative. Students in grades 6, 8, and 10 self-administered questionnaires were used to gather data for the school-based study. There were 9,863 pupils that took part. According to the study's findings, 18% of the participants said they had depressive symptoms. Ten percent of men and twenty-five percent of women, respectively, reported having depressed symptoms. As the age of both males and females increased, so did the depressed symptoms.

Sidhu (2016) studied the effects of depression in early adolescent and late childhood. In this study, one thousand pupils were included. The Children's Depression Inventory for late childhood and the Beck Depression Inventory for early adolescence were used to evaluate them. The study's findings demonstrated that both male and female late-childhood participants exhibited significant rates of depression symptoms according to the Children Depression Inventory. On the other hand, variations in symptom severity were seen. Compared to men, women experienced more depressive symptoms such as sobbing fits, decreased libido, and difficulty concentrating. Depression was less common in men than in women. Depression was a sign of the differences between males and girls during adolescence. In early adolescence, females reported greater bouts of sobbing, sleep difficulties, fatigue, diurnal fluctuations, psychomotor slowness, self-deprecation, and suicidal thoughts than did boys.

Asal and Fattah (2018) investigated the frequency, range of symptoms, and risk factors of depression in Saudi Arabian high school pupils.A total of 490 individuals, ranging in age from 16 to 20, were divided into 306 males (62.4%) and 184 females (37.6%). In Saudi Arabia, the study was conducted using a survey method from January to May of 2005.

The Arabic version of the Beck Depression Inventory used as the study's measurement tool. According to the study's findings, girls were 1.5 times more likely than boys to experience depression. Using multivariate logistic regression analysis, the data were examined, and the results showed that gender, birth order, prior history of mental illness, history of relative loss, and history of chronic illness in the family were the most important risk factors. According to the factor analysis, the factors with the highest overall scores were agitation, self-criticism, and energy loss. Males scored highest on energy loss, feeling of punishment, self-criticism, and agitation; females scored highest on agitation, self-criticism, and sobbing.

Revah et al. (2018) performed a cross-sectional investigation on depression among 402 teenagers who were recruited for the study and whose ages ranged from 13 to 20. Between November 2003 and May 2004, they had visited the outpatient clinic or been admitted to 15 medical centers located in France, Brussels, and Geneva. The study's findings indicated that 126 teenagers had major depressive disorder, 139 had depressive episodes but no major depressive disorder, and 137 did not have depression.

Bettge et al. (2008) conducted a study to look into co-morbidity, risk factors, depressive symptoms, and the effects of depression on German teenage patients' day-to-day lives. The findings showed that parents' and self-reports of depression symptoms were highly prevalent. Elevated levels of depression were associated with a greater number of psychosocial risks within the family, and the reduction of depressive symptoms was correlated with the growth of teenagers' protective factors. Even while only half of the boys and girls with high depression were deemed to be significantly impaired, all of the teenagers had a high risk of developing further mental health issues.

Bansal, Goyal, and Srivastava (2019) analyzed the prevalence of depression in teenagers attending a public school using a cross-sectional, one-time observational study design. The findings showed that stress and financial hardship were highly correlated with specific issues, such as the incapacity to handle academic obligations, domestic abuse, and parent-child arguments. The Beck Depression Inventory revealed that parental arguments and physical punishment at school were highly significant

indicators of depression.

Chabrol and Choquet (2019) assessed the prevalence of depressed symptoms and suicidal thoughts among students. Random sampling was used to choose 1,547 Haute-Garonne, France, high school students as participants. There were 693 males and 854 girls among the participants, with a mean age of 17.4 and 16.9, respectively. The Center for Epidemiological Studies Depression Scale and the Garrison-proposed 3-item subscale measuring suicidal thoughts were used in the assessment. According to the study's findings, 13% of boys and 14% of girls reported having suicidal thoughts on occasion, while 34% of girls and 19% of boys said they had moderate to severe depressive symptoms. The findings also showed a significant correlation between suicidal thoughts and depressive symptoms.

Charbonneau, Mezulis, and Hyde (2019) examined the variations between genders in stress and emotional responsiveness in depressed symptoms in teenagers. 315 teenagers participated in the study, and the findings indicated that stressful experiences significantly mediated the gender difference in depression. In terms of emotional reaction, a substantial gender difference was also discovered.

Ghaderi, Kumar, and Kumar (2019) performed a research investigation comparing the feelings of stress, anxiety, and depression among students in Iran and India. The participants were 160 students enrolled in Ph.D. and postgraduate programs across multiple disciplines at the University of Mysore (80 Indian and 80 Iranian). Male and female students were among the study's participants. Anxiety, stress, and depression were measured using the Depression Anxiety Stress Scale. As compared to Iranian students, the study's findings indicated that Indian students had much higher rates of stress, anxiety, and depression. There were no discernible gender differences.

Zuniga et al. (2019) carried out a study to see whether teenage depression and family conflicts are related. A total of 342 participants were recruited for the study, with a mean age of 13.4. The Beck Depression Inventory and the Family Environment Scale were used to administer them. ANOVA and Pearson's product-moment correlation approach were used to examine the data. According to the study, depression significantly correlated negatively with family cohesion; however, the relevance was limited to the effects of relationships.

Deb and Chakraborty (2020) carried out studies with young people from Kolkata. According to reports, 10% of teenage boys and 25% of teenage girls had

serious depression. The two biggest predictors of depression were academic achievement expectations from parents and feelings of loneliness.

Upmanyu et al. (2020) carried out a study to look at variations in gender-based factors include depression, stress, negative thought, and social support. There were four hundred participants, two hundred males and two hundred females between the ages of fifteen and seventeen. Zung's self-rating depression scale, the Automatic Thought Questionnaire, the Social Support Questionnaire, and the Perceived Stress Scale were among the tools utilized for measurement. The results showed that there were no gender differences in stress, depression, or negative cognition. It was discovered that women outperformed men in terms of felt social support, both qualitatively and numerically.

Auerbach et al. (2021) examined the connection between depressed symptoms, stress, and social support. The study recruited 258 teenagers as volunteers. The study's conclusion is that adolescent depression is significantly predicted by a lack of support from classmates and parents.

Joseph (2021) carried extensive research in southern India. A total of 79.2% of teenagers were found to be depressed, with 41.2% of them having moderate depression. The percentage of teenagers with mild depression was 26.6%. It was also noted that as people aged, there was a considerable increase in both the prevalence and severity of depression.

Black, Roberts, and Li-Leng (2022) investigated the prevalence of depression in a sample of teenagers from South Australia between the ages of 13 and 18. According to the study's findings, 18% of teenagers tested positive for depression, 41% reported having a poor mood, and 20% said that their mood condition was causing them to self-harm regularly or frequently. Furthermore, it was shown that women had depression at a rate of 23% compared to men's 11.8%.

Goodwin, Mrug, Borch, and Cillessen (2022) examined how socialization and peer selection affect adolescent depression. 367 teenagers enrolled in grades six through eleven were included in the study. The study's findings demonstrated that the students chose friends with comparable degrees of depression.

Marcus et al. (2022) mentioned that 350 million individuals worldwide suffer from depression, the most common mental illness, with young people being particularly vulnerable. Studies have been undertaken to uncover the truth that suicidal thoughts are correlated with depression.

Tiwari and Ruhela (2022) investigated the connection between adolescent depression and social isolation, as well as any gender variations in those factors. For the study, 300 teenagers from Delhi, 150 of whom were girls and 150 of whom were boys, between the ages of 16 and 18 were included. Using the Youth Problem Inventory, the study's findings revealed that, in comparison to males, girls scored highly on social isolation and sadness.

Araya et al. (2023) investigated depression using randomized clinical trials among undergraduates in Santiago, Chile. For the study, 2,512 secondary school students from 22 schools and 66 courses were included. Three months and twelve months following the intervention's conclusion, the Beck Depression Inventory-II was used for the assessment. The study's findings showed that 1291 participants were in the intervention group and 1221 participants were in the control group. After the intervention was completed for three months, there was no discernible clinical difference in the mean depression scores between the two groups or for any other outcome. Twelve months after the intervention's conclusion, no discernible change in any of the outcomes was found to be meaningful.

Gupta and Basak (2023) showed that depression had a 45.3% incidence rate among teenagers in West Bengal, with the majority of cases falling into the mild type (34%), moderate type (6%), and severe type (5.3%).

Choi and Jang (2014) examined the connection structurally between depression, suicidal thoughts, and life stress. Five middle schools in Seoul and Gyeongsangbukdo, Korea, produced 285 selected kids. Life stress was an indirect factor that influenced suicidal ideation, while depression was a direct factor that was determined by the SPSS analysis conducted to examine the causal relationship between the latent variables. In a statistically meaningful way, depression mediated the relationship between stress and suicidal thoughts.

Othieno et al. (2014) conducted a cross-sectional study to determine the prevalence of depression and its sociodemographic correlates among Kenyan students. Through random sample, 923 students from Nairobi 525 of whom were male and 365 of who were female chosen and interviewed. They were evaluated for depressed symptoms using the Centre for Epidemiological Studies Short Depression Scale, version 10. The study's findings showed that participants' moderate depressive symptoms were more common in 33.5% of men and 39% of women, while severe

depression was more common in 5.3% of men and 5.1% of women.

An investigation into the impact of gender and stream on adolescent depression was carried out. The Beck Depression Inventory-II was the instrument utilized, and the t-test and 2X3 ANOVA were employed to evaluate the data. The depression score was found to be significantly influenced by the interaction between gender and stream, with each factor depending on the other. Boys performed worse than girls on tests, and art students had higher rates of depression than science and business students. The findings of the study showed a clear effect of gender and stream on depression among adolescents (Sharma, 2014).

Vashisht et al. (2014) analyzed the prevalence of depression and the socioenvironmental risk variables linked to it among teenagers enrolled in school by cross-sectional study. In order to measure the impact of socio-environmental factors, a self-report questionnaire was employed, along with the depression subscale of the Symptom Checklist 80 (SCL 80). When a cut-off score of >13 was used, the results showed that 29.9% of teenagers had depression. Mild depression was experienced by the majority of students in the depressive syndrome group, with moderate depression coming in second. Ageing, urban education, and low socioeconomic position have all been linked to depression.

Verma, Jain, and Roy (2014) conducted a cross-sectional questionnaire-based survey with 321 class 12 students from Raipur city's several school boards. Depression grades and prevalence were evaluated in the study. According to the results of the chi-square test, which was utilized as a statistical technique, 40.49% of students had mild depression and 19% had serious depression. The I.C.S.E. board students had the greatest percentage of depressed pupils, and female students were shown to be more depressed than male students.

Sserunjogi et al. (2016) studied the prevalence of depression among school-age adolescents in Uganda by conducting a cross-sectional study using a descriptive methodology. Depression is also common among teenagers in Uganda. A total of 519 students took part in the research by completing standardized questionnaires. The Children Depression Inventory (CDI) and the Mini International Neuro-Psychiatric Interview for Children and Adolescents 2.0 (MINI- KID) were used to test for depression in adolescents who met the CDI's cutoff score of 19. The study's findings demonstrated that major depressive symptoms were common among Uganda's teenage students, who may go on to develop severe depression and hence need immediate

treatment or prevention.

In Germany, teenage depression is a big public health concern. In order to find out more, Wartberg, Kriston, and Thomasius (2018) studied 1001 teenagers between the ages of 12 and 17 in a two-week telephone interview about their psychosocial characteristics using the DesTeen instrument. The questions covered feelings of guilt feelings, loss of interest, depression, and worthlessness. The findings showed that girls were more likely than boys to experience depressive symptoms, which included lower interpersonal trust, negative body image, inadequate family functioning, and worse academic achievement. As a result, the study's findings support the notion that depressed symptoms and issues with social media use are real among German teenagers.

2.5 DEPRESSION AND SUICIDE IDEATION IN ADOLESCENTS

Murray (1973) investigated, using a questionnaire, the prevalence of depression and suicidal thoughts among college students. According to the findings, more than 40% of college students admitted to having considered suicide, while less than 10% said they had never been truly depressed or miserable. Additionally, the findings implied that the students discussed these ideas with their buddies, who were also of the same sex as the responders. Suicidal thoughts and depressive sensations were unrelated to the different locus of control, social desirability, and anxiety test variables. The study's data is consistent with previous research showing the presence of profoundly dysphoric thoughts. The study's findings also suggested that people were likely to have these kinds of ideas at some point in their lives and that they could even lead someone who was seen as normal to commit acts of self-destruction. Regarding the usefulness of reported suicidal thoughts and depressive feelings as predictors of suicide behavior, the study's investigator had doubts.

Leonard (1974) carried out a comparable study on 38 male and 52 female inpatients from a voluntary psychiatric hospital housed at the university medical school, examining the connection between depression and suicidality. The range of ages was fifteen to sixty-six. With 55% of the participants having at least some college education, the participants had a high level of education. The study's findings showed a correlation between the suicidality assessments of 90 individuals and five potential depression indices, Minnesota Alcohol and drug usage, depression scale, self-ratings of depression, and multiphasic personality questionnaire. Suicidality and depression appeared as a moderately independent component with a multifaceted factor structure. The suicidal

component was accompanied with bodily disequilibrium and control of dependency issues rather than signs of depressive affect. Suicidality and overt depression indices have unique and intricate relationships. There was either no connection or a negative correlation between suicidality and the potentially hidden depressed indicators of alcohol and drug use. It was also observed that a large percentage of those who did not commit suicide suffered from depression. Given that depression was a predicted variable, the observed depression in suicides may possibly have resulted from the observer's biased viewpoints.

Dubow et al. (1989) claimed that instability in the household, friction within the family, and lack of support were all predictive factors of suicide thoughts and behaviors.

Kandel, Raveis, and Davies (1991) performed research to examine the relationship between adolescent suicidal ideation and risk variables such as depression and substance abuse. 597 students studying in urban schools in the ninth and eleventh grades participated in the study. According to the study's findings, depressed symptoms outperformed other characteristics including drug use and delinquency as the best indicators of suicidal thoughts.

Mitchell and Rosenthal (1992) According to their study, those who showed suicidal thoughts and/or depressive symptoms had higher levels of family conflict.

Juon et al. (1994) carried out a survey involving almost 9000 Korean high school graduates. The biggest predictor of suicide behavior, according to the research, was depression. According to the results, students who scored highly on the depression variable had a 5.31 risk of having suicidal thoughts and of making an attempt at suicide, compared to those who scored low on the depression variable.

Dori and Overholser (1999) investigated the impact of sadness, hopelessness, and self-esteem on suicide behavior in three cohorts of teenage inpatients in psychiatric hospitals. The three groups—adolescents with depression who had never tried suicide, depressed adolescents who had tried suicide once, and depressed adolescents who had tried suicide multiple times—were compared to one another. Ninety inpatient adolescents with mental health issues were admitted from the adolescent unit of a private mental health facility located in the suburbs of a major city. The patients were between the ages of 13 and 18. According to the findings, adolescents who were suicidal felt more depressed and hopeless than adolescents who were not suicidal. It was shown that the low levels of self-esteem reported by the three groups of depressed adolescents were comparable to one another. It was also discovered that treating suicidal teenagers

may benefit from the many techniques aimed at lessening depressive and dismal thoughts.

Stewart et al. (1999) studied teenagers from Hong Kong, discovering that they had a range of stressors and depression, as well as a 33% forecast of suicidal thoughts. Suicidal thoughts and other stressors were mediated by depression.

Hesketh, Ding, and Jenkins (2002) studied the correlation between depression and attempted suicide, as well as the sociodemographic relationships found in middle school students' self-reported frequencies and severity of depression and suicidal thoughts. All 1,576 of the surveys were filled out. According to the analysis, one-third of the students reported having severe depression symptoms; of these, sixteen percent reported having suicidal thoughts and nine percent reported having made an attempt at suicide. Three factors were found to be independently linked to severe depression: gender, low self-reported academic achievement, and living in a rural area. Similar factors were also linked to suicidal ideation and attempted suicide. It was also shown that individuals without siblings had a lower prevalence of depression. Thirty percent of the individuals did not seek any treatment for psychological issues, and the ones who displayed help-seeking habits relied on friends and parents. Professional help-seeking was low, at about 1% of the sample.

According to Kuo, Gallo, and Eaton (2004), It's possible that suicide ideation was one of the diagnostic criteria for depression rather than the lack of a significant correlation between suicide ideation and new incidence of ideation, which explains why there was no significant link between the two. The correlation between suicide behavior and hopelessness was also shown to be larger in their study than the correlation between suicidal behavior and depressive episodes or substance misuse.

Sen (2004) investigated the variations in gender and race as well as the tendency of adolescents to seek help when they are depressed. More than 9000 teenagers from sixth to tenth grade, representing a variety of racial backgrounds, including non-Hispanic whites, non-Hispanic blacks, Hispanics, and Asians, made up the sample. The study's objective was to determine the likelihood and source of help-seeking. The study's findings indicated that teenage girls had a higher risk of experiencing depression than did teenage boys. Adolescent boys were, however, less likely than female adolescents to ask for assistance. Compared to non-Hispanic Whites, all minority groups were more likely to experience depression, while blacks had a reduced risk of self-harm. Blacks and Asians were more likely to put off getting treatment.

Kisch, Leino, and Silverman (2005) furthermore carried out a study, the results of which revealed that a large number of students, including those who had depressed symptoms, refrained from attempting suicide and did not actually commit suicide.

Konick and Gutierrez (2005) studied a number of risk factors, such as depressive symptoms, hopelessness, and NLE, which were thought to be common factors that connected with suicide ideation in college students, and evaluated college students on a model for suicide ideation. Among the participants were 345 undergraduate students, or 67% of the total, who were between the ages of 18 and 40. Their average age was 19, with a standard deviation of 2.02. Four surveys that asked students to self-report were used to examine them. Hierarchical regression was used to examine the data and create a risk model for suicidal thoughts. The analysis's conclusions showed that hopelessness and depressed symptoms were associated with a higher likelihood of suicide ideation among college students. Additionally, NLE was found to have an effect on suicidal thoughts through variables such as hopelessness and depressive symptoms. Additionally, it was discovered that despair had less of an impact on suicidal thoughts than did depressed symptoms. Hopelessness served as a partial mediator in determining the association between depressed symptoms and NLE, although depressive symptoms entirely mediated the relationship between hopelessness and NLE. In their study, Wilburn and Smith (2005) found a substantial correlation between suicidal ideation and negative stress and self-esteem.

Kerr, Preuss, and King (2016) carried out research to examine how friends, family, and non-family adults perceived the social support they received in relation to the psychopathology reports that came from 220 suicidal teenagers who were admitted to the hospital due to mental health issues. Peer support was found to be favorably associated with depressed symptoms and suicide ideation in males, while depression, hopelessness, and suicidal thoughts were found to be adversely correlated with family support in females. It was also observed that men felt less support from their peers than women did.

Liu (2016) evaluated the degree of despair and the connection between an adolescent's attempt at suicide and the suicide attempts of friends, as well as any gender disparities in this link. According to the research, teenage depression and friends' suicide attempts were both significant predictors of an adolescent's own attempt at suicide, and this relationship applied to both boys and girls. Another important finding of the study was that adolescents with high levels of depression were less likely than adolescents

with low or no levels of depression to try suicide when their friends did, and this was primarily shown in teenage boys. The study's last finding indicated that, although this association was not statistically significant, sadness in adolescent girls decreased the relationship between the adolescent's own suicide attempt and that of their peers.

Shahar et al. (2016) investigated how depression and hopelessness contribute to suicidality. It was a methodical investigation of the several causation hypotheses associated with these variables. Structural Equation Modeling was used to analyze the data (SEM). Though synchronous, the research did not find any longitudinal relationships between suicidal ideation, hopelessness, or depressed symptoms.

Sun and Hui (2018) examined the relationships between the study's included psychological traits, family, school, peers, and other variables and the predictors of suicidal thoughts. A total of 1,358 Hong Kong Chinese adolescents—680 boys and 678 girls—were included in the study. They were split up into two age groups: 694, which had an average age of 12.3, and 664, which had an average age of 15.4. The primary predictors of depression and self-esteem, according to the analysis, were feelings of belonging in the family and at school. The findings also demonstrated that suicidal thoughts were strongly mediated by depression. Peer conflict was a significant predictor of suicide ideation among older adolescents, but peer support was relevant for girls and younger adolescents.

There was no significant correlation found between the variables of family conflict, teacher support, and academic pressure and the likelihood of suicidal thoughts.

Vanderwerker et al. (2018) studied the risk factors for suicidality in White and African American patients who were at risk for suicide. The findings indicated that anxiety, rather than major depressive illnesses, was one of the best predictors of suicidality. The study found that major depressive disorder was not a predictor of suicidality in white individuals who were already at high risk for suicidality due to factors like substance abuse, sickness, and anxiety.

Law and Liu (2008) investigated suicide in China and found a lot of things, including a 3:1 ratio of rural to urban suicides.Numerous suicides by young individuals and older adults had happened. The highest suicide rate in the country was two or three times higher than the global norm, and the most notable discovery was that suicide victims had a low rate of mental illness overall, and depression in particular. These patterns were hypothesized to be caused by a high percentage of young, rural females going through severe financial or even interpersonal crises, after which they would

rashly try to kill themselves by eating deadly poisons or pesticides. Cultural views on suicide and the socioeconomic obstacles faced by Chinese rural women were identified as contributing factors.

Kumar et al. (2022) investigated using a cross-sectional survey the sociodemographic characteristics and prevalence of depression and suicidal thoughts among teenage students. Three hundred and forty-one students from both government and private residential and non-residential institutions and colleges made up the sample.

Students with depression had higher rates of suicidal thoughts. Both kids from nuclear households and those from residential schools had greater rates of depression. Students that were depressed often had issues with their professors, parents, siblings, and friends.

Suicide ideation is the persistent notion of taking one's own life. Depression has been connected to suicidal thoughts and has been linked to a number of variables, including peer interactions, familial conflict, social influences, and academic expectations. One such cross-sectional study involved 36,757 French teenagers, all of whom were 17 years old (18,593 girls and 18,164 boys). They were tested for depression, suicidal thoughts and attempts, drug use, family dynamics, and sociodemographic traits. The results indicated that girls (10.4%) had a higher correlation of depression than boys (4.5%), that 16.2% of respondents had suicidal thoughts within a year, and that 8.2% had attempted suicide at least once in their lifetime.Adolescent depression and a strained family dynamic were linked to a higher risk of suicide in depressed adolescents. (Consoli et al., 2023).

Lamis and Jahn (2023) investigated the connection between depression, anxiety sensitivity, parent-child conflict, and suicidal thoughts among undergraduate college students in Atlanta, USA. Using transition theory, the study's findings demonstrated that depressive symptoms were a unique and positive predictor of suicide rumination. When evaluating a person for suicide risk, it was also suggested to evaluate parent-child conflict in connection to their anxiety and despair levels.

Joffe et al. (2014) They out a longitudinal study in 2001 among 1248 Canadian teenagers between the ages of 12 and 16 to look at the prevalence of suicidal behavior or thoughts between 1983 and 1987 and its relationship to future mental health. 13.3% of them were said to have engaged in suicide behavior or thoughts. Respondent sex and adolescent emotional problems reported between 1983 and 1987 explained major depression and other mental health variables.

McLoughlin, Gould, and Malone (2015) analyzed the last ten years of research on adolescent suicide from 2003 to 2014 in their article. Teenage suicide has been identified as a major global public health concern. When compared to their peers in the general population, youths who identify as native or members of an indigenous ethnic group had a noticeably higher risk of suicide.While it is well established that bullying in youth is linked to suicidal thoughts, less is known about how bullying and depression affect suicidal thoughts.

Meraler, and Ercan (2018) studied this influence among 20,509 high school students chosen by stratified multistage sampling in the province of Fujian. Questionnaires about their health and the bullying categories of victimization, perpetration, and both were given to them to fill out. The findings showed a substantial correlation between bullying categories and a higher incidence of suicidal thoughts. Additionally, among depressed teenagers, suicide ideation was linked to actual suicide, leading researchers to conclude that bullying raises the risk of suicide ideation and is influenced by sadness in teenage pupils.

Hill et al. (2018) has carried out research to look at how depression symptoms and perceived burdensomeness relate to anxiety and suicidal thoughts. The study comprised about 80 teenagers, ranging in age from 13 to 19. As a result of the results, mental health professionals should work with adolescents who experience elevated anxiety by regularly assessing them for perceived burdensomeness and suicide ideation. Anxiety and suicidal thoughts are significantly correlated with depressive symptoms and perceived burdensomeness.

2.6 SUICIDE IDEATION AND GENDER

In a French population sample, the prevalence of suicidal ideation was 14% for boys and 23% for girls (Choquet & Menke, 1990). Research on the disparities between genders in terms of suicidal thoughts is a reasonably prominent topic.

Numerous research have demonstrated the link between suicidal thoughts and gender. According to one such study, men are more likely to fear societal disapproval for having suicidal thoughts than women are of dying or getting hurt, which may explain why men commit suicide at a higher rate than women (Rich, Kirkpatrick, Bonner & Jans, 1992).

According to Lewinsohn et al. (1993), women were more likely than men to attempt suicide and to be exposed to suicidal risk factors. According to certain research, the ratio of women to males who tried suicide was 1.2 times greater (Bhatia, Aggarwal, & Aggarwal, 2000).

Kebede and Lem (1999) 10,203 adults in Addis Ababa were involved in an attempt to investigate suicidal ideation and attempts. According to the study, the majority of the attempts (66%) took place when the subjects were younger than 25. Women favored poisoning, and men chose to hang themselves. Suicide ideation was shown to be more common in men than in women, despite the fact that there was no discernible relationship between suicide attempts and sex, religion, or ethnic group.

Cheng and Lee (2000) did a suicide study and found that the prevalence of suicide is higher in men than in women in most nations, including Denmark. China is one of the rare nations where female suicide rates are higher than those of males, with young women in rural areas being the most affected.

Kumar and Chandrasekaran (2000) found that when it comes to the number of attempts at suicide, women outweighed men. In their study, Tomori, Zalar, and Plesnicar (2000) looked into the thoughts and attempts at suicide of 4,590 high school students between the ages of 14 and 19. According to the findings, more females than boys reported having suicidal thoughts and attempts in addition to other issues.

Allison et al. (2001) out a study on young adolescents, both male and female, whose mean age was 13.5 years. According to the study, women report having suicidal thoughts more often than men do, which helps to explain why women's mean depression ratings are higher. Even at mild depression levels, the probability of suicidal ideation was considerably higher in women than in men.

In their study, Gururaj and Isaac (2001) discovered that women in India had a greater suicide rate than men, while other research produced different results. According to one such analysis, India's male to female ratio in 2008 and 2019 was 1.78. Between 1991 and 1997, the ratio was 1.3 for young men and women (Mayer & Ziaian, 2002).

Beautrais (2002) examined the role of gender in juvenile suicidal behavior and discovered that there were gender disparities in juvenile suicidal behavior that were noticeable in early infancy and continued into adolescence and early adulthood. In Western nations, the likelihood of young females reporting suicidal ideation and attempt behavior was likely twice that of young males.

According to Gururaj et al. (2004) and Kumar (2004), there may be a connection between marriage and dowry demands and the increased frequency of female suicide in India. According to Phillips et al. (2004), women are more likely than men to have suicidal thoughts and attempts, while men are more likely to carry out their suicides. However, data from other research presented an alternative picture, with male to female ratios of 1.63:1 (Srivastava et al., 2004) and 1.13:1 (Das et al., 2008).

Turner, Kaplan, and Badger (2004) discovered that significant rates of adolescent suicide attempts were revealed by epidemiological data. According to their examinations of the many study projects, not many studies have looked at the relationship between suicide attempts and psychosocial, cultural, and familial aspects. In an examination of thirty-one Hispanic adolescent girls receiving mental health care, the authors found that fourteen of the girls had tried suicide in the final five years of their lives, and seventeen had never done so. The two groups of girls had similar demographic profiles, depression levels, family structures, and self-esteem; nevertheless, there was a lack of mutuality between the girls who tried suicide and their moms.

Ulusoy and Demir (2005) studied suicide ideation among 726 high schools (Ankara, Turkey) participants within the age range between 17 to 18 years of age. The study shows that suicide ideation was found significantly more in adolescent females than males. Furthermore, there was a significant relationship existing between gender, cigarette smoking and achievements at school, depression or anxiety, and suicide ideation.

Kerr, Preuss, and King (2016) reported that hopelessness, depression, and suicidal thoughts were all related to perceived family support among girls whereas peer support strongly correlated with depression and suicidal thoughts among boys.

Park et al. (2016) did research to find the most accurate predictor of suicidal thoughts in both boys and girls. The study's findings indicated that sexual orientation and being the target of bullying were significant predictors of suicidal thoughts in females.

Yoder et al. (2016) investigated the many causes of suicidal thoughts in 212 12-year-old American Indian kids. According to the findings, women were twice as likely as men to consider suicide. The findings also showed a correlation between the likelihood of suicidal thoughts and variables such as gender, adverse life experiences, self-esteem, enculturation, perceived prejudice, and drug usage. According to Waldrop et al. (2018), age and gender have a favorable correlation with suicidal ideation.

Mann and Currier (2008) discovered that, globally, 877,000 persons lost their lives to suicide in 2002. The study's conclusions showed that although women try suicide more frequently than men do, men are four times less likely to die by suicide. A multitude of causes have been linked to suicide and attempted suicides; over 90% of suicide victims had a diagnosable psychiatric disease at the time of their death, with mood disorders being among the most prevalent. Psychotic disorders, alcohol and drug use disorders, personality disorders, and cluster B in particular are other conditions that have been shown to be predictive of suicide behavior. A familial history of suicide and attempted suicide, a history of prior suicidal behavior, characteristics like aggression, hopelessness, and even pessimism, a history of child abuse in the past, a brain injury, etc. are additional variables. Suicidal behavior is also at risk due to current pressures. A few of the stressors are things going on in one's life right now, mental health problems, and depression episodes.

Brown and Bakken (2022) examined gender disparities in adolescent self-harm and suicidal thoughts. 2,639 high school students from the Delaware youth risk behavior survey were included in the study. According to the findings, women self-injure at higher rates than men do not as a means of suicide. Suicidal thoughts and non-suicidal self-injury varied significantly by gender.

Chau, Kabuth, and Chau (2014) carried out a second investigation on the differences between gender and family in adolescent suicide attempts. Questionnaires were used in the study, which involved 1,559 middle school students from northeastern France. The findings showed that girls were more likely than boys to have suicidal thoughts.

Strandheim et al. (2014) performed a survey which found that 17. 0% of pupils, 14.2% of whom were boys and 19.5% of whom were girls, had reported having suicide thoughts.

Zhai et al. (2015) investigated the relationship between 5,483 Chinese university students' household environments and suicidal ideation. 476 kids out of 5,483 had suicidal thoughts; girls were more likely than boys to have suicidal thoughts. It was shown that adolescents with insecure parent employment, dysfunctional family dynamics, and inappropriate parenting practices had a higher incidence of suicidal thoughts.

McLoughlin, Gould, and Malone (2015) analyzed the last ten years of research on adolescent suicide from 2003 to 2014 in their article. The gender observation showed

that whereas males complete suicide at a higher rate, females have higher suicide ideation.

Alsalman (2016) examined the disparities between genders in suicide ideation among Kuwaiti college students. The Beck scale for suicidal thoughts was used in the study, which involved 300 female and 284 male undergraduate students. The study's findings showed a substantial gender gap in the scores, with women scoring higher on suicidal ideation than men.

Weiss et al. (2016) carried out a study to identify gender disparities in suicidal risk variables among people suffering from mood disorders. There were 154 men and 268 women in the study's sample. The study's findings indicated that men were more likely than women to commit suicide. The risk of suicide was predicted differently by gender. While childhood trauma was more significantly related with suicide risk for women than for males, anxiety did not predict suicide risk for women. The strongest predictor for both genders was the severity of depression.

Ibrahim, Amit, Din, and Ong (2017) investigated the psychological aspects of youth and gender disparities in Malaysia.232 young people from Malaysian cities between the ages of 15 and 25 participated in the study. The study's findings indicated that male participants had more suicidal thoughts than female participants did. For male participants, age was the determining factor, but for female participants, sadness, motivation loss, and hopelessness were some of the predictions.

Ibrahim et al. (2017) compared and examined the gender disparities in adolescent suicide ideation in Malaysia through a follow-up research. 232 teenagers between the ages of 15 and 25 participated in a cross-sectional study that was carried out in Malaysia's chosen urban districts. Comparing the male and female participants, the results indicated that the males had higher levels of suicidal ideation. In contrast, despair, hopelessness, and lack of desire were the factors associated with suicide thoughts in females, whereas age was the predictor for males. The study's findings so suggest that identifying hopelessness and depression in adolescents early on can help stop suicidal thoughts and related issues in their group before they typically arise.

Sigurdson et al. (2018) carried out a cohort analysis, looking at representative samples from 1998 to 2012, when the outcome measures were reevaluated. The findings demonstrated that, regardless of gender, bullied individuals displayed higher rates of self-harm, suicidal thoughts, and suicidal attempts. Females showed a decreasing

tendency in suicidal ideation from adolescence to maturity, while males showed the opposite trend. Consequently, it can be said that bullying in adolescence has a significant impact on self-harm and suicidal behavior, necessitating preventative measures to lower the risk of suicidality in all genders.

CHAPTER III

THE PRESENT STUDY

Rationale of the Research

The term "depression" refers to a major depressive disorder that has as its core characteristics a depressed mood or a loss of interest or pleasure in almost all activities (though children and adolescents may experience more irritability than sadness). In addition, there should be no significant weight gain or loss, hypersomnia or insomnia occurring almost every day, fatigue, feelings of worthlessness, excessive or inappropriate guilt (which may be delusional), recurrent thoughts of death, diminished ability to think or concentrate, or indecisiveness nearly every day, and all of these symptoms should not be caused by any other factor such as substance abuse, etc. Adolescence is a turbulent time for the person going through the phase. A person may experience depression during this time due to a variety of issues pertaining to family, relationships, education, confidence, and self-worth that may arise during this time. Suicide ideation, or having thoughts of ending one's life on a regular basis, has been connected to depression and is a serious issue for teenagers.

3.2 Statement of the Problem

The purpose of the study is to determine how certain demographic factors, such as family environment, self-esteem, depression, and suicidal ideation, affect adolescents who attend school.

The goal of the study was to determine how depression in middle to late adolescents those in the 15–20 year age range was influenced by a number of factors, including academic stress, familial environment, and self-esteem, as well as how depression affected suicidal thoughts.

3.3 Objectives of the study

Objective 1: To identify the frequency and percentage of demographic variables in school-going adolescents.

Objective 2: To explore if there is any relationship between academic stress, different dimensions of family environment, self-esteem, depression, and suicide ideation inschool-going adolescents.

Objective 3: To determine academic stress, different dimensions of family environment, and self-esteem as predictors of depression and suicide ideation in

school-going adolescents.

Objective 4: To make a gender-wise comparison on the variables of academic stress, different dimensions of family environment, self-esteem, depression, and suicide ideation in school-going adolescents.

Objective 5: To evaluate the main effect of the selected demographic variables on depression and suicide ideation in school-going adolescents.

3.4 Hypotheses

Hypothesis 1: Academic stress, various family environment characteristics (cohesion, expressiveness, conflict, acceptance and caring, independence, active recreational orientation, organization, and control), depression, and suicidal thoughts in adolescent students would all be significantly correlated.

Hypothesis 2: The best predictive associations among all the independent factors of Depression among teenagers enrolled in school would be found in the hierarchical logistic regression model.

Hypothesis 3: The best predictive associations among all the independent factors of suicidal thoughts among teenagers enrolled in school would be found in the hierarchical logistic regression model.

Hypothesis 4: There would exist a significant difference in the interaction of academic stress, family environment, and self-esteem on depression and suicide ideation in school-going adolescents.

Hypothesis 5: There would exist a significant difference between school-going adolescent boys and girls on academic stress, different dimensions of family environment (i.e., cohesion, expressiveness, conflict, acceptance and caring, independence, active recreational orientation, organization, and control), self-esteem, depression, and suicide ideation.

Hypothesis 6: Selected socio-demographic variables would provide the best predictor relationship for depression in school-going adolescents.

Hypothesis 7: Selected socio-demographic variables would provide the best predictor relationship for suicide ideation in school-going adolescents.

3.5 Operational Definition of Variables Used

1. **Adolescence:** A stage of development that occurs when the body and mind change, usually from puberty to maturity. Based on age, the stages of adolescence are separated into three groups. According to The American Academy of Pediatrics (2015), the early stages of adolescence begin between the ages of 12 and 14; the middle stages begin between the ages of 15 and 17; and the late stages begin between the ages of 18 and 20.
2. **Family environment:** conditions and social circumstances that affect how families interact with one another, how the adolescent in the family grows personally, rules and regulations, and how the family operates as a system to uphold its various norms (Enrique, Howk, & Huitt, 2007).
3. **Academic stress:** Mental discomfort related to some expected annoyance brought on by easy assignment problems, academic setbacks, or academic obstacles.
4. **Self-esteem:** Self-worth realization, optimism, self-respect, and self-assurance in one's own talents (Enrique, Howk, & Huitt, 2007).
5. **Depression:** Depressive and occasionally irritable mood for the majority of the day, almost every day, accompanied by symptoms such as significant weight loss or gain, fatigue, excessive and inappropriate guilt and worthlessness, insomnia or hypersomnia, and a diminished ability to concentrate without any external influences, such as substance use (National Institute of Mental Health, 2016).
6. **Suicide ideation:** Recurrent suicidal ideas or an odd obsession with suicide, ranging from brief to prolonged thoughts to thorough preparation, role-playing, and half-baked attempts (Gliatto & Rai, 1999).

CHAPTER IV
METHODOLOGY

The several approaches employed in the field of research that incorporate different strategies and computations are known as research methods. Research methods include all of the specific techniques that a researcher uses in an exploration project. They are ordered, seen to be reasonable, and valued as being prejudiced. They contain different methods for making fictitious deductions, complete exploratory studies, different numerical plans, quantifiable approach, etc. Research methods guide us in finding a problem's answer while also assisting us in conducting experiments and gathering data. In particular, studies using logical research approaches aid in the clarity of facts acquired, conclusions formed, and broad views rather than relying solely on reasoning. These study methodologies recognize the clarifications that can be verified by researchers over the course of their investigation. In the meantime, the research methodology is approaching the problem with precision. Studying procedural techniques entails considering the proper methodology for conducting research. Research methodology refers to the variety of techniques used by researchers and/or investigators to approach their task of elucidating, presenting, and forecasting new results. (Philominathan, Rajasekar, & Cinnathambi, 2013).

4.1 Procedure

The study's methodology can be viewed as the mastery or justification for the research approach, providing insight into the best way to carry out the investigation. It illustrates how every actual component of the investigation considers the samples, methodology, metrics, and statistical design; therefore, on working together to try to meet the study objectives. The review process is similar to a design plot. The review process can be seen as a comprehension of the reasoning behind a technique layout that improves the information's validity for a certain research question. Mouton (1996) pointed out that the purpose of the research configuration is to "plan, structure, and execute" the investigation in order to increase the "validity of the findings." It provides guidance on everything from the research plan and data collecting to the implicit philosophical presumptions. This introduces the most fundamental aspect of the methodology and the understanding of the research setup that was used for this review.

4.2 Design of the Study

The quantitative analysis method is used to complete the investigation. The information was gathered from a number of senior secondary schools in Uttar Pradesh, India's Meerut area. The study included middle-aged and late-adolescent participants, defined as those between the ages of 15 and 20.

Prior to taking any assessments, a sociodemographic detail was provided to complete. The Beck Depression Inventory-II (BDI-II) (Beck, Steer, & Brown, 1996), the Academic Stress Scale (Rajendran & Kalappan, 1990), the Family Environment Scale (Bhatia & Chadha, 1993), the Rosenberg Self-Esteem Scale (Rosenberg, 1960), and the Beck Scale for Suicide Ideation (BSI; Beck, & Steer, 1991) were used to conduct quantitative analysis on each participant. The test norms were used to evaluate the data, and the raw scores were acquired. Version 20 of the statistical software for social science (SPSS) was used to analyze the scores for the quantitative data. Standard deviation and percentage mean were employed as descriptive statistics. Multiple analysis of covariance (MANCOVA), Carl Pearson Correlations, Regression, and the t-test were used to calculate the data.

4.3 Geographical Area

A city in the Indian state of Uttar Pradesh is called Meerut. It is an ancient city, with sites discovered nearby that date back to the Indus Valley civilization. The city is located 453 miles northwest of Lucknow, the state capital, and 70 km northeast of New Delhi, the federal capital.

Meerut is the second largest city in the National Capital region, and as of 2011 the 33rd most populous urban agglomeration and the 26th most populous city in India. It ranked 292 in 2006 and is projected to rank 242 in 2020 in the list of largest cities and urban areas in the world. The municipal area (as of 2001) is 141.89 km2 with the cantonment covering 35.68 km . The city is one of the largest producers of sports goods, and the largest producer of musical instruments in India. The city is also an education hub in western Uttar Pradesh. Meerut is also known as the “Sports City Of India”. The city is famous for being the starting point of the 1857 rebellion against British colonial rule.

Meerut district lies between 28°57’ to 29°02’ North latitude and 77°40’ to 77°45’ East longitude in the Indo-Gangetic plains of India. It is bound on the north by Muzaffarnagar district, in the south by Bulandshahar district while Ghaziabad and Baghpat districts form the southern and westernlimits.[7] The river Ganges forms the eastern boundary and separates the district from Moradabad district and Bijnor district. The Hindon forms the western boundary and separates the district from Baghpat. The ground is not rocky and there are no mountains. The soil is composed of pleistocene and sub-recent alluvial sediments transported and deposited by river action from the Himalayan region. These alluvial deposits are unconsolidated. Lithologically, sediments consist of clay, silt and fine to coarse sand. Land is very fertile for growing crops, especially wheat, sugarcane and vegetables.

Location Map of the Study

4.4 Sampling Procedure

For this study, a population of class X, XI, and XII students enrolled at accredited Meerut schools was considered. As the district headquarters, it was considered that this city genuinely represented the high and intermediate school population, with pupils from all walks of life. A framework comprising all of Meerut's accredited high and intermediate schools was created for the current investigation. Four convent schools were chosen at random as a sample from among them. The pupils at these accredited schools came from a variety of social and economic backgrounds. In order to include the participants in the study, purposeful sampling

was used. The sample consisted of 400 students, 200 of whom were females and 200 of whom were boys, all within the 15–20 age range (Age Mean = 17.71, SD = 0.91), meeting the study's inclusion and exclusion criteria. Table 4.1 shows the sample distribution for the primary study broken down by school.

Table 4.1: School-wise Break-up of the Sample (N=400)

Sl. No.	**Name of the Schools**	**No. of Students Selected**		
		Boys	**Girls**	**Total**
1.	St. Francis Convent School Meerut, (U.P)	--	100	100
2.	Academic Height Secondary School, Meerut, (U.P)	--	100	100
3.	St. Joseph School, Meerut, (U.P)	100	--	100
4.	St Robert's Higher Secondary School, Meerut, (U.P)	100	--	100
	Total	**200**	**200**	**400**

In order to gather information on the many factors under investigation, this student sample was used in the final study. When the sample was gathered, the following exclusion and inclusion criteria were in place:

Sample Inclusion Criteria

1. 11th and 12th standard students
2. Students falling in the age range of 15 years to 20 years
3. Students who were day scholars
4. Both boys and girls from Meerut district, Uttar Pradesh
5. Students studying in Private and Public English medium schools
6. Students from urban and rural areas
7. Parents of the students who were living together

Sample Exclusion Criteria

1. Participants with a history of psychotic symptoms
2. Participants diagnosed with any other medical condition
3. Participants staying in a hostel or as paying guest
4. Participants under the influence of lifelong medication
5. Participants having previous knowledge or exposure to the test

Ethical Considerations

1. Participation was voluntary and anonymous.
2. All participants were assured of confidentiality and were also informed to assert this right to withdraw at any time.
3. All the personal information of the participants has been locked in their respective files and was assessed only by the researcher.
4. The participants' details will be destroyed few years after the study.

4.5 Explanation about the Input

The aim of the research was to investigate the correlation among medium to late teenage participants (aged 15 to 20) and academic stress, family environment, self-esteem, depression, and suicidal ideation. The Academic Stress Scale (Rajendran & Kalappan, 1990), the Family Environment Scale (Bhatia & Chadha, 1993), the Beck Depression Inventory-II (BDI-II) (Beck, Steer, & Brown, 1996), the Rosenberg Self-Esteem Scale (Rosenberg, 1960), and the Beck Scale for Suicide Ideation (BSI; Beck & Steer, 1991) were the assessments used in the quantitative analysis.

4.6 Tools Used

The study's objective was to determine how teenage depression and suicidal thoughts were influenced by family dynamics, academic stress, and self-esteem. The following were some of the study's tools:

1) Socio-demographic Data-sheet (Self, 2016)
2) Academic Stress Scale (Rajendran &Kaliappan, 1990)
3) Family Environment Scale (Bhatia & Chadha, 1993)

4) Rosenberg Self-Esteem scale (Rosenberg, 1960)
5) The Beck Depression Inventory-II (Beck, Steer, & Brown, 1996)
6) The Beck Scale for Suicide Ideation (Beck, Steer, & Ranieri, 1988)

Table 4.2: List of Research Tools Used

Aspect Studies	Name of Questionnaire/Scale	Developed by
Socio-Demographic Details	Socio-Demographic Datasheet	Self (2016)
Academic Stress	Academic Stress Scale	Rajendran &Kaliappan (1990)
Family Environment	Family Environment Scale	Bhatia & Chadha (1993)
Self-Esteem	Rosenberg Self- Esteem Scale	Rosenberg (1960)
Depression	Beck Depression Inventory	Beck, Steer,& Brown (1996)
Suicide Ideation	Beck Scale for Suicide Ideation	Beck, Steer,& Ranieri (1988)

1. Socio-Demographic Datasheet (Self, 2016)

The participant's personal data sheet contains a variety of demographic information about their background. Name, age, gender, religion, social groupings, family history, and other characteristics are all included. According to Volanen, Lahelma, Silventoinen, & Suominen (2014), the subject's family history includes information on the family member, relationship with the respondent, sex, age, education, occupation and type of job, income, and other details. pointed out that there were no studies looking into the relative effects of sociodemographic factors and suggested looking into basic demographic factors like age and education for the sample, work-life factors like business and financial status for the sample, and family life factors like marital status and number of dependents for the sample.

2. **Academic Stress Scale (Rajendran & Kaliappan, 1990)**

The Academic Stress Scale is a rating scale consisting of 40 items that was created specifically to help identify academic stress in students. Rajendran and Kaliappan (1990) completed the Indian version of Kim's (1970) original scale. They used the scale to evaluate 400 patients.

There are 40 items on the scale and are classified into five areas with eight items in each:

a) Personal Inadequacy
b) Fear of Failure
c) Interpersonal difficulties with teachers
d) Teacher-pupil relationship/Teaching methods
e) Inadequate study facilities.

Table 4.3: Tool Profile for Academic Stress

Academic Stress Scale

Authors	Rajendran &Kaliappan (1990)
Nature	Verbal
Group/Individual	Group/Individual
Duration	20 minutes
Structure	40 statements
Reliability	Test – retest reliability= .82
Validity	Content validity through Item analysis

Procedure for Academic Stress Scale:

The test's introduction is delivered by the examiner, who states that there is no right or wrong answer and that participants should select any option from "no stress," "slight stress," "moderate stress," "high stress," or "extreme stress" for each of the 40 statements that most closely correspond to them.

Instructions

The academic stress scale that you have been given consists of 40 statements with five options: "no stress (NS)," "slight stress (SS)," "moderate stress (MS)," "high stress (HS)," and "extreme stress (ES)." There are no right or incorrect responses, so you must carefully study each sentence and select the option that most closely fits your situation.

Scoring:

There are forty items total, and each item has five possible answers. The values "0", "1", "2", "3", and "4" correspond to "no stress (NS)," "slight stress (SS)," "moderate stress (MS)," "high stress (HS)," and "extreme stress (ES)" in each reaction. The scale consists of 40 items, with 160 (4x40) representing the greatest score and 32 (4x8) representing the lowest.

Reliability and Validity of the Test:

It was discovered that the test-retest correlation for fifty students, spaced twenty days apart, was 0.82.

Expert review served as the foundation for the tool's content validity, while item analysis was used to determine the tool's item validity.

3. Family Environment Scale (Bhatia & Chadha, 1993)

Three dimensions make up the Family Environment Scale (Bhatia & Chadha, 1993):

1) Relationship dimension has four subscales like Cohesion, Expressiveness, Conflict, and Acceptance and Caring.
2) Personal Growth Dimension has two subscales which are Independence and Active-Recreational Orientation:
3) System Maintenance Dimension has two subscales which are Organization and Control.

Table 4.4: Item Distribution of the Family Environment Scale

Sl. No.	Sub Scales	Item Numbers
1.	Cohesion	Positive statements are: 1, 9, 24, 37, 43, 55, 60, 63, 66 and 69.
		Negative statements are: 17, 31, and 49.
2.	Expressiveness	Positive statements are: 10, 25, 38, 44, and 56.
		Negative statements are: 2, 18, 32, and 50.
3.	Conflict	Positive statements are: 11, 19, 39,51, 61, and 67.
		Negative statements are: 3, 26, 33, 45, 57, and 64.
4.	Acceptance and Caring	Positive statements are: 8, 16, 36, 42, 48, 54, 59, and 62.
		Negative statements are: 23, 30, 65, and 68.
5.	Independence	Positive statements are: 4, 27, 46, and 52.
		Negative statements are: 12, 20, 34, 40, and 58.
6.	Active– Recreational Orientation	Positive statements are: 5, 13, 21, 28, and 47.
		Negative statements are: 33, 41 and 53.
7.	Organization	Positive statements are: 14.
		Negative statements are: 6.
8.	Control	Positive statements are: 7 and 22.
		Negative statements are: 15 and 29.

Table 4.5: Tool Profile for the Family Environment

Family Environment Scale

Authors	Bhatia & Chadha (1993)
Nature	Verbal
Group/ Individual	Group/ Individual
Duration	25-35 minutes
Structure	69 Items
Reliability	Split –half reliability of .95
Validity	Face validity and content validity

Procedure for Family Environment Scale:

The 69 items or statements that make up the Family Environment Scale have alternatives labeled "Strongly agree," "Agree," "Neutral," "Disagree," and "Strongly disagree" for each statement that the respondent feels most strongly corresponds to.

Instructions:

"The Family Environment Scale is given to you. It has 69 statements and five response options: "Strongly agree," "Agree," "Neutral," "Disagree," and "Strongly disagree." Kindly carefully go over the statements and mark the one that most closely fits your scenario. There are no rights or incorrect responses.

Scoring:

The positive and negative ratings on the Family Environment Scale are used to calculate the score. For the terms "Strongly agree," "Agree," "Neutral," "Disagree," and "Strongly disagree," the positive scores are denoted by the numbers "5," "4," "3," "2," and "1," whereas the negative scores are denoted by the numbers "1," "2," "3," "4," and "5" for the terms "Strongly agree," "Agree," "Neutral," "Disagree," and "Strongly Disagree" respectively.

The FES comprises three dimensions that are further subdivided into eight subscales. Specific items for positive and negative statements are included in each subscale and must be calculated independently.

4) Relationship Dimension:

1) Cohesion:

a) Positive statements are: 1, 9, 24, 37, 43, 55, 60, 63, 66 and 69.

b) Negative statements are: 17, 31, and 49.

2) Expressiveness:

a) Positive statements are: 10, 25, 38, 44 and 56.

b) Negative statements are: 2, 18, 32, and 50.

3) Conflict:

a) Positive statements are: 11, 19, 39, 51, 61 and 67.

b) Negative statements are: 3, 26, 33, 45, 57 and 64.

4) Acceptance and Caring:

a) Positive statements are: 8, 16, 36, 42, 48, 54, 59 and 62.

b) Negative statements are: 23, 30, 65, and 68.

5) Personal Growth Dimension:

5) Independence:

a) Positive statements are: 4, 27, 46, and 52.

b) Negative statements are: 12, 20, 34, 40 and 58.

6) Active-Recreational Orientation:

a) Positive statements are: 5, 13, 21, 28, and 47.

b) Negative statements are: 35, 41, and 53.

6) System Maintenance Dimension:

7) Organization:

a) Positive statements are: 14.

b) Negative statements are: 6.

8) Control:

a) Positive statements are: 7 and 22.

b) Negative statements are: 15 and 29.

All the items sum up to a total of 69.

Table4.6: Scoring (Family Environment Scale)

Positive Items	Response	Negative Items
5	Strongly Agree	1
4	Agree	2
3	Neutral	3
2	Disagree	4
1	Strongly Disagree	5

Reliability of the Test

For the scale, the Split-half reliability was discovered. The scores for each dimension were divided into two halves, as was the scale. On every score for every dimension, a correlation was performed. The Spearman-Brown Prophecy formula was utilized to estimate the reliability coefficient for the entire test. Cohesion: 0.92, expressiveness: 0.88, conflict: 0.84, acceptance and caring: 0.86, independence: 0.70, active-recreational orientation: 0.48, organization: 0.75, and control: 0.48 are the dependability coefficients. The test reliability coefficient as a whole was 0.95.

Validity of the Test

Eighteen experts who were given the test to assess the test items tested the test for face validity and content validity. Test items that garnered 75% consensus from experts were kept in the mix. For content validity, the different aspects of the family environment were chosen and given precise definitions.

4. Rosenberg Self- Esteem Scale (Rosenberg, 1960)

Ten components make up the scale, which gauges one's sense of worth based on both positive and negative self-perceptions. A 4-point Likert scale, ranging from strongly agree to strongly disagree, is used to rate each item.

Table4.7: Tool Profile for Self-esteem
Rosenberg Self-Esteem Scale

Author	Rosenberg (1960)
Nature	Verbal
Group/ Individual	Group/ Individual
Duration	10-15 minutes
Structure	10 Statements
Reliability	Test-retest reliability= .85
Validity	Internal consistency= .77, and reproducibility= .90

Procedure for Rosenberg Self-Esteem Scale:

Rosenberg's self-esteem scale introduction is provided. The 10 statements on the Rosenberg self-esteem scale each have 4 possibilities: "Strongly agree," "Agree," "Disagree," and "Strongly disagree." Participants can choose the one that best describes their own situation from these options.

Instructions:

The Rosenberg self-esteem scale is in front of you. It consists of ten statements on your self-esteem, with four possibilities for each statement. "Agree," "Strongly disagree," "Strongly agree," and "Agree" You are free to select the one that most resonates with you. Answers are not right or wrong.

Scoring:

One point is awarded for "strongly agreeing," two for disagreeing, three for agreeing, and four for strongly agreeing. Scores for items 2, 5, 6, 8, and 9 are inverted. Higher self-esteem is indicated by a higher score.

Reliability and Validity of the Scale

The lowest coefficient of repeatability for the Rosenberg Self-esteem Scale was 0.90, and its internal consistency was 0.77 (Rosenberg, 1965). The research conducted by high school students revealed an alpha coefficient of 0.72. For a two-week period, the test-retest reliability was 0.85.

5. **Beck Depression Inventory (Beck, Steer, & Brown, 1996)**

A self-report tool consisting of 21 items, the Beck Depression Inventory, Second Edition (BDI-II) assesses the degree of depression in adults and adolescents 13 years of age and older. Following the first BDI-IA revision, there was a second revision (Beck, Rush, Shaw, & Emery, 1979). Four items were removed from the first BDI-II revision and replaced with new ones that included common symptoms of depression. In line with the DSM-IV, this test was designed to evaluate the existence and severity of depression symptoms.

Table 4.8: Tool Profile for Depression

Beck Depression Inventory BDI-II

Authors	Beck, Steer,& Brown (1996)
Nature	Verbal
Group/Individual	Group/ Individual
Duration	15 minutes
Structure	21 items
Reliability	.92 as Internal consistency reliability, test-retest reliability .93
Validity	Construct validity of .93

Procedure for Beck Depression Inventory-II

The test's introduction is given by the examiner first. The Beck Depression Inventory-II comprises twenty-one items. Each item contains four statements, all of which are related to the item's topic. Each of the statements in items 16 and 18 has a sub-statement. If there are multiple statements that the participants can relate to, they must choose or circle the statement that they believe most closely relates to them. The participants are asked to select or circle one statement from each item that best describes how they have been feeling over the past two weeks, including the day they are being assessed.

Instructions:

"There are 21 groups of statements in the Beck Depression Inventory-II questionnaire. After carefully reading each group of statements, please select one that best captures how you have been feeling over the last two weeks, including today. Then, circle the number next to the statement you have selected. If multiple statements within the group appear to be equally applicable, mark the group with the highest number. Make careful that, for every group, including items 16 and 18, you do not select more than one statement.

Scoring

The ratings for the 21 provided items are added to determine the BDI-II score. Every item is rated from 0 to 3 on a 4-point rating scale. When a participant selects more than one option for a given item, the option with the highest rating is chosen. A maximum of 63 is possible. The accurate assessment of the changes in appetite (item 18) and sleeping pattern (item 16) requires particular attention. The BDI II comprises seven possibilities for each item, which can be scored as 0, 1a, 1b, 2a, 2b, 3a, 3b, or 0 to indicate an increase or reduction in behavior or motivation.

Table 4.9: The Interpretation of Scores (BDI-II)

TOTAL SCORES	RANGE
0-13	MINIMAL
14-19	MILD
20-28	MODERATE
29-63	SEVERE

Reliability

BDI-II was used with 26 outpatients in Philadelphia for both their first and second therapy sessions, which were held one week apart. A substantial test-retest correlation of.93 was discovered. A 21-item BDI-II analysis was also conducted on 120 college students and 500 outpatients. According to Beck et al. (1988), the coefficient alpha for the 120 students and the outpatients of BDI-II was.93, higher than the coefficient alpha of BDI-IA, which was.86.

Validity

Through a calibration study on 191 outpatients who received administration of both BDI-IA and BDI-II, clinicians and researchers were able to compare BDI-IA and BDI-II. A correlation of.93 was discovered.

6. The Beck Scale for Suicide Ideation (Beck & Steer, 1988)

Students' level of suicidal ideation was gauged using the Beck Scale for Suicide Ideation (1993). There are 21 items on this test, and each one has three options with a self-destructive thinking degree on a 3-point scale from 0 to 2.

Table 4.10: Tool Profile of Beck Scale for Suicide Ideation

The Beck Scale for Suicide Ideation (BSS)

Authors	Beck, Steer,& Ranieri (1988)
Nature	Verbal
Group/Individual	Individual
Duration	10 minutes
Structure	21 items
Reliability	Internal Consistency Reliability: 0.90, test-retest: 0.54
Validity	Content, Concurrent, Construct, Discriminate, Factorial, predictive Validity

Interpretation of the Scale

A self-report tool is the Beck Scale for Suicide Ideation (BSS; Beck & Steer, 1988). A 21-item self-report questionnaire from the BSS is available for use with both adults and adolescents. The degree of self-destructive ideation, active self-destructive want, suicide arranging, passive suicide desire, and covering are the five measurements that make up the scale.

Procedure for Beck Scale for Suicide Ideation

After participants receive their scales, the examiner begins with an introduction. Each of the 21 items in the Beck Scale for Suicide Ideation has three statements labeled 0, 1, and 2, respectively. Participants are asked to circle the statement that best describes how they have been feeling over the past week, including the day they are being evaluated. Before completing the scale, participants are asked to carefully read the instructions. The participant must go to group 20 if they have circled 0 (zero) statements in groups 4 and 5, but they must go to group 6 if they have circled 1 or 2 statements in either group. Answers are not right or wrong.

Instructions:

In front of you lies the Beck scale for suicidal ideation.Kindly take your time going over each of the following statements. Choose one sentence from each group that best sums up your feelings throughout the last seven days, including today. Then, circle it. Before selecting a choice, make sure you have read each sentence in the group. Proceed to group 20 if you have circled the 0 statement in groups 4 and 5, but go on to group 6 if you have circled 1 or 2 in either group. Answers are not right or wrong.

Scoring

Suicidal ideation is screened for using the first five BSS items. A participant is told to skip the following BSS items if they circle the 0 statements in items 4 and 5; if not, they can proceed with the remaining items. All participants are asked to rate item 20, and those who have tried suicide in the past are asked to rate item 21. The degree of suicidal ideation for a participant who completed all the items is determined by adding up the ratings for the first 19 items. The Beck Scale for Suicide Ideation (BSS) has a total score range of 0 to 38 points.

Reliability of the Scale

According to Beck and Steer (1991), the BSS has a high level of internal reliability, with Cronbach's alpha coefficients ranging from 0.87 to 0.90. When the test-retest reliability for BSS was calculated, the correlation between the initial and second tests was discovered to be.54, indicating a modest level of test-retest reliability.

Validity of the Scale

The BSS's relevance to the clinically assessed SSI is demonstrated by the correlation between the SSI and the BSS, which ranged from.90 to.94. When the BSS's concurrent validity was assessed using the BDI's suicide ideation symptom item, the correlation for 50 inpatients and 25 outpatients, respectively, was.58 and.69, demonstrating the importance of the items in both assessments. Additionally, samples of suicidal ideation on 19 respondents who had also taken SSI were found to have contemporaneous validity. For those 19 responders, the correlation was discovered to be.32. (Ranieri, Steer, and Beck, 1988).

4.7 Preparation of Data Collection

In order to gather as much data as possible, the researcher obtained permission from the principals of the participating schools. After receiving the subjects' agreement, various questionnaires were then given to each subject on an individual basis. Before requesting that they complete the surveys, a good rapport was established with them. Great care was used to eliminate any incorrect assumptions about a suggested plan. Participants were invited to increase their cooperation while maintaining the confidentiality of their responses. To make surveys easier to understand, the guidelines were always provided to the participants. Typically, it took each participant one hour and fifteen to thirty minutes to complete the surveys. After the respondents' questionnaires were finally gathered, grading and more study could begin. Subjects who did not complete questionnaires satisfactorily, however, were not included in the research.

4.8 Precautions for Data Collection

- Instructions were clear.
- The participant fulfilled the necessary details before the test.
- External distractions were avoided.
- The participants were informed not to ask questions in between the assessments, and all the doubts were clarified before the assessments start.

4.9 Statistical Analyses

The analysis of statistics was performed with version 20 of the Statistical Package for Social Science (SPSS). There was usage of descriptive statistics such as the mean, standard deviation, and percentage. Regression analysis, t-test, Carl Pearson correlations, and multiple analysis of covariance (MANCOVA) were used to calculate the data.

Graphical Representation

The graphical representation was created to show the outcomes that were attained due to various groups. The following diagrams were employed to illustrate the obtained results:

Pie-Diagram

The whole space of the factors—age, social group, community, religion, family members, family type, family occupation, and parent's income—was divided into pie charts to determine the frequency and percentage of each.

Bar-Diagram

The difference between the means of male and female teenagers' scores for academic stress, family environment, self-esteem, depression, and suicidal thoughts was depicted using a bar diagram.

CHAPTER V

"ANALYSIS AND INTERPRETATION OF THE DATA"

The previous section on procedure included the variables' descriptions, the instruments utilized, sample size, sampling strategy, data collection process, and the range of tests conducted in the current investigation. In order to comprehend the goals outlined in the methodology, this chapter concentrates on the statistical analysis of the data gathered from the 400 teenagers who are enrolled in school.

The primary goal of this study was to investigate the connections between teenage depression, suicidal thoughts, self-esteem, family dynamics, and academic stress. Quantitative approaches were employed to gather data from teenage students (aged 15 to 20) enrolled in senior secondary schools situated in the Meerut district of Uttar Pradesh, India. Therefore, the adolescents' perspective is the only one covered by this study.

For the purpose of interpreting the survey results that were gathered for the study, the data have been laid down in the form of tables and figures. Through the counting of response frequencies and the mean of each element assessed from the literature review, the data were analyzed in a methodical manner. These consist of:

i) Academic stress, ii) Family environment, iii) Self-esteem, iv) Depression, and v) Suicide ideation.

The interrelationships between the various study variables were evaluated through the use of appropriate statistical tests on the data gathered from the respondents. SPSS software was used for all of the analyses. Descriptive statistics (frequency, percentage, mean, and standard deviation), correlation, t-test, MANCOVA, and hierarchical regression were used to assess the gathered data.

Statistical Interpretation Section:

Four components, which are listed below, comprise the data analysis and outcome interpretation:

Section I: Descriptive Analysis

The demographics were evaluated as a preliminary step towards comprehending the nature of the responders. This included the respondents' age, socioeconomic class,

religion, family structure, and both parents' occupations. These aid in a more accurate generalization of the study's findings.

Section II: Correlation Analysis

The degree of correlation (represented by the symbol "r") between the dependent variables (depression and suicidal thoughts) and the independent variables (stress in the classroom, family dynamics (cohesion, expressiveness, conflict, acceptance and caring, independence, active-recreational orientation, organization, and control), and self-esteem) is measured through correlation analysis.

Section III: Regression Analysis

The average association between two or more variables expressed in terms of the original data units is determined mathematically through regression analysis. Hierarchical regression analysis was used to show the cause-and-effect relationship between the variables since, while correlation analysis provides insight into the degree of association among the variables, it is unable to address the source of the association. The variables that corresponded to the effects were considered dependent variables, whereas the components that corresponded to the cause were considered independent variables. Therefore, any relationship between the dependent and independent variables was represented by regression analysis.

Section IV: Inferential Analysis

Determining the significance of the relationship between depression, suicidal ideation, and academic stress, family environment (created through factor analysis), self-esteem, and the interaction of all three independent variables using multivariate analysis of covariance (MANCOVA) was the goal of the inferential analysis. Additionally, the effects of gender differences on self-esteem, home environment, academic stress, depression, and suicidal thoughts were assessed.

A detailed description of section-wise analysis and interpretation is presented below:

Section I: Descriptive Analysis

5.1 Socio-Demographic Variables

Student behavior and attitudes are known to be influenced by demographic characteristics. So, the current study examined the respondents' age, kind of family, socioeconomic class, type of religion practiced, and parents' and mothers' occupations, among other demographic details. Utilizing frequency analysis, the demographic profile has been displayed.

Table 5.1: Frequency and Percentage of Age Group of School-going Adolescents (N=400)

Categories (Age)	*Boys (N=200)*	*Girls (N=200)*	*Total (400)*	
	Frequency	*Frequency*	*Frequency*	*Percentage*
16	*0*	*36*	*36*	*9*
17	*44*	*88*	*132*	*33*
18	*76*	*68*	*144*	*36*
19	*80*	*8*	*88*	*22*

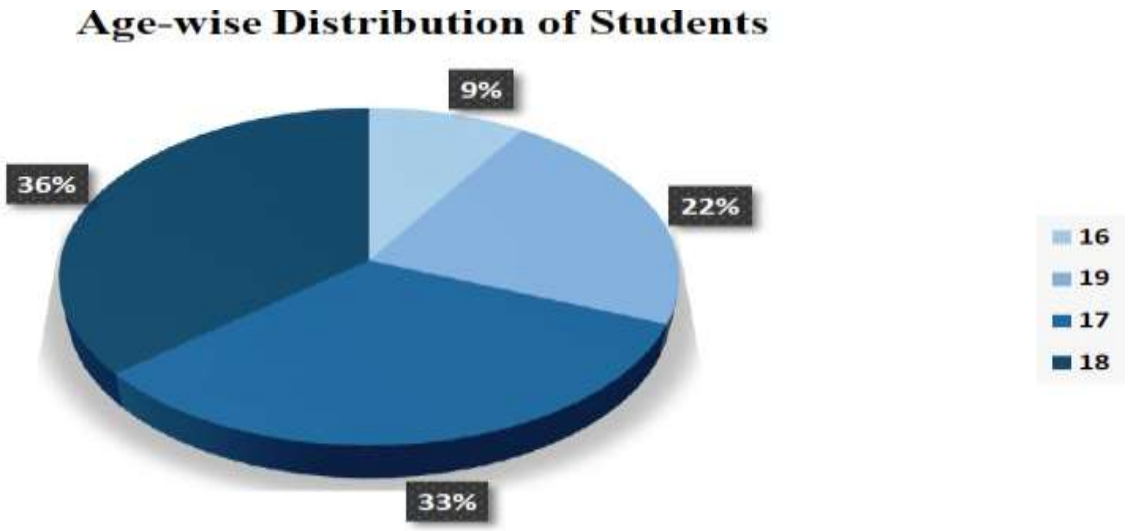

Figure5.1: Age-wise Percentage of the Sample (N=400)

5.1.1 Age-wise Distribution

The adolescents were divided into four age groups in order to estimate their ages. The frequency and percentage of the age group of school kids (N=400) are shown in Table 5.1. The Table makes it clear that 36% of them were 18 years old, and another 33% were in the 17–18 age range. Just 9% of them were 16 years old, while about 22% of them were 19 years old. There were no boys in the sample who were 16 years old, whereas the bulk of the lads were in the 19–year age range. There were twice as many girls as boys in the 17-year-old age group.

Table 5.2: Frequency and Percentage of Family Type of School-going Adolescents (N=400)

Categories (Family Type)	**Male (N=200)**	**Female (N=200)**	**Total (400)**	
	Frequency	**Frequency**	**Frequency**	**Percentage**
Nuclear	135	132	267	66.75
Joint	48	44	92	23
Extended	17	24	41	10.25

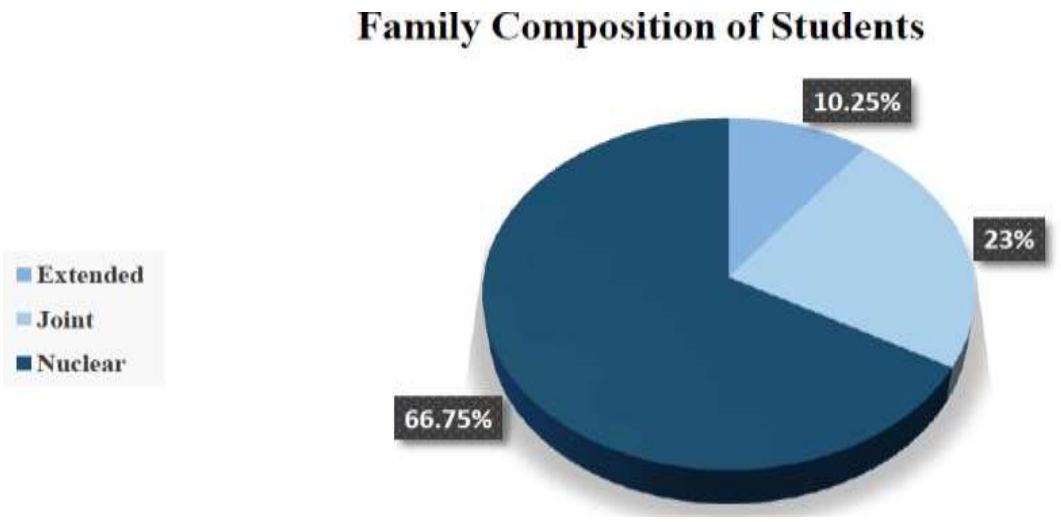

Figure 5.2: Family Type-wise Percentage of the Sample (N=400)

5.1.2 Family Type-wise Distribution

The structure of families, whether nuclear, joint, or extended, is introduced to us by the kind of family. Joint families contain three generations living together, while nuclear families usually consist of the primary family members who are parents to their offspring living under one roof. As such, a joint family consists of the nuclear family members as well as the parents of the primary family members. As the name implies, an extended family is made up of two or more individuals who are related to one another by blood or marriage live in the same house and collaborate to achieve shared objectives. Living together are grandparents, aunts, and uncles, as well as cousins, in many extended families. Based on the kind of household they come from, Table 5.2 shows the distribution of students. Sixty-six percent of students attend school in nuclear families, whereas twenty-three percent attend school in joint families (Figure 5.2). Ten per cent are members of extended families. According to Table 5.2, there was a difference in the number of boys and girls living in nuclear and joint families. Specifically, more girls (n = 17) than boys (n = 24) were residing in extended families.

Table 5.3:Frequency and Percentage of Social Group of School-goingAdolescents (N=400)

Categories (Social Group)	***Male (N=200)***	***Female (N=200)***	***Total (400)***	
	Frequency	***Frequency***	***Frequency***	***Percentage***
General (Gen)	*86*	*73*	*159*	*39.75*
Scheduled Caste (SC)	*33*	*33*	*66*	*16.5*
Scheduled Tribe (ST)	*56*	*53*	*109*	*27.25*
Other Backward Classes (OBC)	*25*	*39*	*64*	*16*
Others	*0*	*2*	*2*	*0.5*

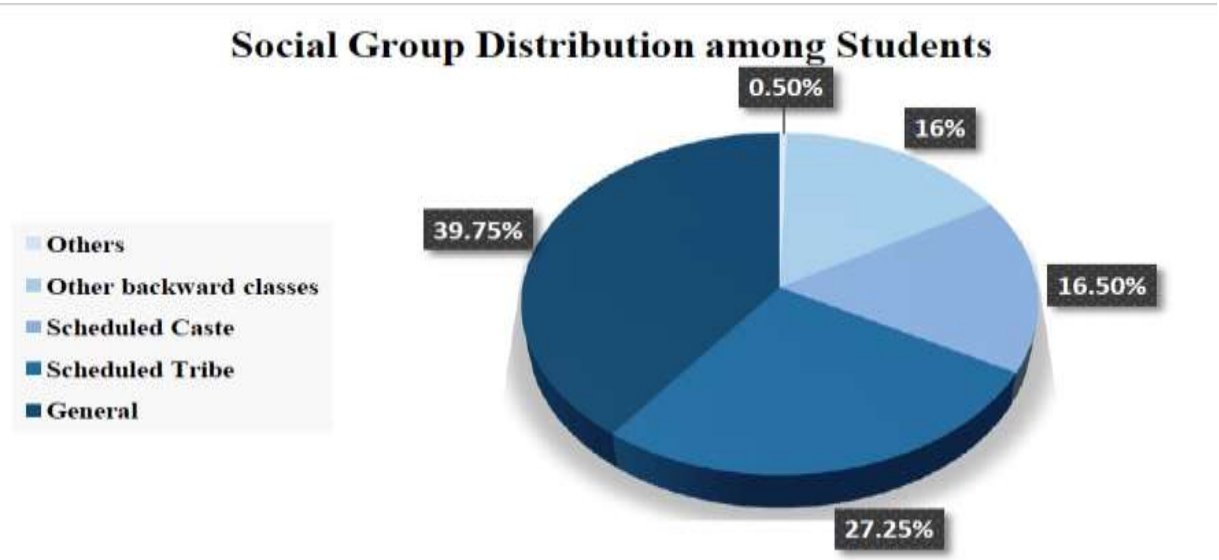

Figure 5.3: Social Group-wise Percentage of the Sample (N=400)

5.1.3 Social Group-wise Distribution

A social caste is a type of stratification that is usually defined by vocation, hierarchical position, or hereditary transmission. According to Sankaram et al. (2017), the caste system in India is a complex social framework that dates back millennia and limits social mobility. As a result, a crucial factor in comprehending any psychological view is the social group. The social standing of the school student respondents who took part in our survey is shown in Table 5.3. It is evident that over 40% of them are members of the general caste, and 27% are scheduled tribal members (Figure 5.3). The proportion

of people who belonged to the scheduled caste social group (16%) was nearly identical to the proportion of people who belonged to other backward groups. Boys outnumbered girls even though the number of people in the general status was at its highest; this was not the case for other backward groups. Both boys and girls belonged to the scheduled caste and scheduled tribe in equal numbers.

Table 5.4: Frequency and Percentage of Religion of School-going Adolescents (N=400)

Categories (Religion)	***Male (N=200)***	***Female (N=200)***	***Total (400)***	
	Frequency	***Frequency***	***Frequency***	***Percentage***
Hindu	*117*	*95*	*212*	*53*
Muslim	*5*	*10*	*15*	*3.75*
Buddhist	*49*	*56*	*105*	*26.25*
Christian	*27*	*31*	*58*	*14.5*
Any Other	*2*	*8*	*10*	*2.5*

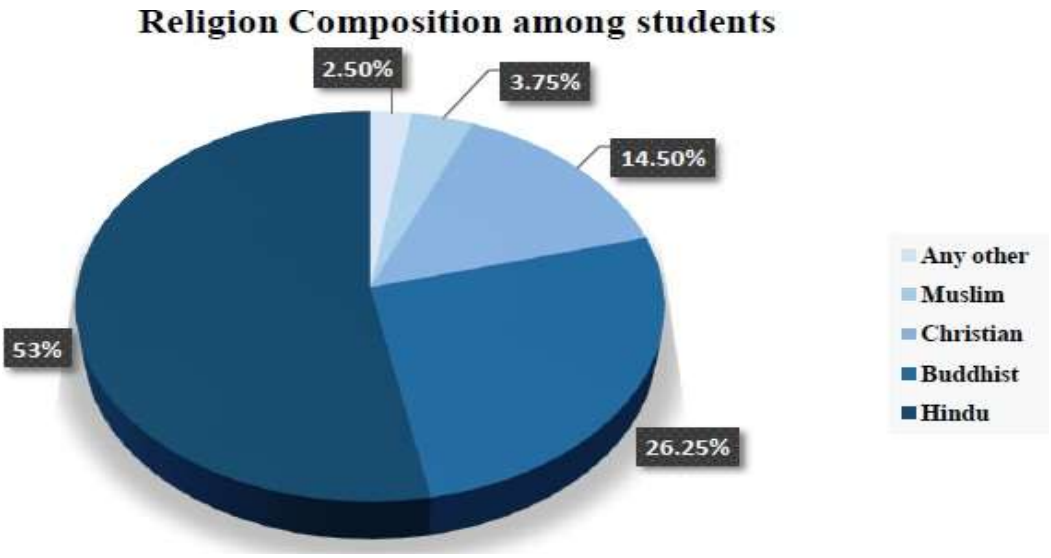

Figure5.4: Religion-wise Percentage of the Sample (N=400)

5.1.4 Religion-wise Distribution

Spirituality is the set of cultural norms, prescribed behaviors, and beliefs that a group of people follow in the service of a common goal. India is a religiously diverse country. It follows that faiths will presumably affect how schoolchildren perceive themselves. The distribution of students' religions is seen in Table 5.4. The findings showed that students who practiced Buddhism made up 26% of the population, while Hindus made up over half (53%) of the total. Only 3.75% of the respondents were Muslims, and approximately 14.5% of the students were Christians. Within the participant group, more girls (n = 95) identified as Muslims, Buddhists, and Christians than boys (n = 117), who were more Hindu than girls (n = 95).

Table 5.5: Frequency and Percentage of Fathers' Occupation of School-going Adolescents (N=400)

Categories (Father's Occupation)	***Male (N=200)***	***Female (N=200)***	***Total (400)***	
	Frequency	***Frequency***	***Frequency***	***Percentage***
Govt Employee	*74*	*59*	*133*	*33.25*
Private Employee	*60*	*33*	*93*	*23.25*
Business	*54*	*38*	*92*	*23*
Teacher	*0*	*13*	*13*	*3.25*
Others	*12*	*57*	*69*	*17.25*

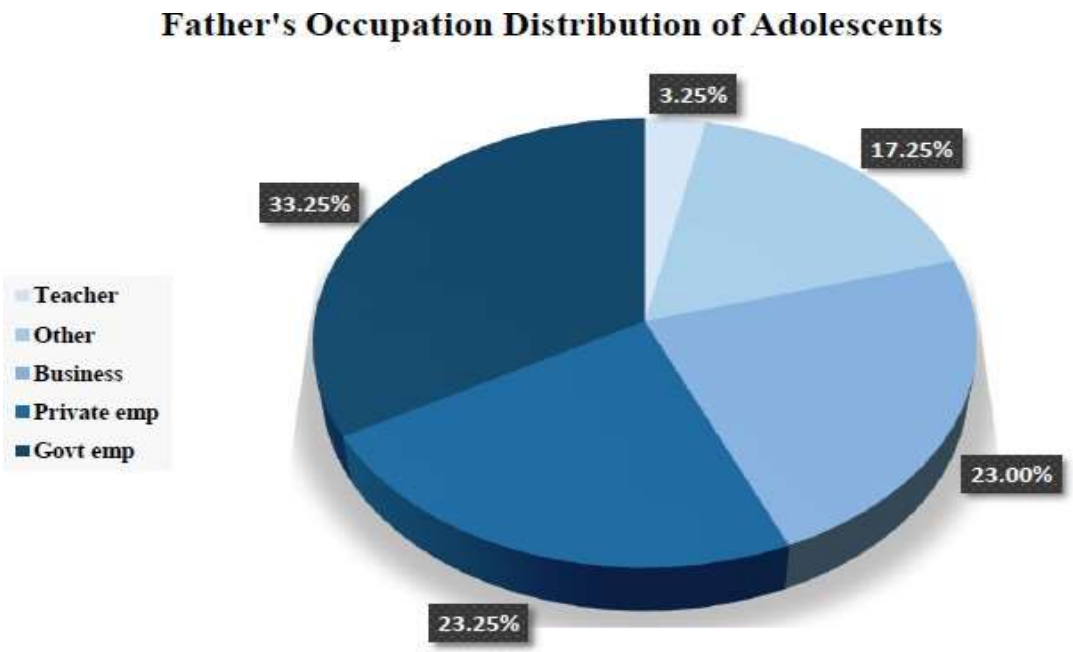

Figure 5.5: Fathers' Occupation-wise Percentage of the Sample (N=400)

5.1.5 Father's Occupation-wise Distribution

Any person's occupation serves as a clear indicator of their economic standing. Furthermore, it is linked to concerns of prestige and the source of a status symbol. As the father is often the family's leader in India, the father's line of work has a significant impact on the raising and mental development of the kids. Consequently, it's critical to grasp the father's profession in order to comprehend the participating student's socioeconomic standing. The distribution of their family's occupations is seen in Table 5.5. It was found that 23% of students had fathers employed by private companies, but the majority of students' fathers were employed by the government (Figure 5.5). Participant's fathers who were in business made up nearly equal numbers. A mere 3% of the fathers of participants were employed as educators. Fathers who worked for the government were identified by more boys (n = 74) than girls (n = 59). Likewise, a greater proportion of dads of boys than girls held business-related jobs in private companies. The fathers of roughly thirteen girls were teachers, while none of the boys' fathers were in education.

Table 5.6: Frequency and Percentage of Mother's Occupation of School-going Adolescents (N=400)

Categories (Mother's Occupation)	Male (N=200)	Female (N=200)	Total (400)	
	Frequency	Frequency	Frequency	Percentage
Homemaker	101	95	196	49
Nurse	04	09	13	3.25
Teacher	30	28	58	13
Business	34	18	52	13
Government Service	19	26	45	11.25
Other	12	24	36	09

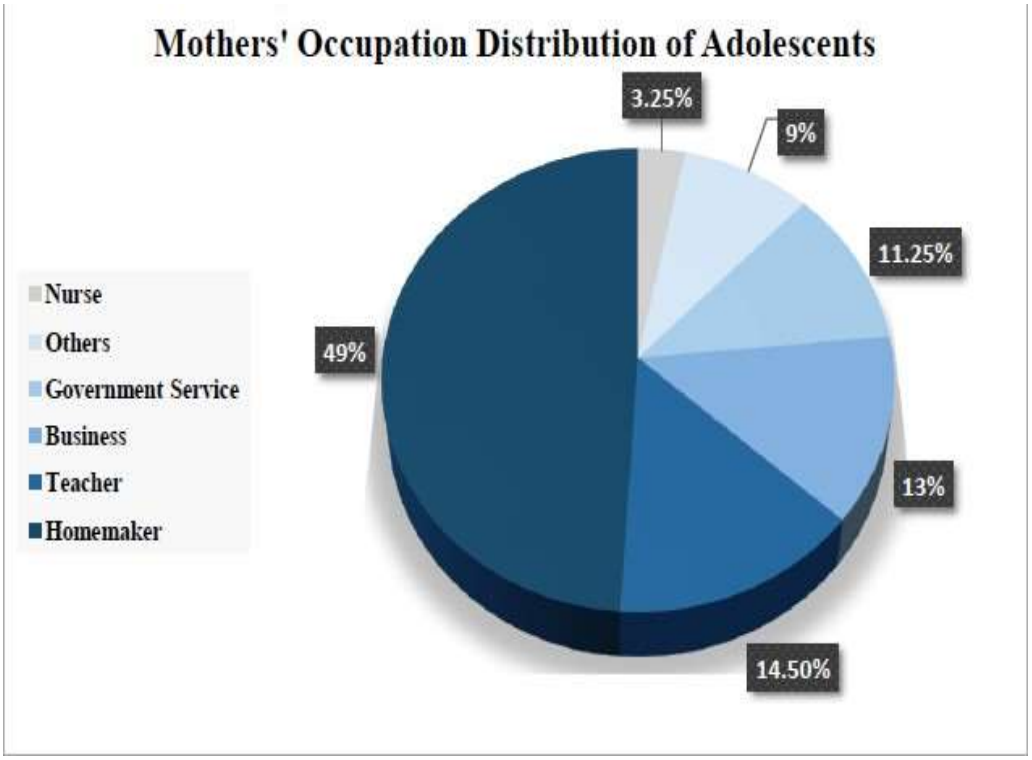

Figure5.6: Mother's Occupation-wise Percentage of the Sample (N=400)

5.1.6 Mother's Occupation-wise Distribution

The presence of two earners in the family increases economic independence and stability; hence the mother's job is a crucial factor in determining social health. The frequency and proportion of the participating child's mother's occupation are shown in Table 5.6. The mothers of the participating students were almost half homemakers and the remaining thirteen percent were either teachers or company owners. Out of the 400 students, over 11% of the mothers were employed by the government. In contrast to mothers of girls, more mothers of boys worked as homemakers, teachers, or businesswomen; on the other hand, more moms of girls worked in government and nursing services.

Table 5.7: Mean and SD of the Psychological Study Variables of School-going Adolescents (N=400)

Sl.	Variables	Mean	SD	Interpretation according to scale
1.	**Academic Stress**	63.14	20.87	Not high
2.	**Family Environment**			
a.	Cohesion	50.43	4.59	Average
b.	Expressiveness	32	3.85	Average
c.	Conflict	42.71	6.17	Average
d.	Acceptance & Caring	46.12	5.48	Average
e.	Independence	29.95	3.43	Low
f.	Active-recreational orientation	33.62	4.05	Average
g.	Organization	8.06	1.24	Average
h.	Control	15.18	2.25	Average
3.	**Self-esteem**	24.98	5.07	High
4.	**Depression**	12.3	7.4	Minimal
5.	**Suicide ideation**	1.51	2.59	Low

5.1.7 Psychological Study Variables

The study population's psychological factors, including depression, suicidal thoughts, family dynamics, academic stress, and self-esteem, were estimated (Table 5.7).

Anxiety and tension a child experiences from school and the educational system can be categorized as academic stress (Prabhu, 2015). It is evident that there was not a lot of academic stress among the study population. Bhatia and Chadha (1993) identified three distinct dimensions—connection, personal growth, and system maintenance—that fall within the relationship dimensions of the family environment scale. Cohesion, expressiveness, conflict, acceptance, and care are the four elements that make up the relationship dimension. On the other hand, independence and an active-recreational orientation are indicative of personal progress, and structure and control are part of system maintenance. According to Harris and Molock (2000), "expressiveness" refers to the degree of support and dedication that family members give to one another, whereas "cohesion" refers to the degree of encouragement for acting freely and expressing one's thoughts and feelings directly (Kaur et al., 2006). As the name implies, "conflict" assesses the degree of directly expressed anger, hostility, and arguments among family members. "Acceptance and caring" describes the family's level of unconditional support, consent, and caring, whereas "independence" assesses a person's assertiveness, self-sufficiency, and capacity for independent decision-making. "Active-recreational orientation" refers to an individual's degree of engagement in social and recreational activities. The organizing component emphasizes the clarity with which family gatherings are planned and tasks are assigned. The "control" component assesses whether procedures and regulations are in place to manage family life. The findings indicate that, with the exception of independence, the research group exhibited an average degree of cohesion, expressiveness, conflict, acceptance and caring, active-recreational orientation, organization, and control in terms of the family environment. But in this instance, the responders' degree of independence was on the verge of being minimal. The study's findings are consistent with those of Rana and Kapoor (2017), who found that, among their sample of 200 female degree college students from Jammu, the majority of female students likewise had low levels of independence and an average amount of expressiveness, conflict, and organization. In contrast, the study's findings on cohesion, acceptance and care, and control were found to be incongruous. Furthermore, Bagi and Kumar (2014) found that the outcomes of this study were comparable to those of 100 19-

year-old college students from Haryana's villages, with the exception of cohesion, which was low in their instance.

The sample of teenage children in this research population demonstrated a high level of self-esteem. The study sample's depression score was below 14, which is considered a minimum level. Furthermore, in this instance, there was very little suicidal ideation. Regarding low levels of depression and moderate to high levels of self-esteem in their study samples of Taiwanese teenagers, the study's findings are comparable to those of Lin and Yi (2017).

Section II: Correlation Analysis

Among senior secondary school students in Meerut, Uttar Pradesh, the primary goal of the analysis was to find any correlation between the dependent variables (depression and suicidal thoughts) and the independent variables (academic stress, family environment (cohesion, expressiveness, conflict, acceptance and caring, independence, active-recreational orientation, organization, and control), and self-esteem. A correlation coefficient, which varies from -1 (perfect negative correlation) to 1 (perfect positive correlation), indicates the degree of relationship between any two variables. The correlation between the variables is evaluated based on its absolute value, where a Pearson's r value between 0.1 and 0.3 indicates a low degree of correlation, 0.3 to 0.5 indicates a mediocre level of correlation, and more than 0.5 indicates a strong association (Cohen, 1988). The inter-correlations have been described under the standard grouping of different tested variables for convenience's sake.

Table 5.8: Mean, SD, and Coefficient of Correlation between different Study Variables among School-going Adolescents (N=400)

Sl. No.	Variables	Mean	SD	1	2	3	4	5	6	7	8	9	10	11	12
1	Suicide Ideation	1.51	2.59	1											
2	Depression	12.30	7.40	0.01	1										
3	Academic Stress	63.14	20.87	-0.02	0.09	1									
4	Self-esteem	24.98	5.07	-0.04	0.05	0.00	1								
5	Cohesion	50.43	4.59	-0.08	0.04	0.03	-0.15	1							
6	Expressiveness	32.00	3.85	0.04	0.04	0.03	0.06	-0.04	1						
7	Conflict	42.71	6.17	-0.04	0.23	-0.06	-0.08	0.02	0.04	1					
8	Acceptance & Caring	46.12	5.48	-0.08	0.01	0.00	-0.06	0.04	0.03	0.17	1				
9	Independence	29.95	3.43	-0.05	-0.02	-0.09	0.15	-0.01	-0.08	0.06	0.05	1			
10	Active-recreational orientation	33.62	4.05	0.05	0.00	-0.01	0.15	-0.08	0.09	-0.02	-0.07	-0.09	1		
11	Organization	8.06	1.24	0.02	-0.04	0.04	-0.03	0.03	-0.04	0.05	-0.01	-0.02	-0.02	1	
12	Control	15.18	2.25	0.00	-0.03	0.02	-0.02	0.09	0.01	0.07	0.09	0.06	-0.11	0.05	1

*$p<0.05$, **$p<0.01$

Hypothesis 1: ***Academic stress, various family environment characteristics (cohesion, expressiveness, conflict, acceptance and caring, independence, active recreational orientation, organization, and control), depression, and suicidal thoughts in adolescent students would all be significantly correlated.***

The correlation coefficient between academic stress, familial environment, depression, self-esteem, and suicidal thoughts, as determined by Pearson's coefficient, is displayed in Table 5.8. A low level of positive correlation was found in Table 5.8 between self-esteem and independence ($r = 0.15$, $p < 0.01$), conflict and depression ($r = 0.23$, $p < 0.01$), acceptance and caring with conflict ($r = 0.17$, $p < 0.01$), and active recreational orientation with self-esteem ($r = 0.15$, $p < 0.01$).

On the other hand, cohesiveness with self-esteem ($r = -0.15$, $p < 0.01$) and active recreational orientation and control ($r = -0.11$, $p < 0.05$) showed a weak but unfavorable association. Nevertheless, no statistically significant association ($p > 0.05$) was found between the other variables under investigation. As a result, it was partially agreed upon that there would be a significant correlation between academic stress, depression, suicidal ideation, and various aspects of the family environment (such as cohesion, expressiveness, conflict, acceptance and caring, independence, active recreational orientation, organization, and control), among adolescents enrolled in school.

The following discussion of correlation results has been organized by variable. It is well recognized that each of these variables contributes to sadness and suicidal thoughts.

The findings are in conflict with research by Jayanthi et al. (2015) regarding academic stress, which found a positive, highly significant relationship between academic stress and depression in 2432 Tamil Nadu secondary school pupils. Additionally, Sharma and Pandey (2017) found a link between stress, anxiety, depression, and academic success. 120 16-year-old pupils enrolled in government schools in the Mahasamund area of Chhattisgarh participated in this study. Similarly, Masood et al. (2016) used Pearson product-moment correlation to explain a considerable degree of relationship between anxiety, depression, and academic stress. Punjabi medical students, aged 18 to 19, made up the study population.

In addition, Khanehkeshi and Basavarajan (2012) found a strong correlation between depression and academic stress in high school pupils, both male and female.

In Singaporean secondary students, Ang and Huan (2006) found a weak but statistically significant link between academic stress and depression (r = 0.25) and suicide ideation (r = 0.22). The correlation between depression and suicide ideation was much stronger (r = 0.62). Oginyo et al. (2018) recently reported a substantial moderate level connection (r = 0.38) between suicidal thoughts and academic stress. In Ibrahim et al. (2017)'s sample population, which included 2500 undergraduate students who were chosen at random from Ebonyi State Universities in Abakaliki, Nigeria, it was found that stress was substantially connected with suicidal thoughts in females rather than in males. Nevertheless, the study did not specify the kind of stress.

The study's findings contradict the research described above since they show that academic stress had no bearing on depression or suicidal thoughts among Meerut students. There are no papers or studies that discuss academic stress or any other type of stress experienced by schoolchildren in the Meerut, Uttar Pradesh, district. Moreover, there's a chance that Meerut residents have a relaxed outlook on education. Furthermore, it's possible that there is a lot less parental pressure here than elsewhere. The Meerut district has a far better family environment than other areas, as shown in the current study's observations (Table 5.8), which suggests that parents and kids communicate better and express themselves more clearly.

Researchers studying depression and suicide have placed a great deal of emphasis on the family environment (Sander & McCarthy, 2005; Raina & Balodi, 2015; Ahookhosh et al., 2016). Taking into account the first element of the home environment, which is family cohesion, Lau and Kwok (2006) and Zgambo et al. (2012) have suggested that depression, especially in children, may arise from the lack of cohesion in the family. Furthermore, it has been acknowledged as a protective factor concerning the suicidal tendencies of the youth demographic (Arria et al., 2009).

The study's conclusions indicate that there is no statistically significant relationship between cohesiveness and suicidal thoughts or depression in the samples of school-age teenagers from Meerut, Uttar Pradesh. This might be as a result of the study's families' average level of cohesiveness. It is comparable to the results of Ahoohkhosh et al. (2016), who found no relationship between suicide ideation and family cohesion.

Ahoohkhosh et al. (2016), in contrast, also noted that cohesiveness and

depression had a statistically negative moderate correlation (r = - 0.35). The study sample consisted of 120 adolescents from Tehran, Iran, aged 14 to 18 (90 girls and 30 boys) who had tried suicide. Furthermore, the findings run counter to the research of Sharma and Khan (2014), whose sample consisted of 300 randomly selected teenagers from Government Senior Secondary School in Chandigarh, Punjab, with an equal number of boys and girls. The results of this study indicate that cohesiveness and depression, as measured by the Beck Depression Inventory-II (BDI-II), are negatively but significantly connected (r = -0.269, p<0.01).

Similar findings were also noted by Herman et al. (2007), Mason et al. (2009), and Kaur et al. (2006), where depression was found to have a substantial negative connection with cohesion. 200 randomly chosen teenagers enrolled in senior secondary schools in Ambala, Punjab were the subjects of a study by Kaur et al. (2006); Herman et al. (2007) investigated 83 teenagers of African and European American descent; and Mason et al. (2009) examined 12 to 21-year-old healthy teenagers from Washington, DC, USA. In a study including 188 African-American college students in the US, Harris and Molock (2000) discovered a substantial negative correlation between depression (r = -0.27) and suicidal thoughts (r = -0.20) and family cohesion.

Furthermore, in contrast to the findings of this study, Sharma and Khan (2014) also found positive correlations between cohesion and expressiveness (r = 0.46, p <0.01), independence (r = 0.40, p <0.01), organization (r = 0.34, p <0.01), and active recreational orientation (r = 0.31, p <0.01). Additionally, Bagi and Kumar (2014) found a significant negative correlation (r = -0.14) with organization and a significant positive correlation (r = 0.53) with expressiveness, conflict, acceptance and caring, independence, and active recreational orientation (r = 0.71, 0.74, and control, respectively.

Expressiveness is the next element of the family environment. Despite an average level of expressiveness, the results indicate no association between expressiveness and any of the research factors. In contrast to Sharma and Khan's (2014) findings, which showed that expressiveness was favorably connected with independence (r = 0.571, p < 0.01) and negatively correlated with depression (r = -0.271), a similar study by Kaur et al. (2006) found that expressiveness was unrelated to depression.

organization (r = 0.11, p <0.05), active recreational orientation (r = 0.24, p <0.01),

and organization (r = 0.41, p <0.01). The findings of the current study are consistent with those of Bagi and Kumar (2014), who found no relationship between expressiveness and conflict or organization. Nonetheless, their research revealed a strong relationship between expressiveness and control (r = 0.36), independence (r = 0.48), acceptance and sharing (r = 0.40), and active recreational orientation (r = 0.51).

The third element on the family environmental scale is conflict. A positive substantial correlation between the conflict and depression was found, matching findings from Kaur et al. (2006), Herman et al. (2007), Yu et al. (2015), and Ahoohkhosh et al. (2016). The results of the current study were corroborated by Bagi and Kumar's (2014) study, which found a positive but weak correlation between conflict and acceptance and caring. The correlations between conflict and active recreational orientation (r = 0.23), independence (r = 0.23), organization (r = 0.27), control (r = 0.20), and organization (r = 0.27) were also contradictory. Conflict and coherence have a considerable negative association, according to Herman et al. (2007). Furthermore, in contrast to the results of this study, Ahoohkhosh et al. (2016) found a positive link between conflict and suicidal ideation.

Care and acceptance are the subsequent elements on this scale. The study's findings are consistent with those of Kaur et al. (2006), who found no evidence of a significant relationship between acceptance and providing care for people with depression. It did not, however, agree with Bagi and Kumar's (2014) findings that acceptance and care were associated with control (r = 0.45), active recreational orientation (r = 0.60), and independence (r = 0.74). According to Bagi and Kumar's (2014) findings, there was no association between acceptance and caring for the organization based on the similarity of the outcomes.

Independence forms one of the critical components of the family environment.

The results ran counter to research by Bagi and Kumar (2014), Sharma and Khan (2014), and Kaur et al. (2006), which found a positive association between independence and cohesion, expressiveness, active recreational orientation, and conflict, and a negative correlation with depression. Nonetheless, the study's findings aligned with those of Sharma and Khan (2014) in that there was no discernible relationship between independence and organization.

One of the components of the family environment has been recognized as being the active-recreational orientation. The findings run counter to the teenage research on the relationship between depression and active-recreational organization conducted

by Kaur et al. (2006) and Sharma and Khan (2014), where these variables showed a negative correlation. In addition, Bagi and Kumar (2014) found a paradoxical correlation between active recreational orientation and control (r = 0.29), which is comparable to the study's and the organization's results (r = -0.22).

Testing the relationship between the depressed pupils' organizational abilities is the next facet of the family environment. The study's findings, which are in contrast to those of Sharma and Khan (2014) and Kaur et al. (2006), who found a weak but substantial link between the two, indicated that there was no relationship at all between the two. Additionally, Sharma and Khan (2014) proposed a positive association between active recreational orientation and organization, which was likewise not seen in this instance. In contrast to the findings, Bagi and Kumar (2014) proposed a negative link between organization and control.

"Control" is the last element of the family environment. As in the findings by Kaur et al. (2006), the degree of control‟observed in the study population in this instance was unrelated to depression. On the other hand, Yu et al. (2015) found a strong positive association between control and depression.

Contrary to the study's findings, Lin and Yi (2017), Khanehkeshi and Basavarajappa (2012), Manna et al. (2016), and Babore et al. (2016) revealed a substantial negative correlation between depression and self-esteem.

A moderate degree of link between family conflict and Robertson and Simons' (1989) findings was not supported by the current study's findings.

Suicidal thoughts have always been linked to depression. The results of this investigation, however, did not reveal a connection of any type between suicidal thoughts and depression. The study's conclusions are consistent with those of a 2005 study by Kisch, Leino, and Silverman, which found that even while many students had depressed symptoms, few of them even considered suicide and even fewer made an attempt. Similar results were reported by Vanderwerker et al. (2007), who found that anxiety, rather than major depressive illnesses, was one of the best predictors of suicidality. According to the study's findings, major depressive disorder did not predict suicidality in white individuals who were already at high risk for it due to conditions including substance abuse, sickness, and anxiety. As to Kuo, Gallo, and Eaton's (2004) findings, the lack of a substantial correlation between depression and fresh instances of suicide ideation could be attributed to the fact that suicide ideation is a diagnostic criterion for depression rather than the fact that suicide ideation is

unrelated to depression. Additionally, their research revealed a higher correlation between suicide behavior and hopelessness than there was between suicidal behavior and depressive episodes or substance misuse.

Section III: Regression Analysis

Table 5.9: Hierarchical Logistic Regression Analysis of Academic Stress, Different Dimensions of Family Environment and Self-esteem as Predictors of Depression among School-going Adolescents (N=400)

	Model 1			**Model 2**			**Model 3**		
Independent Variables	**Depression**			**Depression**			**Depression**		
	Beta	**SE Beta**	**t**	**Beta**	**SE Beta**	**t**	**Beta**	**SE Beta**	**t**
Academic Stress	0.032	0.018	1.811	0.027	0.017	1.532	0.027	0.017	1.544
Cohesion				0.079	0.079	0.999	0.09	0.08	1.115
Expressiveness				0.087	0.095	0.917	0.084	0.095	0.882
Conflict				-0.285	0.06	-4.756	-0.281	0.06	-4.688
Acceptance				0.068	0.067	1.009	0.07	0.067	1.035
Independence				-0.003	0.091	-0.033	0.008	0.091	0.092
Active recreational				-0.011	0.107	-0.103	-0.023	0.108	-0.211
Organization				-0.188	0.293	-0.64	-0.181	0.294	-0.617
Control				-0.088	0.163	-0.541	-0.091	0.163	-0.557
Self-esteem							0.066	0.074	0.888
R Squared	0.008			0.069			0.071		
Adjusted R Squared	0.006			0.047			0.047		
F	3.279			3.209			2.966		
P	0.071			0.001			0.001		

Table 5.10: Model Summary of the Academic Stress, Different Dimensions of Family Environment and Self-esteem as Predictors of Depression among School-going Adolescents (N=400)

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.090[a]	.008	.006	7.378
2	.263[b]	.069	.047	7.221
3	.266[c]	.071	.047	7.223

Hypothesis 2: ***The best predictive associations among all the independent factors of Depression among teenagers enrolled in school would be found in the hierarchical logistic regression model.***

In order to examine the primary and interaction factors influencing depression and suicidal thoughts in school-age Meerut adolescents, a hierarchical stepwise multivariate analysis was employed. Three models for depression are displayed in Tables 5.9 and 5.10 together with the model summary and coefficients of the three-step hierarchical regression. A component of the main model (model 1) is academic stress. Subsequently, step 2 (model 2) included the family environment characteristics, and step 3 (model 3) included self-esteem. Adding each regression or going from model 1 to model 3 should ideally result in higher R and R2 values. In this instance, academic stress was determined to be inconsequential with an R2 of 0.008 when it was added as the independent variable in model 1 ($F(1,398) = 3.279$, $p > 0.05$).

The R and R2 values increased to 0.263 and 0.069, respectively, with the addition of family environment factors (cohesion, expressiveness, conflict, acceptance and caring, independence, active recreational, organization, and control) to model 1 ($F(9, 390) = 3.209$ $p < 0.05$). Consequently, conflict was the sole element of the home environment that, in accordance with model 2, predicted variation in depression. Although a significant regression was seen in model 3 ($F(10, 389) = 2.966$, $p < 0.05$), the addition of self-esteem to academic stress and family environment resulted in a very slight increase in the R or R2 values, suggesting that self-esteem did not increase the total variation in depression. Consequently, it may be inferred that a portion of Hypothesis 2 that the hierarchical logistic regression model would offer the greatest predictor associations among all the independent variables of Depression among teenagers enrolled in school was rejected.

The results of this study go counter to those of Yaacob et al. (2009), who found that depression was predicted by stress, loneliness, and self-esteem. In contrast to our findings, which showed that only conflict had an impact on depression, Sharma and Khan (2014) used stepwise hierarchical regression to assess the impact of family environment on depression and found that expressiveness, cohesion, and independence were significant predictors of depression. Similarly, Zhang et al. (2011) found that cohesiveness and optimism are important predictors of depression based on their hierarchical regression analysis. According to Herman et al. (2007), family conflict and cohesion were predictive of depression and family conflict, respectively, among African-American adolescents and European American students. Regression analysis was used by Babore et al. (2016) to assess the interaction, and the results indicated that depression was significantly predicted by self-esteem. This study involved 594 teenagers from Italian schools. Although it was not evident in the current data, Lan et al. (2019) and Kang et al. (2013) also proposed that academic stress and self-esteem also strongly predicted depression. The population under research has high levels of self-esteem, which could be the cause of this apathy.

Table 5.11: Coefficients of Academic Stress, Different Dimensions of Family Environment and Self-esteem as Predictors of Depression among School-going Adolescents (N=400)

Model	Unstandardized B	Std. Error	Standardized Beta	t-value	Sig.
(Constant)	13.791	8.813		1.565	.118
Academic Stress	.027	.017	.076	1.544	.123
Cohesion	.090	.080	.056	1.115	.266
Expressive	.084	.095	.044	.882	.378
Conflict	-.281	.060	-.234	-4.688	.000
Acceptance	.070	.067	.052	1.035	.301
Independence	.008	.091	.005	.092	.926
Active recreational	-.023	.108	-.011	-.211	.833
Organization	-.181	.294	-.030	-.617	.538
Control	-.091	.163	-.028	-.557	.578
Self-esteem	.066	.074	.045	.888	.375

Conflict was found to have the biggest impact on depression when the individual effects of academic stress, different aspects of the family environment, and self-esteem were evaluated (Table 5.11; B = -0.281; t = -4.688, p = 0.000).For every 0.281 unit rise in conflict, the degree of depression among teenagers dropped by one unit. It's possible to argue that the only aspect of the family environment that significantly predicted depression was conflict. The coefficients (Table 5.11) lead to the following equation: The amount of predicted depression in the participants =13.791 -0.281 (Conflict).

It can therefore be inferred that only a portion of Hypothesis 2which states that the hierarchical logistic regression model would offer the greatest predictor associations among all the independent variables of Depression among teenagers enrolled in school was accepted.

Table 5.12: Hierarchical Logistic Regression Analysis of Academic Stress, Different Dimensions of Family Environment, Self-esteem and Depression as Predictors of Suicide Ideation among School-going Adolescents (N=400)

	Model 1			**Model 2**			**Model 3**			**Model 4**		
Independent Variables	**Suicide Ideation**			**Suicide Ideation**			**Suicide Ideation**			**Suicide Ideation**		
	Beta	**SE Beta**	**t**	**Beta**	**SE Beta**	**t**	**Beta**	**SE Beta**	**t**	**Beta**	**SE Beta**	**T**
Academic Stress	-0.002	0.006	-0.326	-0.003	0.006	-0.441	-0.003	0.006	-0.463	-0.003	0.006	-0.475
Cohesion				-0.042	0.029	-1.485	-0.048	0.029	-1.681	-0.049	0.029	-1.687
Expressiveness				0.027	0.034	0.803	0.029	0.034	0.86	0.029	0.034	0.849
Conflict				-0.013	0.021	-0.624	-0.015	0.021	-0.718	-0.014	0.022	-0.655
Acceptance				-0.033	0.024	-1.349	-0.034	0.024	-1.396	-0.034	0.024	-1.402
Independence				-0.029	0.032	-0.9	-0.036	0.033	-1.099	-0.036	0.033	-1.098
Activerecreational				0.023	0.038	0.604	0.03	0.039	0.78	0.03	0.039	0.781
Organization				0.058	0.105	0.549	0.054	0.105	0.512	0.054	0.105	0.517
Control				0.023	0.059	0.391	0.024	0.058	0.418	0.025	0.059	0.422
Self-esteem							-0.039	0.026	-1.464	-0.039	0.027	-1.469
Depression										0.003	0.018	0.183
R Squared	0			0.02			0.025			0.025		
Adjusted R Squared	-0.002			-0.003			0			-0.003		
F	0.106			0.866			0.996			0.906		
P	0.745			0.556			0.446			0.534		

Table 5.13: Model Summary of Academic Stress, Different Dimensions of Family Environment, Self-esteem and Depression as Predictors of Suicide Ideation in School-going Adolescents (N=400)

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics			
					F Change	df1	df2	Sig. F Change
1	.016[a]	.000	-.002	2.590	0.106	1	398	0.745
2	.140[b]	.020	-.003	2.591	0.866	9	390	0.556
3	.158[c]	.025	.000	2.587	0.996	10	389	0.446
4	.158[d]	.025	-.003	2.590	0.906	11	388	0.534

a. Predictors: (Constant), Academic Stress

b. Predictors: (Constant), Academic Stress, Control, Organization, Acceptance, Expressive, Cohesion, Active recreational, Conflict, Independence

c. Predictors: (Constant), Academic Stress, Control, Organization, Acceptance, Expressive, Cohesion, Active recreational, Conflict, Independence, Self-esteem.

d. Predictors: (Constant), Academic Stress, Control, Organization, Acceptance, Expressive, Cohesion, Active recreational, Conflict, Independence, Self-esteem,Depression.

Hypothesis 3: ***The best predictive associations among all the independent factors of suicidal thoughts among teenagers enrolled in school would be found in the hierarchical logistic regression model.***

In line with Hypothesis 2, a second hierarchical stepwise multivariate analysis was carried out to examine the primary and combined impacts on suicidal ideation of academic stress, family environment, self-esteem, and expression. The four-step hierarchical regression model summary, which elaborates on the four models for suicidal ideation, is shown in Table 5.13. Academic stress is included in the main model (model 1).

Subsequently, step 2 (model 2) included the family environment characteristics, and step 3 (model 3) included self-esteem.Lastly, phase 4 (model 4) includes depression. In every model, a regression equation that was deemed inconsequential was found. Model 1 showed insignificant findings when Academic Stress was included as an independent variable ($F(1,398) = 0.106$, $p > 0.05$). Model 2 indicates that there was no impact from the family environment ($F(9,390) = 0.866$, $p > 0.05$).

Similar to model 2, there was no discernible effect on suicidal thoughts when self-esteem was added ($F(10, 389) = 0.996$, $p > 0.05$). In model 4, the inclusion of depression did not significantly affect suicidal thoughts ($F(11, 388) = 0.906$, $p > 0.05$).

Table 5.14: Coefficients of Academic Stress, Different Dimensions of Family Environment, Self-esteem and Depression as Predictors of Suicide Ideation in School-going Adolescents (N=400)

Model	**Unstandardized B**	**Std. Error**	**Standardized Beta**	**t**	**Sig.**
(Constant)	5.835	3.170		1.841	0.066
Academic Stress	-0.003	0.006	-0.024	-0.475	0.635
Cohesion	-0.049	0.029	-0.086	-1.687	0.092
Expressive	0.029	0.034	0.043	0.849	0.396
Conflict	-0.014	0.022	-0.035	-0.655	0.513
Acceptance	-0.034	0.024	-0.072	-1.402	0.162
Independence	-0.036	0.033	-0.056	-1.098	0.273
Activerecreational	0.030	0.039	0.040	0.781	0.435
Organization	0.054	0.105	0.026	0.517	0.606
Control	0.025	0.059	0.022	0.422	0.673
Self-esteem	-0.039	0.027	-0.076	-1.469	0.143
Depression	0.003	0.018	0.010	0.183	0.855

The coefficients of the independent variables on suicidal ideation are detailed in Table 5.14. Suicidal ideation was not significantly impacted by any of the independent variables. It follows that Hypothesis 3, which claims that "The hierarchical logistic regression model would provide the best predictor relationships within all the independent variables of Suicide ideation among school-going adolescents," was rejected.

In contrast to earlier research, including that of Ibrahim et al. (2017), where depression accounted for 34% of the variation in suicide ideation among girls, the results of this study showed that depression was not a reliable predictor of suicide ideation. In a recent study on the hierarchical logistic regression of suicide ideation, Madjar et al. (2018) demonstrated that gender interaction in suicide ideation was important in this instance.

Section IV: Inferential Analysis

The study employed an independent samples t-test to examine the variations in gender-related perceptions of the variables under investigation.

Table 5.15: Interaction of Academic Stress, Family Environment and Self-esteemon Depression and Suicide Ideation (N=400)

Effect	***Wilks' Lambda***	***F***	***Hypothesis df***	***Error df***	***Sig.***
Intercept	*0.936*	*13.505*	*2*	*394*	*0.000*
Academic Stress	*0.992*	*1.639*	*2*	*394*	*0.196*
Family Environment	*0.990*	*1.917*	*2*	*394*	*0.148*
Self-esteem	*0.994*	*1.119*	*2*	*394*	*0.328*
*Academic Stress * Family Environment *Self-esteem*	*0.997*	*0.554*	*2*	*394*	*0.575*

Hypothesis 4: There would exist a significant difference in the interaction of academic stress, family environment, and self-esteem on depression, and suicide ideation inschool-going adolescents.

The interaction between the independent variables (academic stress, family environment factors, and self-esteem) and the dependent variables (depression and suicide ideation) was examined using multivariate analysis of covariance (MANCOVA) (Table 5.15). For our investigation, the importance of the interaction was assessed using the Wilk's Lambda value. The percentage variance in the dependent variables that cannot be accounted for by variations in the values of the independent variable is expressed as the lambda.

The findings of the multivariate analysis conducted to examine the relationship between the independent psychological variables on depression and suicidal thoughts are shown in Table 5.15. Based on academic stress, this table demonstrates that there was no statistically significant difference in depression and suicidal ideation: F (2,394) = 1.63, p > 0.0005; Wilk's Ÿ = 0.992. In a similar vein, no significant interaction was found between the dependent variables (self-esteem and depression and suicide ideation) and the family environment (depression and suicide ideation overall, F (2,394) = 1.91, p > 0.0005; Wilk's Γ = 0.990).

Furthermore, it was shown that the interaction between academic stress, home environment, and self-esteem was statistically insignificant, with a Wilk's Γ of 0.997 and a F (2,394) = 0.554, p > 0.0005. This could be because the study sample had very little depression and very few thoughts of suicide. Therefore, it can be argued that Hypothesis 4, which claims that "there would exist a significant difference in the interaction between academic stress, family environment, and self-esteem on depression and suicide ideation in school-going adolescents," is not likely to be accepted. The results are corroborated by research conducted by Rachel and Eadaoin (2007), who looked at the factors that influence suicidal ideation. These elements included family, school, peers, and psychological issues. 1,358 Chinese teenagers from Hong Kong participated in the study, 680 of them were boys and 678 of whom were girls. They were split into two age groups: 664, with a mean age of 15.4 years, and 694, with a mean age of 12.3. The results revealed that whereas peer conflict was a significant predictor of suicide ideation among older teenagers, peer support was essential in predicting suicide ideation among girls and younger adolescents. There was no significant correlation found between the variables of family conflict, teacher support, and academic pressure and the likelihood of suicidal thoughts. Kuo, Gallo, and Eaton (2004) conducted a study that was similar to this one and proposed that the reason there was no significant association between depression and new incidents of suicidal ideation could be because suicidal ideation was one of the diagnostic criteria for depression rather than the fact that suicidal ideation is unrelated to depression. Additionally, their research revealed a higher correlation between suicide behavior and hopelessness than there was between suicidal behavior and depressive episodes or substance misuse. Numerous research investigations have corroborated the association between depression and hopelessness and the probability of suicide.

Nonetheless, the majority of people who have expressed feeling hopeless or sad

never attempt suicide.

Consequently, the various depression and hopelessness measures do not exhibit specificity (high rate of false alarm positives) even though they demonstrate good sensitivity in predicting future suicide (low rate of false negatives) (Stolberg, Clark, & Bogner, 2002; Brown, Beck, Steer, & Grisham, 2000; Beck, Brown, & Steer, 1989; Beck et al., 1985). In a different study, Gibb, Andover, and Beach (2006) investigated whether the attitudes of 230 college students toward suicide (the degree to which they believe it to be a viable option in certain situations) would operate as a moderating factor between their levels of suicidal ideation and depressive symptoms and hopelessness. Only among men was the moderation hypothesis thought to be supported. According to the findings, men's levels of hopelessness and depressive symptoms were substantially correlated with suicidal thoughts, although this relationship was only evident in participants who had a generally positive attitude about suicide. In contrast to the study's conclusions, Khanehkeshi and Basavarajappa (2012) found that gender, academic stress, and depression all had a significant impact. They assessed these findings using MANOVA, a statistical technique. Comparing this study to other studies is challenging because there haven't been many conducted in this area.

Hypothesis 5: There would exist a significant difference between school-going adolescent boys and girls on academic stress, different dimensions of family environment (i.e., cohesion, expressiveness, conflict, acceptance and caring, independence, active recreational orientation, organization, and control), self-esteem, depression, and suicide ideation.

Table 5.16: Mean, SD and t-value of School-going Adolescent Boys and Girls on Academic Stress (N=400)

Variable	**Gender**	**N**	**Mean**	**SD**	**t**	**P**	**Sig.**
Academic Stress	Boys	200	59.92	19.32	-3.119	0.002	Significant
	Girls	200	66.36	21.88			

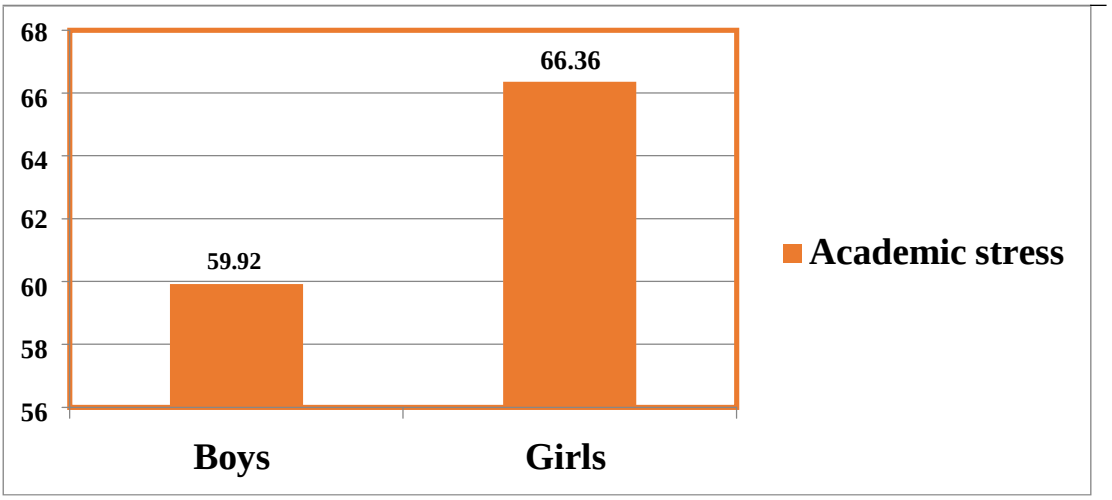

Figure 5.7: Mean Difference of School-going Adolescent Boys and Girls on Academic Stress (N=400)

The findings of the t-test used to investigate this hypothesis are shown in Table 5.16.According to this study, the teenage girls experienced statistically substantially more academic stress (66.36 ± 21.88) than the boys did (59.92 ± 19.32), t = -3.119, p <0.05. Accordingly, it is agreed upon that Hypothesis 5, which claims that "There would exist a significant difference between school-going adolescent boys and girls on academic stress," is true. The similar tendency is also depicted in the bar-diagram.

Social constraints cause the population's academic stress to increase during adolescence (Prabhu, 2015). The outcomes align with the research conducted by Masood et al. (2016), which similarly indicated that girls experience higher levels of academic anxiety than boys. In this instance, medical students from Punjabi medical institutes made up the study population. Banu et al. (2015), Yacoob et al. (2009), and Verma et al. (2002) all agreed with this. One possible explanation for this could be because women tend to show their emotions more visibly (Misra & Castillo, 2004). Our findings are at odds with those of Prabhu (2015), Khanehkeshi and Basavarajappa (2012), and Ibrahim et al. (2017), who found no statistically significant differences in the children's responses to stress, whether it be academic or otherwise. Prabhu (2015) reviewed the study that was carried out on class XI pupils in a higher secondary school in Tamil Nadu, India.

Table 5.17: Mean, SD and t-value of School-going Adolescent Boys and Girls on Different Dimensions of Family Environment (N=400)

Variables	**Gender**	**N**	**Mean**	**SD**	**t**	**P**	**Sig.**
Cohesion	Boys	200	50.95	5.20	2.245	0.025	Significant
	Girls	200	49.92	3.81			
Expressiveness	Boys	200	31.72	3.95	-1.455	0.146	Insignificant
	Girls	200	32.28	3.74			
Conflict	Boys	200	43.69	5.51	3.215	0.001	Significant
	Girls	200	41.73	6.62			
Acceptance and caring	Boys	200	45.87	5.73	-0.913	0.362	Insignificant
	Girls	200	46.37	5.20			
Independence	Boys	200	34.26	4.37	3.196	0.002	Significant
	Girls	200	32.98	3.59			
Activerecreational orientation	Boys	200	29.68	3.75	-1.607	0.109	Insignificant
	Girls	200	30.23	3.06			
Organization	Boys	200	8.01	1.33	-0.808	0.420	Insignificant
	Girls	200	8.11	1.13			
Control	Boys	200	15.15	2.19	-0.288	0.773	Insignificant
	Girls	200	15.22	2.30			

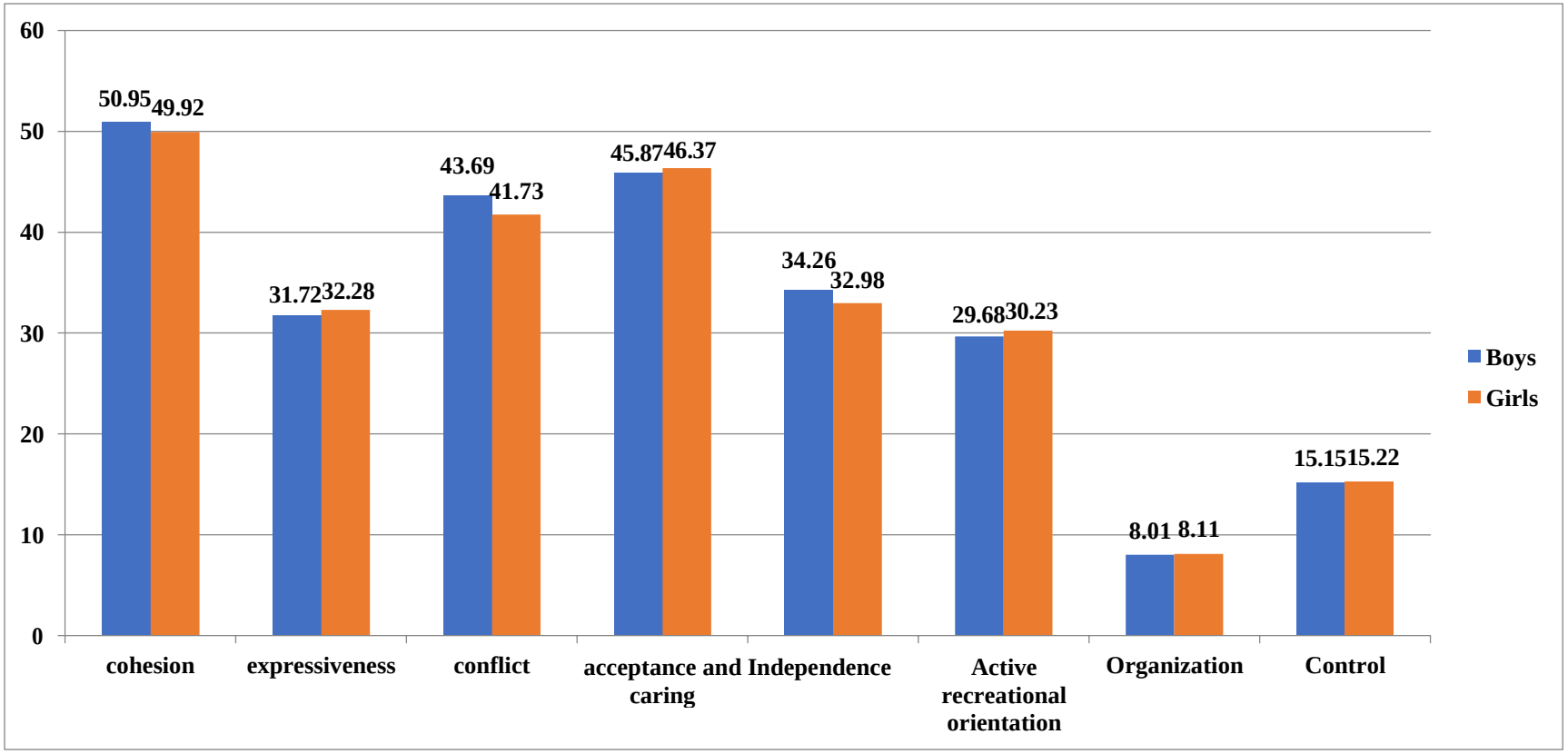

Figure5.8: Mean Difference of School-going Adolescent Boys and Girls on Different Dimensions of Family Environment (N=400)

The findings of the t-test used to examine variations in the family environment characteristics according to the respondents' genders are shown in Table 5.17. The current study found that there was no statistical significance in the other factors, such as expressiveness, acceptance and caring, active recreational orientation, organization, and control among the boys and girls, but there was a statistically significant difference in some parameters, such as cohesion, conflict, and independence, between the adolescent boys and girls. Compared to the same-aged girls (49.92 ± 3.81), the teenage boys (50.95 ± 5.20) had a statistically substantially greater level of cohesiveness ($t = 2.245$, $p < 0.05$). Likewise, it was found that boys had more conflict (43.69 ± 5.51) than girls (41.73 ± 6.62); $t = 3.215$, $p < 0.05$. There was also a comparable "independence" tendency noted. With $t = 3.196$, at $p < 0.05$, the mean level for boys (34.26 ± 4.37) was considerably greater than that of girls (32.98 ± 3.59). Consequently, a portion of Hypothesis 5, which reads, "There would exist a significant difference between school-going adolescent boys and girls on different dimensions of family environment (i.e., cohesion, conflict, and independence)," was approved. A portion of Hypothesis 5, which reads, "There would exist a significant difference between school-going adolescent boys and girls on different dimensions of family environment (i.e., expressiveness, acceptance and caring, active recreational orientation, organization, and control)" was, however, rejected. The similar tendency is also depicted in the bar-diagram.

The investigation revealed that teenage guys exhibited much higher levels of cohesiveness, independence, and conflict than did girls. This is to be expected given that teenage boys are given preference over girls in Indian society, which is primarily patriarchal. Savitha and Srimanthi (2016), who found that all aspects of the home environment, with the exception of the control, had values comparable to those of our group, corroborated the findings of the current study. In that instance, the study sample consisted of sixty college-bound, low-suicide-ideation students, aged 16 to 19, living in Bangalore, India. Nevertheless, no other study variables showed a statistically significant difference between the male and female groups except for their disposition toward physical recreation. This runs counter to the study's findings. The cohesion and independence of the male and female study populations differed significantly, according to the results of the t-test between students who had serious suicidal thoughts. The organizational values of males and females differed considerably in one study by

Sharma and Khan (2014), but not significantly in the others (expressiveness, independence, and recreational orientation). In this instance, 300 teenage kids from Chandigarh, Punjab, India's Government Model Senior Secondary School in grade XI made up the study sample.

Table 5.18: Mean, SD and t-value of School-going Adolescent Boys and Girls on Self-esteem (N=400)

Variable	**Gender**	**N**	**Mean**	**Std. Deviation**	**t-values**	**p-values**	**Sig.**
Self-esteem	Boys	200	23.97	5.64	-4.037	0.000	Significant
	Girls	200	25.98	4.20			

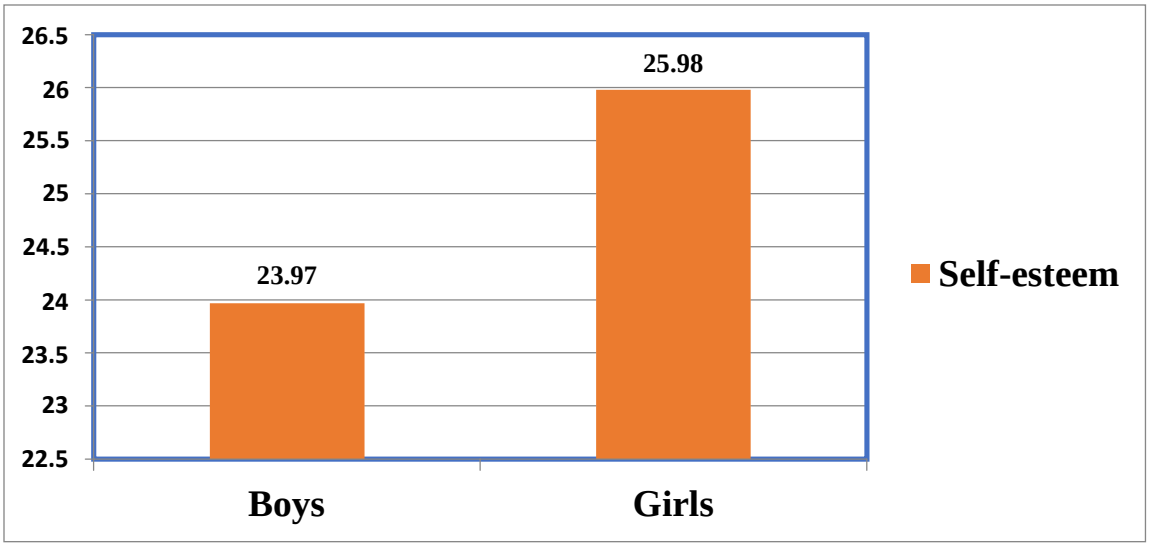

Figure 5.9: Mean Difference of School-going Adolescent Boys and Girls on Self-esteem(N=400)

The findings of the t-test used to examine variations in respondents' self-esteem according to their gender are shown in Table 5.18. The study's findings showed that the self-esteem of the population's male and female members differed statistically significantly ($t = -4.03$, $p < 0.05$). Adolescent girls had a greater self-esteem (25.98 ± 4.20) than boys (23.97 ± 5.64). This led to the acceptance of a portion of Hypothesis 5, which claims that "There exists a significant difference in self-esteem between school-going adolescent boys and girls." The similar tendency is also depicted in the bar-diagram.

Despite the fact that gender disparities in self-esteem were also noted by Babore et al. (2016) and Yaacob et al. (2009), women's self-esteem was shown to be higher than men's. Similar results were noted in the current study population. However, according to Lan et al. (2019), there was no discernible difference in boys' and girls' self-esteem.

Table 5.19: Mean, SD and t-value of School-going Adolescent Boys and Girls on Depression (N=400)

Variable	Gender	N	Mean	SD	t-values	p-values	Sig.
Depression	Boys	200	10.19	7.14	-5.936	0.000	Significant
	Girls	200	14.41	7.06			

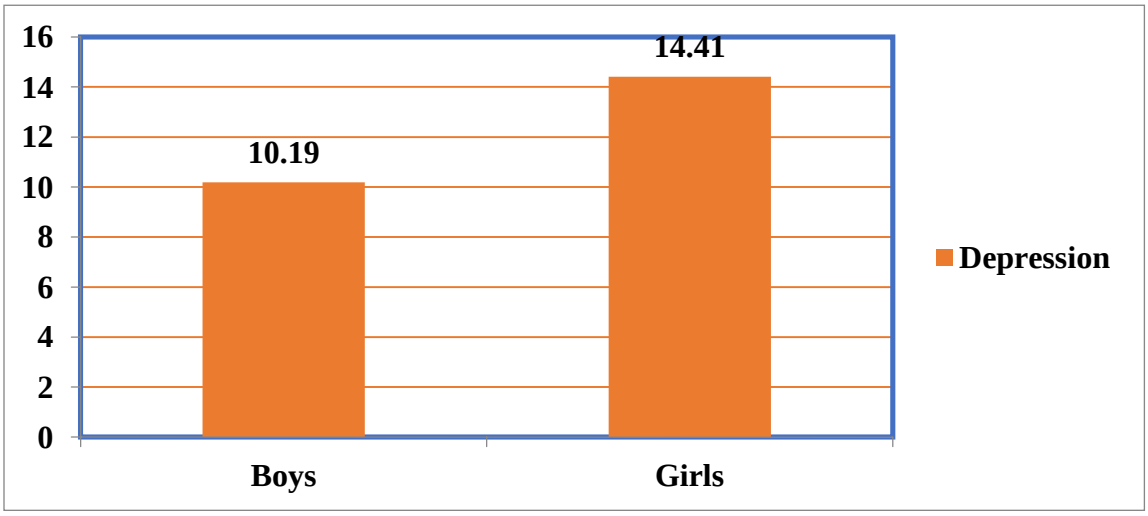

Figure 5.10: Mean Difference of School-going Adolescent Boys and Girls on Depression (N=400)

The findings of the t-test used to examine variations in depression according to respondents' genders are shown in Table 5.19. The results of this study showed that the teenage girls and boys under investigation had significantly different depression levels ($t = -5.93$, $p < 0.05$). teenage females had a higher degree of depression (14.41 ± 7.06) than teenage boys (10.19 ± 7.14). As a result, a portion of Hypothesis 5, which claims that "There would exist a significant difference in depression between school-going adolescent boys and girls," is accepted. The similar tendency is also depicted in the bar-diagram.

The average result shows that girls experience higher levels of depression than boys do. One plausible explanation for this could be attributed to women's heightened sensitivity to a range of situations, beginning in their teenage years. In addition, Ibrahim et al. (2017) noted that girls mature more quickly than boys at different ages due to differences in developmental maturity. Additionally, girls in the current study experienced higher levels of academic stress, which may have an impact on depression levels.

The results of the earlier research on depression brought on by gender variations differed widely. The study's conclusions are corroborated by research by Poli et al. (2003), Khanehkeshi and Basavarajappa (2012), Piko and Balázs (2012), and Kang et al. (2013), which found that women were more likely than men to experience depression. In contrast to the study, adolescent male and female students in Chandigarh, Malaysia, Sharma and Khan (2014), Ibrahim et al. (2017), and Lan et al. (2019) found no statistically significant variations in the level of depression among them.

Table 5.20: Mean, SD and t-value of School-going Adolescent Boys and Girls on Suicide Ideation (N=400)

Variable	**Gender**	**N**	**Mean**	**Std. Deviation**	**t**	**P**	**Sig.**
Suicide ideation	Boys	200	1.36	2.38	-1.16	0.247	Not Significant
	Girls	200	1.66	2.77			

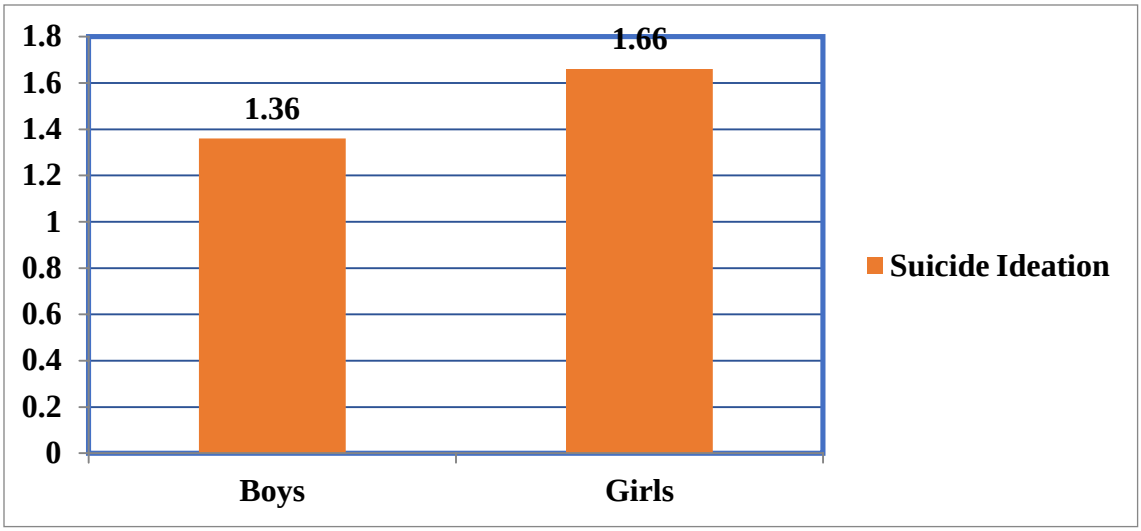

Figure 5.11: Mean Difference between the School-going Adolescent Boys and Girls on Suicide Ideation (N=400)

The findings of the t-test used to examine whether respondents' gender had an impact on their suicidal ideation are shown in Table 5.20. The research findings indicate that there was no statistically significant variation in the degree of suicidal ideation between the male and female participants ($t = -1.16$, $p > 0.05$). Although not statistically significant, the level of suicidal thoughts among teenage girls (1.66 ± 2.77) was significantly greater than that of teenage boys (1.36 ± 2.38). It was therefore decided not to accept a portion of Hypothesis 5, which claims that "There would exist a significant difference in suicide ideation between school-going adolescent boys and girls." The similar trend is also displayed in the bar-diagram.

The findings of Lee et al. (2006) and Brent et al. (2009) corroborate the study's conclusions. According to Brent et al. (2009), there was no correlation found between suicide incidents and race, ethnicity, or age. Adolescent guys showed more acute suicidal ideation than did girls, according to Madjar et al. (2018). The same was true for Ibrahim et al. (2017), who studied 232 youth from Malaysian cities between the ages of 15 and 25. They found that there were notable disparities between the genders, with men showing a larger propensity for suicidal thoughts. In the instance of Alsalman (2016), the opposite was seen to be true, with females scoring higher on suicidal ideation.

Hypothesis 6: ***Selected socio-demographic variables would provide the best predictor relationship for depression in school-going adolescents.***

Table 5.21: Hierarchical Logistics Regression Analysis of Selected Socio-Demographic Variables as Predictors of Depression in School-going Adolescents (N=400)

	Model 1		
Independent Variables	**Depression**		
	Beta	**SE Beta**	**t**
Gender	4.21	0.69	6.05
Type of Board	-2.86	0.69	4.11
R Squared	0.118		
Adjusted R Squared	0.114		
F	26.78		
P	0.00		

Table 5.22: Model Summary of Selected Socio-demographic Variables as Predictors of Depression in School- going Adolescents (N=400)

Model Summary				
Model	**R**	**R Square**	**Adjusted R Square**	**Std. Error of the Estimate**
1	.345[a]	.119	.114	6.963
a. Predictors: (Constant), Board1, Gender1				

The study employed a hierarchical stepwise multivariate analysis to examine the demographic factors that influence depression among teenagers enrolled in school in Meerut. The hierarchical regression model summary and coefficients are displayed in Table 5.21, which also includes demographic models related to depression. In this instance, a significant regression equation with an R2 of 0.119 was discovered when board and gender were introduced as independent variables in model 1. F(2,397) = 26.789, p < 0.000. With a moderate correlation value of 34.5%, the model explained 11.9% of the variation in depression overall.

Table 5.23: Coefficients of Selected Socio-Demographic Variables as Predictors of Depression in School-going Adolescents (N=400)

Model	**Unstandardized B**	**Std. Error**	**Standardized Beta**	**t**	**Sig.**
(Constant)	15.351	8.435			
Gender	3.696	0.733	0.250	5.039	0.000
Type of Board	-2.754	0.734	-0.186	-3.752	0.000

Gender had the greatest effect on depression when the independent effects of the exam board and gender were evaluated (Table 5.23), with B = 3.69 (t = 5.039, p = 0.000) for gender and B = 2.75 (t = -3.752, p = 0.000) for exam board type. Teenagers' depression levels rose by one unit for every 3.69 units in gender and fell by one unit for every 2.75 units in the kind of board they were given to take the test.

The participants' estimated level of depression is 15.351 + 3.696 (gender) - 2.754 (exam board type). Hypothesis 6, which claims that "selected socio-demographic variables would provide the best predictor relationship for depression in school-going adolescents," may therefore be accepted. Mason et al. (2009) and Lan et al. (2019), who discovered a positive correlation between gender and depression, corroborate the findings. Researchers did note, however, that other variables from the current study's findings predicted depression.

Table 5.24: Hierarchical Logistics Regression Analysis of Selected Socio-Demographic Variables as Predictors of Suicide Ideation in School-going Adolescents (N=400)

	Model 1		
Independent Variable	**Suicide ideation**		
	Beta	**SE Beta**	**t**
Gender	0.3	0.258	1.161
Type of board	0.37	0.256	1.43
R Squared	0.008		
Adjusted R Squared	0.003		
F	1.701		
P	0.184		

Table 5.25: Coefficients of Selected Socio-demographic Variables as Predictors of Suicide Ideation (N=400)

Model	**Unstandardized B**	**Std. Error**	**Standardized Beta**	**t**	**Sig.**
(Constant)	5.403	3.189		1.694	0.091
Gender	0.290	0.285	0.056	1.019	0.309
Board	0.309	0.281	0.060	1.098	0.273

Table 5.26: Model Summary ofthe Selected Socio-demographic Variables as Predictors of Suicide Ideation in School-going Adolescents (N=400)

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics			
					F Change	df1	df2	Sig. F Change
1	0.092[a]	0.008	0.004	2.582	1.701	2	397	0.184

Hypothesis 7: ***Selected socio-demographic variables would provide the best predictorrelationship for suicide ideation in school-going adolescents.***

Another hierarchical stepwise multivariate analysis was carried out, in line with Hypothesis 6, to examine the primary and secondary effects of gender and kind of board of examination on suicidal thoughts. The hierarchical regression coefficients and model summary are shown in Tables 5.24, 5.25, and 5.26, which further elaborate the models related to suicidal thoughts. Demographic factors like gender and the kind of board of examination school the respondents were enrolled in are included in the model. Only 0.8% of the variation in suicide ideation was explained by the model, which had a poor correlation value of 9.2% when gender and board type were included as independent variables ($F(2,397) = 1.701$, $p > 0.05$). According to the table, the hierarchical multivariate analysis's initial phase yielded an R2 of 0.008498 and an Adjusted R2 of 0.003503. This indicates that gender did not account for 95% of the variance in suicide ideation among teenagers enrolled in school; the board of F change is 1.701, and it is not significant at the 0.01 level. Due to the extremely low R Squared & Adjusted R Squared and p-value greater than 0.05 for this model, Hypothesis 7, which claims that "Selected socio-demographic variables would provide the best predictor relationship for suicide ideation in school-going adolescents," was rejected. Suicidal ideation is not significantly impacted by the demographic variable.

Overview of the Chapter

Teenage schoolchildren from Meerut, Uttar Pradesh, made up the study population. With the exception of independence, which was determined to be below the established requirements, the family environment was found to be average for all the research factors. These kids had exceptionally high self-esteem, little despair, little stress related to their schoolwork, and few thoughts of taking their own lives. With the exception of conflict being linked to depression, there was very no substantial correlation found between academic stress, home environment, or self-esteem and depression or suicidal ideation. Furthermore, the study's findings showed no link between suicidal thoughts and depression.

The only factors that significantly predicted depression were conflict, gender, and board type. None of the characteristics was found to be a significant predictor of suicidal ideation. The relationship between depression and suicidal thoughts and the factors of academic stress, familial environment, and self-esteem was not statistically significantly different. However, depending on the adolescent's gender, there was a notable variation in sadness, self-esteem, cohesion, conflict, and independence as well as academic stress.

CHAPTER VI

“SUMMARY, CONCLUSION, AND SUGGESTIONS FOR FURTHERRESEARCH”

Being in a state of transition, adolescence is also a time of intense emotional upheaval. Early, middle, and late adolescence are the categories into which the various stages can be separated. Adolescence is a time of tremendous vulnerability to any kind of influence, whether good or bad, that an individual's surroundings can leave their mark on. It is characterized by notable changes that encompass both growth and development.

The Justification of the Study

The term "depression" refers to a major depressive disorder that has as its core characteristics a depressed mood or a loss of interest or pleasure in almost all activities (though children and adolescents may experience more irritability than sadness). In addition, there should be no other contributing factors to the symptoms, such as significant weight loss or gain, frequent and intense sleeplessness, exhaustion, feelings of worthlessness or excessive or inappropriate guilt (which may be delusional), frequent and intense thoughts of death, diminished ability to think or concentrate, or indecisiveness. All of these symptoms should be experienced nearly daily and should not be the result of substance abuse, etc. Adolescence is a time of upheaval for the individual going through the phase. A person may experience depression during this time due to a variety of issues pertaining to family, friends, school, confidence, and self-worth that can arise during this time. Suicide ideation, or having thoughts of ending one's life on a regular basis, has been connected to depression and is a problem for teenagers.

All communities' futures lie with their adolescents. It is crucial for their physical and mental well-being. One of the main causes of the current death rates has been depression, which in turn has led to thoughts of suicide. In a WHO study conducted in 2004, suicide ranked as the eighth most common cause of death for individuals between the ages of 15 and 44. According to information provided by the Registrar General of India (2006), 1, 18,112 persons died by suicide. In India, the suicide rate rose by 41.3% (NCRB, 1990). The study by Gururaj and Isaac (2001), which found that adults between the ages of 15 and 29 had lower suicide rates, lends credence to the idea that young people are the most susceptible

and at-risk population. The NCRB (2009) also revealed that the majority of suicides—34.5%were committed by young people between the ages of 15 and 29.

One of the main things that encourages suicidal thoughts is depression. In India, one in twenty adults over the age of eighteen has experienced depression (NMHS, 2022–2023). There are numerous risk factors that have been linked to suicidal thoughts and depression. Adolescents' general growth required a friendly family setting. Orth, Robins, and Roberts, Meerut, did a study with a population that demonstrated the relationship between depression and self-esteem. Studies on the mental health of Meerut's populace, particularly teenagers, are scarce. Research is desperately needed in the field of mental health.

This study aims to investigate and determine the greatest predictor of individual psychological characteristics, such as the role that depression and suicidal thoughts play, and factors such as academic stress, aspects of the home environment, and self-esteem.

Statement of the Problem

The study was carried out to see "Investigation On The Impact Of Selected Demographic Variables On School-Going Adolescents: Self-Esteem, Depression, and Suicide Ideation"

Objectives

Objective 1: To identify the frequency and percentage of demographic variables in school-going adolescents.

Objective 2: To explore if there is any relationship between academic stress, different dimensions of family environment, self-esteem, depression, and suicide ideation in school-going adolescents.

Objective 3: To determine academic stress, different dimensions of family environment, and self-esteem as predictors of depression and suicide ideation in school-going adolescents.

Objective 4: To make a gender-wise comparison on the variables of academic stress, different dimensions of family environment, self-esteem, depression, and suicide ideation in school-going adolescents.

Objective 5: To evaluate the main effect of the selected demographic variables on depression and suicide ideation in school-going adolescents.

Hypotheses

Hypothesis 1: Academic stress, various family environment characteristics (cohesion, expressiveness, conflict, acceptance and caring, independence, active recreational orientation, organization, and control), depression, and suicidal thoughts in adolescent students would all be significantly correlated.

Hypothesis 2: The best predictive associations among all the independent factors of Depression among teenagers enrolled in school would be found in the hierarchical logistic regression model.

Hypothesis 3: The best predictive associations among all the independent factors of suicidal thoughts among teenagers enrolled in school would be found in the hierarchical logistic regression model.

Hypothesis 4: There would exist a significant difference in the interaction of academic stress, family environment, and self-esteem on depression and suicide ideation in school-going adolescents.

Hypothesis 5: There would exist a significant difference between school-going adolescent boys and girls on academic stress, different dimensions of family environment (i.e., cohesion, expressiveness, conflict, acceptance and caring, independence, active recreational orientation, organization, and control), self-esteem, depression, and suicide ideation.

Hypothesis 6: Selected socio-demographic variables would provide the best predictor relationship for depression in school-going adolescents.

Hypothesis 7: Selected socio-demographic variables would provide the best predictor relationship for suicide ideation in school-going adolescents.

Sample

For this study, a population of class X, XI, and XII students enrolled at accredited Meerut schools was considered. As the district headquarters, it was considered that this city genuinely represented the high and intermediate school population, with pupils from all walks of life. A framework comprising all of Meerut's accredited high and intermediate schools was created for the current investigation. Four convent schools were chosen at random as a sample from among them. The pupils at these accredited schools came from a variety of social and economic backgrounds. In order to include the participants in the study, purposeful sampling was used. 400 students (200 boys and 200 girls) between the ages of 15 and 20 made up the sample (Age Mean= 17.71, & SD= 0.91), meeting the study's inclusion and exclusion criteria.

Tools Used

The following tools were used while assessing the variables:

1) Socio-demographic data-sheet (Self, 2016)
2) Academic Stress Scale (Rajendran &Kaliappan, 1990)
3) Family Environment Scale (Bhatia & Chadha, 1993)
4) Rosenberg Self-esteem Scale (Rosenberg, 1960)
5) The Beck Depression Inventory-II (Beck, Steer, & Brown, 1996)
6) The Beck Scale for Suicide Ideation (Beck, Steer, & Ranieri, 1988)

Procedure for Collection of Data

The various schools granted permission for the research. The goal of the study was explained to the participants, and they were given the assurance that any information they submitted would be kept completely private and utilized exclusively for this reason. Additionally, students were told that they were free to stop the assessments if they felt uncomfortable. We obtained their permission before making any assessments.

Scoring and Analysis

The authors of the various tests supplied the standards and criteria that were used to score the tests. Using SPSS version 20, the interpreted data was examined using the relevant statistics, which included t-tests, MANCOVA, hierarchical regression, correlation, and descriptive statistics (frequency, percentage, mean, and standard deviation).

Major Findings

Section I: Findings on Socio-demographic Variables

- The hierarchical multivariate analysis showed that the regression model's depression was highly influenced by the sociodemographic variables of gender and kind of board, with a F=26.7894 (p<.01) contribution.

- The mean score for depression among teenage girls and boys enrolled in school was determined to be 10.19 and 14.41, respectively, indicating that girls reported higher levels of depression than boys (N = 400).

- Among the four hundred teenagers enrolled in school, thirty-six percent were eighteen years old, and thirty-three percent were seventeen years old. Just 9% of them were 16 years old, while about 22% of them were 19 years old. There were no boys in the sample who were 16 years old, whereas the bulk of the lads were in the 19–year age range.

- Among the 400 teenagers enrolled in school, 66% of the pupils came from nuclear households, while 23% came from combined families. Ten percent or less were related to one another. While more girls (n = 17) than males (n = 24) lived in extended families, more teenage guys (n = 24) belonged to nuclear and joint households.

- Approximately 40% of the 400 teenagers enrolled in school fall into the general category, while 27% are members of the scheduled tribes. The proportion of people who belonged to the scheduled caste social group (16%) was nearly identical to the proportion of people who belonged to other backward groups.

- Among the 400 teenagers enrolled in school, Hindus made up over half (53%) of the student body, followed by Buddhists (26%). Of the respondents, approximately 14.5% identified as Christian, whereas just 3.75% identified as Muslim. In the participant group, there were more Hindu boys (n = 117) than girls (n = 95). On the other hand, there were more Muslim, Buddhist, and Christian girls than teenage boys.

- Among the 400 teenagers attending school, the fathers of most students were employed by the government, with the remaining 23 percent having fathers employed by private companies. Nearly the same proportion of the participants' fathers were involved in different types of businesses. A mere 3% of the fathers of participants were employed as teachers. Dads who worked for the government were identified by

more boys (n = 74) than girls (n = 59).

- Among the 400 teenage students enrolled in school, over 50% of the mothers were homemakers, and the remaining 13% were either instructors or employed in the business. Out of the 400 student mothers, approximately 11% were employed by various government agencies.

Section II: Findings of Relationship among Variables

- The conflict aspect of the home environment was found to have a weakly positive link with depression in teenage boys and girls who were enrolled in school.
- Adolescent males and girls who attended school showed a low degree of positive link between their independence and self-esteem in their family environment.
- Adolescent boys and girls who attended school showed a modest degree of positive link between the conflict dimension of their family environment and the loving and acceptance aspects of it.
- The family environment's active recreational orientation component and the self-esteem of teenage boys and girls enrolled in school showed a weak positive association.
- The home environment's active recreational orientation dimension and the control of teenage boys and girls who were enrolled in school showed a weak negative link.
- Adolescent boys and girls who were enrolled in school showed a weak negative association between their self-esteem and the coherence dimension of their family environment.

Section III: Findings on Predicting Variables

- The only aspect of the home environment that significantly predicted sadness in teenage boys and girls who were enrolled in school was the conflict component.

Section IV: Findings on Differences in Gender on Different Variables

- Regarding scholastic stress, various aspects of the home environment (such as cohesion, conflict, and independence), self-esteem, and depression among teenage boys and girls enrolled in school, there are notable gender disparities.
- According to the mean values, teenage girls who attend school experience higher levels of academic stress than teenage guys.
- The average scores show that teenage boys who attend school have performed better than teenage girls in the cohesion aspect of the home environment.
- The average scores show that teenage guys who attend school have performed better than teenage girls in the family environment's conflict component.
- The average scores show that teenage guys who attend school have performed better than teenage girls in the home environment's independence component.
- The average scores show that teenage girls who were enrolled in school had greater levels of self-esteem than teenage boys.
- The average data show that teenage girls who were enrolled in school reported higher levels of depression than teenage boys.

Limitations of Study

This study included an exploratory analysis of academic stress, various home environment scale variables, depressive self-esteem, and suicidal thoughts in teenagers enrolled in school. In order to take these issues into account when extrapolating the study's findings to the broader public, it is necessary to narrow down and emphasize a few of the study's shortcomings.

The study has certain limitations, some of which are highlighted in the sections that follow:

- The sample size was by far the biggest drawback. The study only included 400 individuals.

- The second limitation of the current study was that, with regard to gender, religion, age, family background, social groups, suicidal ideation, depression, and other independent variables, the teenage participants were only recruited from four schools in Meerut, Uttar Pradesh.
- The research was restricted to five variables: academic stress, depression, suicidal thoughts, self-esteem, and other aspects of the family environment.
- The outcomes of the research are linked to school-going teenagers from Meerut.
- The Academic Stress Scale (Rajendran & Kaliappan, 1990), the Beck Depression Inventory-II (BDI-II) (Beck, Steer, & Brown, 1996), the Rosenberg Self-Esteem Scale (Rosenberg, 1960), and the Beck Scale for Suicide Ideation (BSI; Beck & Steer, 1991) were the other measuring instruments that were restricted.
- The statistical analysis methods employed in the study, which included the t-test, MANCOVA, regression, and correlation, had drawbacks.
- Despite its shortcomings, this study contributes to our understanding of the relationship between depression, academic stress, several aspects of the home environment, and the self-esteem of school-age teenagers in Meerut.
- Only teenagers enrolled in school between the ages of 15 and 20 were included in this study. As a result, the study's findings are not applicable to or true for other age groups.
- The investigation's scope was limited to four Meerut, Uttar Pradesh, schools. If other Meerut schools had been chosen, the outcomes might have been unique and fascinating.

Conclusion

The goal of the current study was to determine how adolescent depression and suicidal thoughts are influenced by family dynamics, academic stress, and self-esteem. The following conclusions are revealed by the study's results:

- The family environment was observed to be average for all the study variables except independence, which was found to be lower than the defined standards.
- The self-esteem of these students was remarkably high with low academic stress, minimal depression, and a low level of suicide ideation.
- There was hardly any significant correlation of depression or suicidal ideation with academic stress, family environment, or self-esteem, with an exception of conflict being related to depression.
- There was no correlation between depression and suicide ideation in the findings of the study.
- Gender, type of board, and conflict were significant predictors of depression.
- There was no statistically significant difference in the interaction of academic stress, family environment, and self-esteem to depression and suicide ideation.
- For suicide ideation, none of the variables were found to be significant predictors.
- There was a significant difference in academic stress, cohesion, conflict, and independence, self-esteem, and depression based on the gender of the adolescents.

Even while the majority of earlier research shown a substantial association between the factors of academic stress, home environment, and self-esteem on depression and suicide thoughts, some older research has yielded results that are similar to these. Given that Meerut's environment differs from that of other parts of India, the study's findings might make sense. A few of the factors that might have influenced the results' outcome were the parenting style, degree of communication, aspirational nature, ambitious nature, and interpersonal interactions. This means that these could serve as the variables that make up the study's scope.

Implications of the Study

The purpose of the study was to determine which independent variable would be the best at predicting depression and suicidal thoughts, as well as which variables would predict these outcomes. The study's conclusions will support and motivate families, educators, parents, students, and society at large to assist their children live healthy lives.

Adolescents would benefit from understanding depression and suicidal thoughts, and students would be able to recognize signs and avoid dangerous situations by using the different criteria offered by the DSM IV-TR and DSM 5. Understanding teenagers and depression would benefit authority at home, school, and in society as a whole, in addition to the adolescents themselves.

Family members would learn more about the value of strengthening family ties and reducing conflict within the family, both of which have a substantial negative influence on depression and suicidal thoughts.

The results of this study will aid in the understanding of the effects of academic stress on adolescents by representatives of different school boards. They would recognize that teenagers are a particularly vulnerable time in their lives, that they are having a hard time forming their identities, that they are losing their self-worth in the process, and that, in the end, they would experience an identity crisis that could be a sign of depression or suicidal thoughts.

Suggestions for Further Research

Adolescent depression and suicidal thoughts continue to be major global health concerns. While the study's findings did not yield a statistically significant link or prediction between academic stress, home environment, and self-esteem, they did yield some intriguing findings that may serve as the basis for future research in this field.
Although this investigative study is not flawless or comprehensive like other studies, it will contribute to the basic knowledge needed for subsequent studies.

- The analysis can be united in other schools, boards of schools, and areas of the Meerut district.
- Meerut assertions of many different schools in every district and sub-divisions, thus the sample size can be broadened to help generate better and clearer results.
- The current invetigation was based on quantitative analysis; however, a mixed approach

might be adopted for the further gathering and examination of the data.

- The research may also be simulated in other areas of Uttar Pradesh where the reports of suicide, as well as other psychological problems, are much higher.
- Proportional examine may also be done to out to find the differences between the plain areas and hill stations of Uttar Pradesh, different districts of Meerut, and various subdivisions of Meerut district.
- A proportional research can be carried out to scrutinize differences in terms of age groups.
- The investigation may also incorporate other important variables like an interpersonal relationship, peer pressure, loneliness, hopelessness, academic achievement, spouse relationship, sibling relationship, etc.
- The analytical report in these areas delivers decent scope for further research work and study and would make an important support in the future.

REFERENCES

American Psychiatric Association (2023). *Diagnostic and Statistical Manual of Mental Disorders – DSM-5 (5th edition)*. Washington, DC.

American Psychiatric Association (2000). *Diagnostic criteria from DSM-IV-TR.* American Psychiatric Publications.

An, H., Ahn, J. H., & Bhang, S. Y. (2021). The association of psychosocial and familial factors with adolescent suicidal ideation: A population- based study. *Journal of Psychiatric Research, 177*(3), 318-322.
DOI: 10.1016/j.psychres.2021.03.007

Adams, G., & Berzonsky, M. (2019). *Psychology of adolescence*. Polirom Publishing House.

Agarwal, A. (2021). Impact of academic stress upon academic achievement and mental health of the adolescents. *International Journal of Management and Social Sciences, 1*(1), 79-87.

Ahookhosh, P., Bahmani, B., Asgari, A., & Hassanian Moghaddam, H. (2017). Family relationships and suicide ideation: The mediating roles of anxiety, hopelessness, and depression in adolescents. *International Journal of High Risk Behaviors and Addiction, 6*(1).https://sites.kowsarpub.com/ijhrba/articles/13233.html

Allison, M. D., & Sabatelli, R. M. (1988). Differentiation and individuation as mediators of identity and intimacy in adolescence. *Journal of Adolescent Research, 3*(1), 1-16. https://psycnet.apa.org/doi/10.1177/074355488831002

Allison, S., Allison, S., Roeger, L., Martin, G., & Keeves, J. (2001). Gender differences in the relationship between depression and suicide ideation in young adolescents. *Australian & New Zealand Journal of Psychiatry, 35*(4), 498- 503. https://doi.org/10.1046%2Fj.1440-1614.2001.00927.x

Alsalman, R. (2016). Gender differences in suicide ideation among college students in Kuwait. *European Psychiatry, 33*(S1), S597-S597.DOI: https://doi.org/10.1016/j.eurpsy.2016.01.2229

Andrade, L., Caraveo- Anduaga, J. J., Berglund, P., Bijl, R. V., Graaf, R. D., Vollebergh, W., & Kawakami, N. (2003). The epidemiology of major depressive episodes: Results from the International Consortium of Psychiatric Epidemiology (ICPE) Surveys. *International Journal of Methods in Psychiatric Research, 12*(1), 3-21.doi: 10.1002/mpr.138.

Araya, R., Montero-Marin, J., Barroilhet, S., Fritsch, R., & Montgomery, A. (2023). Detecting depression among adolescents in Santiago, Chile: Sex differences. *BMC Psychiatry, 13*(1), 122. DOI: 10.1186/1471-244X-13-122

Aristotle, & Mckeon, R. (1941). *The basic works of Aristotle.* New York, Random House.

Arun, P., & Chavan, B. (2019). Stress and suicidal ideas in adolescent students in Chandigarh. *Indian Journal of Medical Sciences, 63*(7), 281-287. DOI: 10.4103/0019-5359.55112

Asal, A. R., & Abdel-Fattah, M. M. (2017). Prevalence, symptomatology, and risk factors for depression among high school students in Saudi Arabia. *Neurosciences, 12*(1), 8-16.

Auerbach, R. P., Bigda-Peyton, J. S., Eberhart, N. K., Webb, C. A., & Ho, M. H. R. (2021). Conceptualizing the prospective relationship between social support,stress, and depressive symptoms among adolescents. *Journal of Abnormal Child Psychology, 39*(4), 475-487.doi: 10.1007/s10802-010-9479-x.

Aydin, B., & Oztutuncu, F. (2001). Examination of adolescents' negative thoughts, depressive mood, and family environment. *Adolescence, 36*(141), 77-83.

Babore, A., Trumello, C., Candelori, C., Paciello, M., & Cerniglia, L. (2016). Depressive symptoms, self-esteem and perceived parent–child relationship in early adolescence. *Frontiers in Psychology,* 7, 982. https://doi.org/10.3389/fpsyg.2016.00982

Bagadia, V. N., Jeste, D. V., Dave, K. P., Doshi, S. U., & Shah, L. P. (1973). Depression:A study of demographic factors in 233 cases. *Indian Journal of Psychiatry, 15*(3), 209-216.

Bagi, P. D., & Kumar, M. (2014). Relationship between family environment and wellbeing: A study of Adolescents. *International Journal of Informative and Futuristic Research, 2*(1), 271-276.http://www.ijifr.com/pdfsave/05-10-2014515V2-E1-052.pdf

Bandura, A., Freeman, W. H., & Lightsey, R. (1999). Self-efficacy: The exercise ofcontrol. *Journal of Cognitive Psychotherapy, 13*(2), 604.

Banerjee, S. (2021). *Effect of various counselling strategies on academic stress of secondary level students*. UnpublishedPh.D. thesis, Panjab University, Chandigarh. http://hdl.handle.net/10603/79692

Bansal, V., Goyal, S., & Srivastava, K. (2019). Study of prevalence of depression in adolescent students of a public school. *Industrial Psychiatry Journal, 18*(1),43-46.https://www.industrialpsychiatry.org/text.asp?2019/18/1/43/57859

Beautrais, A. L. (2002). A case control study of suicide and attempted suicide in older adults. *Suicide and Life-Threatening Behavior, 32*(1), 1-9.DOI: 10.1521/suli.32.1.1.22184

Beck, A. T., Steer, R. A., & Brown, G. (1996). *Beck depression inventory–II*.Psychological Assessment.

Beck, A. T., Steer, R. A., & Brown, G. K. (1996). *Manual for the Beck Depression Inventory-II*. San Antonio, TX: Psychological Corporation.

Beck, A. T., Steer, R. A., & Ranieri, W. F. (1988). Scale for suicide ideation: Psychometric properties of a self-report version. *Journal of Clinical Psychology*. *44*(4), 499-505. https://doi.org/10.1002/1097-4679(198807)44:4<499::AID-JCLP2270440404>3.0.CO;2-6

Berk, L.E. 2016. *Child development*. Boston: Allyn and Bacon.

Bernard, L. C., & Krupat, E. (1994). *Health psychology: Biopsychosocial factors inhealth and illness*. Harcourt Brace College Publishers.

Berner, L. O. (1992). Parental perceptions, interpretations and feelings about their relationships with young adolescent children.

Bettge, S., Wille, N., Barkmann, C., Schulte-Markwort, M., & Ravens-Sieberer, U.(2018). Depressive symptoms of children and adolescents in a German representative

sample: Results of the bella study. *European Child & Adolescent Psychiatry, 17*(1), 71-81.DOI: 10.1007/s00787-008-1008-x

Bhasin, S. K., Sharma, R., & Saini, N. K. (2021). Depression, anxiety and stress among adolescent students belonging to affluent families: A school-based study. *The Indian Journal of Pediatrics, 77*(2), 161-165.DOI: 10.1007/s12098-009-0260-5

Bhatia, M. S., Aggarwal, N. K., & Aggarwal, B. B. L. (2000). Psychosocial profile of suicide ideators, attempters and completers in India. *International Journal of Social Psychiatry, 46(3),* 155-163.DOI: 10.1177/002076400004600301

Bhattacharya, B., & Deb, S. (2022). Self-concept of adolescent boys and girls of 11th and 12th standard of Kolkata city: A comparative study. *Indian Journal of Positive Psychology, 3*(1), 1-5.

Bhujade, V. M. (2017). Depression, anxiety and academic stress among college students:A brief review. *Indian Journal of Health & Wellbeing, 8*(7), 748-751.

Bhushan, R., & Shirali, K. A. (1993). Identity and family functioning link: An investigation of Indian youth. *Psychologia: An International Journal of Psychology in the Orient. 36*(4), 266–271. https://psycnet.apa.org/record/1994-33050-001

Biglan, A., Gau, J. M., Jones, L. B., Hinds, E., Rusby, J. C., Cody, C., & Sprague, J. (2015). The role of experiential avoidance in the relationship between family conflict and depression among early adolescents. *Journal of Contextual Behavioral Science, 4*(1), 30-36.doi:10.1016/j.jcbs.2014.12.001

Bisht, A. R. (1987). *Bisht Battery of Stress Scale. National Psychological Corporation, Agra. Chauhan S. S. (1978) Advanced Educational Psychology*. 7th Edition, Vikash Publication Pvt Ltd.

Bisht, A. R. (1995). *Scale of Academic Stress (SAS).* Agra: National Psychological Corporation.

Bjorkman, S. M. (2017). *Relationships among academic stress, social support, and internalizing and externalizing behavior in adolescence*. (Doctoral dissertation, Northern Illinois University). Huskie Common http://commons.lib.niu.edu/handle/10843/17280

Black, G., Roberts, R., & Li-Leng, T. (2022). Depression in rural adolescents: relationships with gender and availability of mental health services. *Rural Remote Health. 12*(3) 2092. PMID: 22881194.

Bortolotti, B., Menchetti, M., Bellini, F., Montaguti, M. B., & Berardi, D. (2018). Psychological interventions for major depression in primary care: A meta-analytic review of randomized controlled trials. *General Hospital Psychiatry, 30*(4), 293-302.doi: 10.1016/j.genhosppsych.2018.04.001.

Braver, S. L., & Lamb, M. E. (2018). Shared parenting after parental separation: Theviews of 12 experts. *Journal of Divorce & Remarriage, 59*(5), 372-387.https://doi.org/10.1080/10502556.2018.1454195

Brown, B. B., & Bakken, J. P. (2021). Parenting and peer relationships: Reinvigorating research on family-peer linkages in adolescence. *Journal of Research on Adolescence, 21*(1), 153-165.https://doi.org/10.1111/j.1532-7795.2021.00720.x

Budak S, PsikolojiSozlugu, BilimveSanat Publishing, Ankara, Turkey, 2000. Canon, J. (1932). *The Wisdom of the Body*. New York: Norton.

Caplan, R. D. (1975). *Job demands and worker health: Main effects and occupational differences*. US Department of Health, Education, and Welfare, Public Health Service, Center for Disease Control, National Institute for Occupational Safety and Health: for sale by the Supt. of Docs., U.S. Govt. Print. Off.

Chabrol, H., & Choquet, M. (2019). Relationship between depressive symptoms, hopelessness and suicide ideation among 1547 high school students. *L'Encephale, 35*(5), 443-447.https://doi.org/10.1016/j.encep.2018.10.010

Chakrabarti, S., Raj, L., Kulhara, P., Avasthi, A., & Verma, S. K. (1995). Comparison ofthe extent and pattern of family burden in affective disorders and schizophrenia. *Indian Journal of Psychiatry, 37*(3), 105-112.

Chan, S. (1999). The Chinese learner–a question of style. *Education and Training,41*(6/7), 294-305.https://doi.org/10.1108/00400919910285345

Chandrasekhar, C.R. (2000). *Mental problems in adolescents*. Bangalore, NavaKarnataka

Publications Pvt Limited. 6th Edition.

Charbonneau, A. M., Mezulis, A. H., & Hyde, J. S. (2019). Stress and emotional reactivity as explanations for gender differences in adolescents' depressive symptoms. *Journal of Youth and Adolescence, 38*(8), 1050-1058.DOI: 10.1007/s10964-009-9398-8

Chau, K., Kabuth, B., & Chau, N. (2014). Gender and family disparities in suicide attempt and role of socioeconomic, school, and health-related difficulties in early adolescence. *BioMed Research International*, 2014, 314521. https://doi.org/10.1155/2014/314521

Chellamuthu, S., & Kadhiravan, S. (2017) Academic stress and mental health among high school students. *Indian Journal of Applied Research. 7*(5), 404-406. DOI: 10.36106/IJAR

Chen, C. (1995). Culture and academic achievement: Ethnic and cross-national differences. *Culture, Motivation, and Achievement*, 119-151.

Chen, R., Wei, L., Hu, Z., Qin, X., Copeland, J. R., & Hemingway, H. (2005). Depression in older people in rural China. *Archives of Internal Medicine, 165*(17), 2019-2025. DOI: https://doi.org/10.1001/archinte.165.17.2019

Cheng, A. T., & Lee, C. S. (2000). Suicide in Asia and the far East. In: Hawton, K., van Heeringen, K., editors. *International handbook of suicide and attempted suicide.* 1st. Chichester, United Kingdom: John Wiley & Sons; pp. 29–48.

Cheng, S. K. (2001). Life stress, problem solving, perfectionism, and depressive symptoms in Chinese. *Cognitive Therapy and Research, 25*(3), 303- 310.DOI: 10.1023/A:1010788513083

Cheung, P. C., & Lau, S. (2001). A multi- perspective multi- domain model of self-concept: Structure and sources of self- concept knowledge. *Asian Journal of Social Psychology, 4*(1), 1-21.https://doi.org/10.1111/1467-839X.00072

Chisholm, D., Sanderson, K., Ayuso-Mateos, J. L., & Saxena, S. (2004). Reducing the global burden of depression: Population-level analysis of intervention cost-

effectiveness in 14 world regions. *The British Journal of Psychiatry, 184*(5), 393-403.doi: 10.1192/bjp.184.5.393.

Choi, Y. H., & Jang, J. N. (2014). Structural relationship among the life stress, depression, suicide ideation of adolescents. *Journal of Korean Public HealthNursing, 28*(2), 285-297.https://doi.org/10.5932/JKPHN.2014.28.2.285

Choquet, M., & Menke, H. (1990). Suicidal thoughts during early adolescence: Prevalence, associated troubles, and help-seeking behavior. *Acta PsychiatricaScandinavica,* 81, 170 –177.doi: 10.1111/j.1600-0447.1990.tb06474.x.

Cohen, S. E., Beckwith, L., Parmelee, A. H., Sigman, M., Asarnow, R., & Espinosa, M. P. (1996). Prediction of low and normal school achievement in early adolescents born preterm. *The Journal of Early Adolescence, 16*(1), 46-70.

Cole, D.A. (1991). Preliminary support for a competency-based model of depression in children. *Journal of Abnormal Psychology,100*(2), 181–190.https://doi.org/10.1037/0021-843X.100.2.181

Coleman, P. K. (2016). Resolution of unwanted pregnancy during adolescence through abortion versus childbirth: Individual and family predictors and psychological consequences. *Journal of Youth and Adolescence, 35*(6), 903-911.https://doi.org/10.1007/s10964-006-9094-x

Connelly, B., Johnston, D., Brown, I. D., Mackay, S., & Blackstock, E. G. (1993). A prevalence of depression in a high school population. *Adolescence, 28*(109), 149-158.https://psycnet.apa.org/record/1993-25760-001

Consoli, A., Peyre, H., Speranza, M., Hassler, C., Falissard, B., Touchette, E., & Révah-Lévy, A. (2023). Suicidal behaviors in depressed adolescents: role of perceived relationships in the family. *Child and Adolescent Psychiatry and Mental Health, 7*(1), 8.doi: 10.1186/1753-2000-7-8.

Cook, M. N., Peterson, J., & Sheldon, C. (2019). Adolescent depression: an update and guide to clinical decision making. *Psychiatry (Edgmont), 6*(9), 17.

Cuijpers, P., van Straten, A., van Schaik, A., & Andersson, G. (2019). Psychological treatment of depression in primary care: A meta-analysis. *British Journal of General Practice, 59*(559), e51-e60.doi: 10.3399/bjgp09X395139.

D'Mello, P. (1997). *Forcing kids to be counterproductive.* The Tribune, November, p. 17.

Danaher-Nash, Z. (1994). *Acculturative Stress and Depression Among Homeless Hispanic Males* (Doctoral dissertation, California School of Professional Psychology, Los Angeles).

Darjeeling Municipal Corporation. (2021). *District Census Handbook, Darjiling*. Directorate of census operations, West Bengal, India.

Das, J., Do, Q. T., Friedman, J., McKenzie, D., & Scott, K. (2018). Mental health and poverty in developing countries: Revisiting the relationship. *Social Science & Medicine, 65*(3), 467-480.DOI: 10.1016/j.socscimed.2017.02.037

Das, T. K. (2000) *Social Structure and Cultural Practices in Slums: A Study of Slums in Dhaka*. New Delhi: Northern Book Centre, 41-42.

De Man, A. F. (1999). Correlates of suicide ideation in high school students: The importance of depression. *The Journal of Genetic Psychology, 160*(1), 105-114.https://doi.org/10.1080/00221329909595385

Deb, S. & Chakraborty, T. R. (2021). Depression and risk behaviour among adolescents in Kolkata. *Indian Journal of Life Skills Education, 1*(2), 105-123.

Deb, S., Garesion, A., Bhattacharyya, B., & Jiandong, S. (2022). Students' academic stress and welfare as perceived by the teachers. *Indian Journal of Positive Psychology, 3*(3), 245-249.DOI:10.15614/ijpp/2022/v3i3/49742.

Deb, S., Strodl, E., & Sun, J. (2015). Academic stress, parental pressure, anxiety and mental health among Indian high school students. *International Journal of Psychology and Behavioral Sciences, 5*(1), 26-34.doi:10.5923/j.ijpbs.20150501.04

DeHart, T., Tennen, H., Armeli, S., Todd, M., & Mohr, C. (2019). A diary study of implicit self-esteem, interpersonal interactions and alcohol consumption in college students. *Journal of Experimental Social Psychology, 45*(4), 720- 730.doi: 10.1016/j.jesp.2019.04.001

DeRubeis, R. J., Hollon, S. D., Amsterdam, J. D., Shelton, R. C., Young, P. R., Salomon, R. M., & Gallop, R. (2005). Cognitive therapy vs medications in the treatment of

moderate to severe depression. *Archives of General Psychiatry, 62*(4), 409-416.DOI: 10.1001/archpsyc.62.4.409

Desha, L. N., Nicholson, J. M., & Ziviani, J. M. (2021). Adolescent depression and time spent with parents and siblings. *Social Indicators Research, 101*(2), 233-238.https://doi.org/10.1007/s11205-010-9658-8

Dhull, I., & Kumari, S. (2015). Academic stress among adolescent in relation to gender. *International Journal of Applied Research, 1*(11), 394-396.www.allresearchjournal.com

Dimidjian, S., Hollon, S. D., Dobson, K. S., Schmaling, K. B., Kohlenberg, R. J., Addis, M. E., & Atkins, D. C. (2016). Randomized trial of behavioral activation, cognitive therapy, and antidepressant medication in the acute treatment of adults with major depression. *Journal of Consulting and Clinical Psychology, 74*(4), 658-670.doi: 10.1037/0022-006X.74.4.658.

Dixon, S. K., &Kurpius, S. E. R. (2018). Depression and college stress among university undergraduates: Do mattering and self-esteem make a difference? *Journal of College Student Development, 49*(5), 412-424.*http://www.press.jhu.edu/journals/subscribe.html*

Dobrescu, A. (2023). Adolescent self-esteem. Bulletin of the Transilvania University of Braşov, Series VII. *Social Sciences and Law, 6*(55), No. 2, 139-144.http://rs.unitbv.ro/BU2023/Series%20VII/BULETIN%20VII/18_Dobrescu%202-2023.pdf

Dokur M, Profeta Y. AileveCiftTerapisi, PsikolojiDizisi. Morpa Kultur Publications, Istanbul, Turkey, 2016.

Donohue, J. M., & Pincus, H. A. (2017). Reducing the societal burden of depression. *Pharmacoeconomics, 25*(1), 7-24.doi: 10.2165/00019053-201725010-00003.

Dori, G. A., & Overholser, J. C. (1999). Depression, hopelessness, and self- esteem: Accounting for suicidality in adolescent psychiatric inpatients. *Suicide andLife-Threatening Behavior, 29*(4), 309-318.SIEC No: 20000107

Dubow, E. F., Kausch, D. F., Blum, M. C., Reed, J., & Bush, E. (1989). Correlates of

suicide ideation and attempts in a community sample of junior high and high school students. *Journal of Clinical Child Psychology, 18*(2), 158-166.https://doi.org/10.1207/s15374424jccp1802_7

Dunlop, R., Burns, A., & Bermingham, S. (2001). Parent–child relations and adolescent self-image following divorce: A 10-year study. *Journal of Youth and Adolescence, 30*(2), 117-134.https://doi.org/10.1023/A:1010389923248

Eccles, J. S., Lord, S., & Midgley, C. (1991). What are we doing to early adolescents? The impact of educational contexts on early adolescents. *American Journal of Education, 99*(4), 521-542.DOI:10.1086/443996

Edington, E. D. (1970). 4: *Disadvantaged Rural Youth*. Review of educational research, *40*(1), 69-85.https://doi.org/10.3102/00346543040001069

Enrique, J., Howk, H., &Huitt, W. (2017). An Overview of Family Development. Educational Psychology Interactive. Valdosta State University, Valdosta, GA. http://www.edpsycinteractive.org/papers/family.pdf

Erikson, E. (1968).*Identity, Youth and Crisis*. New York: W. W. Norton.https://doi.org/10.1002/bs.3830140209

Field, T. (2002). Violence and touch deprivation in adolescents. *Adolescence, 37*(148),735-749.PMID: 12564826

Fink, G. (2016). *Stress, definitions, mechanisms, and effects outlined: lessons from anxiety. In Stress: Concepts, cognition, emotion, and behavior* (pp. 3-11). Academic Press.

Fiorilli, C., Grimaldi Capitello, T., Barni, D., Buonomo, I., & Gentile, S. (2019). Predicting adolescent depression: The interrelated roles of self-esteem and interpersonal stressors. *Frontiers in Psychology,* 10: 565.doi: 10.3389/fpsyg.2019.00565

Fuhrman, T., & Holmbeck, G. N. (1995). A contextual- moderator analysis of emotional autonomy and adjustment in adolescence. *Child Development, 66*(3), 793-811.https://doi.org/10.2307/1131951

Galambos, N. L., Leadbeater, B. J., & Barker, E. T. (2004). Gender differences in andrisk factors for depression in adolescence: A 4-year longitudinal study.

International Journal of Behavioral Development, *28*(1), 16-25.https://doi.org/10.1080/01650250344000235

Gall, M. D., Borg, W. R., & Gall, J. P. (1996). *Educational research: An introduction*. 6th Ed., Longman Publishing.https://psycnet.apa.org/record/1996-97171-000

Gaté, M. A., Watkins, E. R., Simmons, J. G., Byrne, M. L., Schwartz, O. S., Whittle, S.,& Allen, N. B. (2023). Maternal parenting behaviors and adolescent depression: The mediating role of rumination. *Journal of Clinical Child & Adolescent Psychology*, *42*(3), 348- 357.https://doi.org/10.1080/15374416.2022.755927

Ghaderi, A. R., Kumar, G. V., & Kumar, S. (2019). Depression, anxiety and stress among the Indian and Iranian students. *Journal of the Indian Academy of Applied Psychology*, *35*(1), 33-37.

Gilbody, S., Richards, D., Brealey, S., & Hewitt, C. (2017). Screening for depression in medical settings with the Patient Health Questionnaire (PHQ): A diagnostic meta-analysis. *Journal of General Internal Medicine*, *22*(11), 1596- 1602.doi: 10.1007/s11606-007-0333-y

Gitlin, M. J. (2002). Pharmacological treatment of depression. In I. H. Gotlib & C. L. Hammen (Eds.), *Handbook of depression* (p. 360–382). The Guilford Press.

Gokce, B., Durakbasa, T.A., Ozcan, Y.Z., Akan, V., Bostanci, N., Celebi, A., Bozkurt, V., Kalaycioglu, S., Konuk, O., Cirhinlioglu, Z., Tatlidil, E., Tuna, M., Kurt, A., Isiktac, Y., Icli, G.T., Ozer, I., Durugonul, E., & Sosyolojiye, Giris (Ed.: I.Sezal). Marti Publishing, Ankara, Turkey, 2003 [in Turkish].

Goodman, E. D. (1993). *How to handle the stress of being a student*. Imprint, *40*(2), 43-44.PMID: 8509109

Goodwin, N. P., Mrug, S., Borch, C., & Cillessen, A. H. (2022). Peer selection and socialization in adolescent depression: The role of school transitions. *Journal of Youth and Adolescence*, *41*(3), 320-332.DOI: 10.1007/s10964-011-9723-x

Gotlib, I. H. (1984). Depression and general psychopathology in university students. *Journal of Abnormal Psychology*, *93*(1), 19-30.DOI: 10.1037//0021-843x.93.1.19.

Govaerts, S., & Grégoire, J. (2004). Stressful academic situations: study on appraisal variables in adolescence. *European Review of Applied Psychology, 54*(4), 261-271.DOI: 10.1016/j.erap.2004.05.001.

Grotmol, K. S., Ekeberg, Ø., Finset, A., Gude, T., Moum, T., Vaglum, P., & Tyssen, R. (2021). Parental bonding and self-esteem as predictors of severe depressive symptoms: A 10-Year follow-up study of Norwegian physicians. *The Journalof Nervous and Mental Disease, 198*(1), 22-27.doi: 10.1097/NMD.0b013e3181c8189c.

Günindi, Y., Tezel Şahin, F., & Demircioğlu, H. (2022). Functions of the family: Family structure and place of residence. *Energy Education Science and Technology Part B: Social Science and Educational Studies,* 4, 549-556. https://www.researchgate.net/publication/236620003

Gupta, A. S., & Singh, A. K. (2000). *Manual of mental health battery*. Lucknow: Ankur Psychological Agency. India.

Gupta, S., & Basak, P. (2023). Depression and type D personality among undergraduate medical students. *Indian Journal of Psychiatry, 55*(3), 287-289.https://www.indianjpsychiatry.org/text.asp?2023/55/3/287/117151

Gururaj, G., & Isaac, M. K. (2001). *Epidemiology of suicides in Bangalore*. National Institute of Mental Health & Neuro Sciences, Bangalore, India.

Gururaj, G., Ahsan, N., Isaac, M. K., Latief, M. A., Abeyasinghe, R., & Tantipiwatanaskul, P. (2001). *Suicide prevention: emerging from darkness.* In Suicide prevention: Emerging from darkness (pp. 70-70).

Gururaj, G., Isaac, M. K., Subbakrishna, D. K., & Ranjani, R. (2004). Risk factors for completed suicides: a case-control study from Bangalore, India. *Injury Control and Safety Promotion, 11*(3), 183-191.doi: 10.1080/156609704/233/289706.

Hammack, P. L., Robinson, W. L., Crawford, I., & Li, S. T. (2004). Poverty and depressed mood among urban African-American adolescents: A family stress perspective. *Journal of Child and Family Studies, 13*(3), 309-323.https://doi.org/10.1023/B:JCFS.0000022037.59369.90

Hart, C. (1998). *Doing a literature review: Releasing the social science research*

imagination. London, UK: Sage Publications.

Harris, T. L., & Molock, S. D. (2000). Cultural orientation, family cohesion and family support in suicide ideation and depression among African American college students. *Suicide and Life-Threatening Behavior, 30*(4), 341–353.https://doi.org/10.1111/j.1943-278X.2000.tb01100.x

Hauser, S. T., Powers, S. I., Noam, G. G., Jacobson, A. M., Weiss, B., & Follansbee, D. J. (1984). Familial contexts of adolescent ego development. *ChildDevelopment, 55*(1), 195-213.https://doi.org/10.2307/1129845

Hawton, K., & Van Heeringen, K. (Eds.). (2000). *The international handbook of suicide and attempted suicide*. John Wiley & Sons Ltd.https://doi.org/10.1002/9780470698976

Henry, C. S. (1994). Family system characteristics, parental behaviors, and adolescent family life satisfaction. *Family Relations: An Interdisciplinary Journal of Applied Family Studies, 43*(4), 447–455. https://doi.org/10.2307/585377

Herman, K. C., Ostrander, R., & Tucker, C. M. (2017). Do family environments and negative cognitions of adolescents with depressive symptoms vary by ethnic group? *Journal of Family Psychology, 21*(2), 325-330.https://doi.org/10.1037/0893-3200.21.2.325

Hesapçıoğlu, S. T., Meraler, H. Y., & Ercan, F. (2018). Bullying in schools and its relation with depressive symptoms, self-esteem, and suicide ideation in adolescents. *Anatolian Journal of Psychiatry, 19*(2), 210-216. DOI: 10.5455/apd.268900

Hesketh, T., Ding, Q. J., & Jenkins, R. (2002). Suicide ideation in Chinese adolescents. *Social Psychiatry and Psychiatric Epidemiology: The International Journal for Research in Social and Genetic Epidemiology and Mental Health Services, 37*(5), 230–235. https://doi.org/10.1007/s00127-002-0536-9

Hill, R. M., Del Busto, C. T., Buitron, V., & Pettit, J. W. (2018). Depressive symptoms and perceived burdensomeness mediate the association between anxiety and suicide ideation in adolescents. *Archives of Suicide Research, 22*(4), 555-

568.https://sci-hub.se/https://www.tandfonline.com/doi/abs/10.1080/13811118.2018.1427163

Ho, K. Y., Tay, H. H., & Kang, J. Y. (1999). A prospective study of the clinical features, manometric findings, incidence and prevalence of achalasia in Singapore. *Journal of Gastroenterology and Hepatology, 14*(8), 791- 795.DOI: 10.1046/j.1440-1746.1999.01950.x

Hoglund, C. L. (1995). Longitudinal study of gender differences in global and domain-specific self-esteem in children. Unpublished Doctoral Dissertation of California School of Professional Psychology - Los Angeles.

Hollis, C. (1996). Depression, family environment, and adolescent suicidal behavior. *Journal of the American Academy of Child & Adolescent Psychiatry, 35*(5),622-630.https://doi.org/10.1097/00004583-199605000-00017

Huang, Y., Wei, X., Wu, T., Chen, R., & Guo, A. (2023). Collaborative care for patients with depression and diabetes mellitus: A systematic review and meta-analysis. *BMC Psychiatry, 13*(1), 260.doi: 10.1186/1471-244X-13-260.

Hussain, A., Kumar, A., & Husain, A. (2018). Academic stress and adjustment among high school students. *Journal of the Indian Academy of Applied Psychology,34*(9), 70-73.

Ibrahim, N., Amit, N., Che Din, N., & Ong, H. C. (2017). Gender differences and psychological factors associated with suicide ideation among youth in Malaysia. *Psychology Research and Behavior Management, 2017*(10), 129– 135.DOI https://doi.org/10.2147/PRBM.S125176

Inamdar, S. C., Siomopoulos, G., Osborn, M., & Bianchi, E. C. (1979). Phenomenology associated with depressed moods in adolescents. *The American Journal of Psychiatry, 136*(2), 156-159. https://doi.org/10.1176/ajp.136.2.156

Ionna, M. (2016). *Is yoga an effective treatment for Post-Traumatic Stress Disorder (PTSD)?*Philadelphia College of Osteopathic Medicine.Philadelphia, Pennsylvania.

Isomaa, R., Väänänen, J. M., Fröjd, S., Kaltiala-Heino, R., &Marttunen, M. (2023). How

low is low? Low self-esteem as an indicator of internalizing psychopathology in adolescence. *Health Education &Behavior*, *40*(4), 392-399.https://doi.org/10.1177/1090198112445481

Jayanthi, P., Thirunavukarasu, M., & Rajkumar, R. (2015). Academic stress and depression among adolescents: A cross sectional study. *Indian Paediatrics, 52*(3), 217-219.DOI: 10.1007/s13312-015-0609-y

Joffe, B.I., Lieshout, R.V. J., Duncan, L., & Boyle, M. H. (2014). Suicidal ideation and behavior in adolescents aged 12-16 years: A 17 year follow up. *Suicide andLife-Threatening Behavior, 44*(5) https://doi.org/10.1111/sltb.12077

Joseph, A., Abaham, S., Muliyil, J. P., George, K., Prasad, J., Minz, S., & Jacob, K. S. (2003). Evaluation of suicide rates in rural India using verbal autopsies, 1994-9. *British Medical Journal*, *326*(7399), 1121-1122. doi: 10.1136/bmj.326.7399.1121

Joseph, D. (2021). Prevalence of depression among pre-university college students in an urban area of South India. *International Journal of Current Research, 3*(11), 439-442.

Juon, H. S., Nam, J. J., & Ensminger, M. E. (1994). Epidemiology of suicidal behavior among Korean adolescents. *Journal of Child Psychology and Psychiatry, and Allied Disciplines, 35*(4), 663-676.doi: 10.1111/j.1469-7610.1994.tb01212.x.

Kadapatti, M. G., & Vijayalaxmi, A. H. M. (2022). Stressors of academic stress-a studyon pre-university students. *Indian Journal of Scientific Research, 3*(1), 171-175.https://www.ijsr.in/upload/428127980Paper%20%2030.pdf

Kalia, A. K., & Sheoran, A. (2004). A study of depression, academic anxiety, values and study habits of scheduled caste and non-scheduled caste adolescents. *Scientia Paedagogica Experimentalis, 41*(1), 67-82.

Kandel, D. B., Raveis, V. H., & Davies, M. (1991). Suicide ideation in adolescence: Depression, substance use, and other risk factors. *Journal of Youth and Adolescence, 20*(2), 289-309.doi: 10.1007/BF01537613.

Kassam- Adams, N., Fleisher, C. L., & Winston, F. K. (2019). Acute stress disorder and posttraumatic stress disorder in parents of injured children. *Journal of*

Traumatic Stress: Official Publication of The International Society for Traumatic Stress Studies, 22(4), 294-302.https://doi.org/10.1002/jts.20424

Kaur, S., & Sharma, V. (2014). Depression among adolescents in relation to their academic stress. *Indian Journal of Applied Research, 4*(5), 183-185. DOI:10.36106/IJAR

Kaura, I. (2004). *Stress and family environment: Adolescents' perception and experiences* (Unpublished doctoral dissertation, University of Delhi, Delhi,India).

Kerr, D. C., Preuss, L. J., & King, C. A. (2016). Suicidal adolescents' social support from family and peers: Gender-specific associations with psychopathology. *Journalof Abnormal Child Psychology, 34*(1), 99-110.doi: 10.1007/s10802-005-9005-8.

Kebede, D., & Alem, A. (1999). Suicide attempts and ideation among adults in Addis Ababa, Ethiopia. *Acta Psychiatrica Scandinavica,*397, 35-39.doi: 10.1111/j.1600-0447.1999.tb10692.x.

Kenchappanavar, R.N., Soubhagya, & Avargerimath, S. (2015). Influence of family environment on study involvement of adolescents. *International Journal of Contemporary Research in Social Science, 1*(4), 1-6.

Khanehkeshi, A., & Basavarajappa (2022). A comparative study of the academic stressand depression among high school girl and boy students. *Journal of Educational Psychology, 6*(1), 11-20. DOI:10.26634/JPSY.6.1.1878

Kim, B. N., & Park, J. H. (2023). The effects of academic stress on depression in adolescents: The moderating role of response styles. *Korean Journal of Child Studies, 34*(3), 113-128.doi: https://doi.org/10.5723/KJCS.2023.34.3.113

Kisch, J., Leino, E. V., & Silverman, M. M. (2005). *Aspects of suicidal behavior, depression, and treatment in college students: Results from the Spring 2000* National College Health Assessment Survey. *Suicide & Life-Threatening Behavior, 35*(1), 3-13.doi: 10.1521/suli.35.1.3.59263.

Knaus, W. J. (2016). *The cognitive behavioral workbook for depression: A step-by-step program*. 2nd Edition. New Harbinger Publications.

Konick, L. C., & Gutierrez, P. M. (2005). Testing a model of suicide ideation in college students. *Suicide & Life-Threatening Behavior, 35*(2), 181-192. DOI: 10.1521/suli.35.2.181.62875

Kovacs, M. (1992). *Children's depression inventory: Manual* (p. Q8). North Tonawanda, NY: Multi-Health Systems.

Krishna, K. P., & Agarwal, V. R. (1960). A study of self-concept, academic motivationand anxiety among high and low academic achievers. *Indian Psychological Review*, 16, 46-51.

Krishnakumar, P., & Geeta, M. G. (2016). Clinical profile of depressive disorder in children. *Indian Pediatrics, 43*(6), 521-526.https://pubmed.ncbi.nlm.nih.gov/16820661/

Kuhlberg, J. A., Peña, J. B., & Zayas, L. H. (2021). Familism, parent-adolescent conflict, self-esteem, internalizing behaviors and suicide attempts among adolescent Latinas. *Child Psychiatry & Human Development, 41*(4), 425-440.doi: 10.1007/s10578-010-0179-0.

Kumar, C. S., & Chandrasekaran, R. (2000). A study of psychosocial and clinical factors associated with adolescent suicide attempts. *Indian Journal of Psychiatry, 42*(3), 237-242.

Kumar, K. S., Srivastava, S., Paswan, S., & Dutta, A. S. (2022). Depression-symptoms, causes, medications and therapies. *The Pharma Innovation, 1*(3, Part A), 37.

Kumar, V. (2004). Poisoning deaths in married women. *Journal of Clinical Forensic Medicine, 11*(1), 2-5.https://doi.org/10.1016/j.jcfm.2003.10.010

Kundu, R., & Basu, J. (1998). Aggression in reaction to frustration among adolescentboys with depression and conduct disorder. *SIS Journal of Projective Psychology & Mental Health, 5*(2), 119.

Kuo, W. H., Gallo, J. J., & Eaton, W. W. (2004). Hopelessness, depression, substance disorder, and suicidality. *Social Psychiatry and Psychiatric Epidemiology,39*(6), 497-501.doi: 10.1007/s00127-004-0775-z.

Lal, K. (2014). Academic stress among adolescent in relation to intelligence and demographic factors. *American International Journal of Research in Humanities, Arts and Social Sciences, 5*(1), 123-129.DOI: 10.12691/education-7-9-9

Lamis, D. A., & Jahn, D. R. (2023). Parent–child conflict and suicide rumination in college

students: The mediating roles of depressive symptoms and anxiety sensitivity. *Journal of American College Health, 61*(2), 106-113.doi: 10.1080/07448481.2022.754758.

Lasko, D. S., Field, T. M., Gonzalez, K. P., & Harding, J. (1996). Adolescent depressed mood and parental unhappiness. *Adolescence, 31*(121), 49-57.https://pubmed.ncbi.nlm.nih.gov/9173792/

Lau, S., & Kwok, L. K. (2000). Relationship of family environment to adolescents'depression and self–concept. *Social Behavior and Personality: An International Journal, 28*(1), 41-50.DOI: https://doi.org/10.2224/sbp.2000.28.1.41

Law, S., & Liu, P. (2018). Suicide in China: unique demographic patterns and relationship to depressive disorder. *Current Psychiatry Reports, 10*(1), 80-86.

Lazarus, R. S. (1991). Progress on a cognitive-motivational-relational theory of emotion. *American Psychologist, 46*(8), 819-834.https://doi.org/10.1037/0003-066X.46.8.819

Lazarus, R. S., & DeLongis, A. (1983). Psychological stress and coping in aging. *American Psychologist, 38*(3), 245-254.https://doi.org/10.1037/0003- 066X.38.3.245

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York:Springer.

Lazarus, R. S., & Launier, R. (1978). *Stress-related transactions between person and environment. In Perspectives in interactional psychology* (pp. 287-327). Springer, Boston, MA.

Lee, J., Kim, E., & Wachholtz, A. (2016). The effect of perceived stress on life satisfaction: The mediating effect of self-efficacy. *Ch'ongsonyonhak Yongu, 23*(10), 29-47.doi: 10.21509/KJYS.2016.10.23.10.29

Leichsenring, F. (2001). Comparative effects of short-term psychodynamic psychotherapy and cognitive-behavioral therapy in depression: A meta- analytic approach. *Clinical Psychology Review, 21*(3), 401- 419.DOI: 10.1016/s0272-7358(99)00057-4

Leichsenring, F., & Rabung, S. (2018). Effectiveness of long-term psychodynamic psychotherapy: A meta-analysis. *The Journal of the American Medical*

Association, 300(13), 1551-1565.doi: 10.1001/jama.300.13.1551.

Leonard, C. V. (1974). Depression and suicidality. *Journal of Consulting and Clinical Psychology, 42*(1), 98-104.https://doi.org/10.1037/h0036048

Lewinsohn, P. M., Hops, H., Roberts, R. E., Seeley, J. R., & Andrews, J. A. (1993). Adolescent psychopathology: I. Prevalence and incidence of depression and other DSM-III—R disorders in high school students. *Journal of Abnormal Psychology, 102*(1), 133-144.doi: 10.1037//0021-843x.102.1.133.

Li, H. C. W., Chan, S. L. P., Chung, O. K. J., & Chui, M. L. M. (2021). Relationships among mental health, self-esteem and physical health in Chinese adolescents:An exploratory study. *Journal of Health Psychology, 15*(1), 96-106.doi: 10.1177/1359105309342601.

Lin, F. G., Lin, J. D., Hsieh, Y. H., & Chang, C. Y. (2014). Quarrelsome family environment as an enhanced factor on child suicide ideation. *Research in Developmental Disabilities,35*(12), 3245-3253.DOI: 10.1016/j.ridd.2014.08.007

Lin, W. H., & Yi, C. C. (2017). The effect of family cohesion and life satisfaction during adolescence on later adolescent outcomes: a prospective study. *Youth & Society, 51*(5),680-706. https://eric.ed.gov/?id=EJ1217033

Lipps, G., Lowe, G. A., Gibson, R. C., Halliday, S., Morris, A., Clarke, N., & Wilson, R. N. (2022). Parenting and depressive symptoms among adolescents in four Caribbean societies. *Child and Adolescent Psychiatry and Mental Health,6*(1), 31.doi: 10.1186/1753-2000-6-31.

Liu, F. (2017). *Academic stress and mental health among adolescents in Shenzhen, China* (Doctoral dissertation, Queensland University of Technology). DOI: 10.5204/thesis.eprints.107980

Liu, R. X. (2016). Vulnerability to friends' suicide influence: The moderating effects of gender and adolescent depression. *Journal of Youth and Adolescence, 35*(3), 454.

Liu, Y., & Lu, Z. (2022). Chinese high school students' academic stress and depressive symptoms: gender and school climate as moderators. *Stress and Health, 28*(4), 340-346.https://sci-hub.se/https://pubmed.ncbi.nlm.nih.gov/22190389/

Longmore, R. J., & Worrell, M. (2017). Do we need to challenge thoughts in cognitive behavior therapy? *Clinical Psychology Review, 27*(2), 173–187.doi: 10.1016/j.cpr.2016.08.001.

Lou, W. (1999). *Stress and mental health of secondary school students in Shanghai: The effects of collectivism and Guanxi.*(Thesis). University of Hong Kong, Pokfulam, Hong Kong SAR. http://dx.doi.org/10.5353/th_b2980380

MacPhee, A. R., & Andrews, J. J. (2016). Risk factors for depression in early adolescence. *Adolescence, 41*(163), 435- 466.https://pubmed.ncbi.nlm.nih.gov/17225661/

Magano, M. D., & Gouws, F. E. (2022). The academic self-concept of adolescents who live in disadvantaged home environments: A life orientation perspective. *Journal of Social Sciences, 32*(3), 311

319.https://doi.org/10.1080/09718923.2022.11893075

Mahoney, A. E., Edelman, S., & Cremer, P. D. (2023). Cognitive behavior therapy for chronic subjective dizziness: longer-term gains and predictors of disability. *American Journal of Otolaryngology, 34*(2), 115-120.doi: 10.1016/j.amjoto.2022.09.013.

Malhotra, S., Kohli, A., Kapoor, M., & Pradhan, B. (2019). Incidence of childhood psychiatric disorders in India. *Indian Journal of Psychiatry, 51*(2), 101-107.https://www.indianjpsychiatry.org/text.asp?2019/51/2/101/49449

Mandler, G. (1982). *Stress* and *thought processes*. In L. Goldberger & S. Breznitz (Eds.), *Handbook* of *stress*: *Theoretical* and *clinical aspects* (pp. 88-104). Free Press, New York.

Mann, J. J.,& Currier, D. D. (2018). Stress, genes and the biology of suicidal behavior. *Psychiatric Clinics of North America, 31*(2), 247-269.https://doi.org/10.1016/j.psc.2018.01.005

Manna, G., Falgares, G., Ingoglia, S., Como, M. R., & De Santis, S. (2016). The relationship between self-esteem, depression and anxiety: Comparing vulnerability and scar model in the Italian context. *Mediterranean Journal of Clinical Psychology, 4*(3), 1-17.

Manoranjitham, S., Rajkumar, A. P., Thangadurai, P., Prasad, J., Jayakaran, R., & Jacob, K. S. (2021). Risk factors for suicide in rural South India. *The British Journal of Psychiatry: The Journal of Mental Science, 196*(1), 26-30. DOI: 10.1192/bjp.bp.108.063347

Marcus, M., Yasamy, M. T., van Ommeren, M. V., Chisholm, D., & Saxena, S. (2022). *Depression: A Global Public Health Concern.*Proceedings of the 65th World Health Assembly; May 2022; Geneva, Switzerland. World Health Organization; http://www.who.int/mediacentre/events/2022/wha65/journal/en/ index4.html.

Marsh, S. C., Evans, W. P., & Weigel, D. J. (2019). Exploring models of resiliency by gender in relation to adolescent victimization. *Victims and Offenders, 4*(3),230-248.https://doi.org/10.1080/15564880903048487

Martin, J. E. (2002). Early life experiences: activity levels and abnormal behaviours in resocialised chimpanzees. *Animal Welfare, 11*(4), 419-436.

Mascarenhas, M. M. (1999). *Family Life Education: Value Education in the New Millennium,* 6th Edition, CREST, Bangalore.

Mason, M. J., Schmidt, C., Abraham, A., Walker, L., & Tercyak, K. (2019). Adolescents' social environment and depression: social networks, extracurricular activity, and family relationship influences. *Journal of Clinical Psychology in Medical Settings, 16*(4), 346-354.https://doi.org/10.1007/s10880-009-9169-4

Masood, A., Rashid, S., Musarrat, R., & Mazzahir, S. (2016). Nonclinical Depression and Anxiety as Predictor of Academic Stress in Medical Students. *International Journal of Medical Research & Health Sciences, 5*(5), 391-397.

Mayer, P., & Ziaian, T. (2002). Suicide, gender, and age variations in India: Are women in Indian society protected from suicide? *Crisis: The Journal of Crisis Intervention and Suicide Prevention, 23*(3), 98-103.doi: 10.1027//0227- 5910.23.3.98.

Mcdaid, D., & Park, A. L. (2021). Investing in mental health and well-being: findings from the Data Prev project. *Health promotion international, 6*(1), 108- 139.DOI: 10.1093/heapro/dar059

McGee, R., Williams, S., & Nada-Raja, S. (2001). Low self-esteem and hopelessness in childhood and suicide ideation in early adulthood. *Journal of Abnormal Child Psychology, 29*(4), 281-291. https://doi.org/10.1023/A:1010353711369

McGrath, J. E. (1976). Stress and behavior in organizations. In Dunnette, M. D. (Ed.), *Handbook of industrial and organizational psychology* (pp. 1351– 1395). Chicago, IL: Rand McNally.

McLean, S. A., Williams, D. A., Stein, P. K., Harris, R. E., Lyden, A. K., Whalen, G., ...& Baraniuk, J. N. (2016). Cerebrospinal fluid corticotropin-releasing factor concentration is associated with pain but not fatigue symptoms in patients with fibromyalgia. *Neuropsychopharmacology, 31*(12), 2776-2782.

McLoughlin, A. B., Gould, M. S., & Malone, K. M. (2015). Global trends in teenage suicide: 2003–2014. *QJM: An International Journal of Medicine, 108*(10),765-780.doi: 10.1093/qjmed/hcv026.

Mehta, M. (2000). *Adolescent Psychology*. Pointer Publishers, Vyas Building, S.M.S. Highway, Jaipur, 302003 (India), p.p. 1-3

Mezzich, J. E. (1979). Patterns and issues in multiaxial psychiatric diagnosis. *Psychological Medicine, 9*(1), 125-137.doi: 10.1017/s0033291700021632.

Misra, R., & Mc Kean, M. (2000). College students' academic stress and its relation to their anxiety, time management, and leisure satisfaction. *American Journal of Health Study, 16*(1), 41-51.

Misra, R., McKean, M., West, S., & Russo, T. (2000). Academic stress of college students: Comparison of student and faculty perceptions. *College Student Journal, 34*(2), 236-245.https://psycnet.apa.org/record/2000-00307-007

Mitchell, A. J., & Coyne, J. C. (2017). Do ultra-short screening instruments accurately detect depression in primary care?: A pooled analysis and meta-analysis of 22 studies. *British Journal of General Practice, 57*(535), 144-151.

Mitchell, M. G., & Rosenthal, D. M. (1992). Suicidal adolescents: Family dynamics andthe effects of lethality and hopelessness. *Journal of Youth and Adolescence, 21*(1),

23–33. https://doi.org/10.1007/BF01536981

Mohanty, S. P., & Mohanty, S. (1997). *Literary theory and the claims of history: Postmodernism, objectivity, multicultural politics*. Cornell University Press.

Moksnes, U. K., Bradley Eilertsen, M. E., & Lazarewicz, M. (2016). The association between stress, self- esteem and depressive symptoms in adolescents. *Scandinavian Journal of Psychology, 57*(1), 22-29.https://onlinelibrary.wiley.com/doi/abs/10.1111/sjop.12269

Mondrea, M. 2016. *Self—image and Personality in adolescence*. Focsani Aliter Publishing House.

Monteiro, R., Sebastian, K. V., & Ashok, L. (2021). Parental pressure, present educational system and their impact on adolescents. *Health Action*, 22, 4.

Moore, S. (2017). Facilitating oral chemotherapy treatment and compliance through patient/family-focused education. *Cancer Nursing, 30*(2), 112-122.doi: 10.1097/01.NCC.0000265009.33053.2d.

Moos, R. H., & Moos, B. S. (1981). *Family Environment Scale manual*. Palo Alto, CA: Consulting Psychologists Press, Inc.

Mouryan (2017). Map of West Bengal districts: http://www.censusindia.net/results/2001maps/wbengal01.html

Muntean, A. (2016). *Psihologiadezvoltăriiumane.* (Psychology of human development). Iasi. Polirom Publishing House.

Murray, D. C. (1973). Suicidal and depressive feelings among college students.*Psychological Reports, 33*(1), 175-181.https://doi.org/10.2466/pr0.1973.33.1.175

Murray, Christopher J. L, Lopez, Alan D, World Health Organization, World Bank & Harvard School of Public Health. (6991). esT solneo nedoTb la oihTehT: e slsadTsTbhirT ehhThhsTbs la sldseoisa ebo oihenioisa adls oihTehTh, injuries, and risk factors in 1990 and projected to 2020 : summary / edited by Christopher J. L. Murray, Alan D. Lopez. World Health Organization. https://apps.who.int/iris/handle/10665/41864

Murthy, R. S. (2017). National mental health survey of India 2015–2016. *Indian Journalof Psychiatry*, *59*(1), 21-26. doi: 10.4103/psychiatry.IndianJPsychiatry_102_17.

Nair, M. K. C., Paul, M. K., & John, R. (2004). Prevalence of depression among adolescents. *The Indian Journal of Pediatrics, 71*(6), 523-524.doi: 10.1007/BF02724294.

Nalugya-Sserunjogi, J., Rukundo, G. Z., Ovuga, E., Kiwuwa, S. M., Musisi, S., & Nakimuli-Mpungu, E. (2016). Prevalence and factors associated with depression symptoms among school-going adolescents in Central Uganda. *Child and Adolescent Psychiatry and Mental Health, 10*(1), 39.doi: 10.1186/s13034-016-0133-4.

Nandamuri, P., & Gowthami, C. (2021). Sources of academic stress–A study on management students. *Journal of Management and Science, 1*(2), 31-42.http://jms.nonolympictimes.org/Articles/4.pdf

Nandi, A., Galea, S., Ahern, J., & Vlahov, D. (2005). Probable cigarette dependence,PTSD, and depression after an urban disaster: Results from a population survey of New York City residents 4 months after September 11, 2001.
Psychiatry: Interpersonal and Biological Processes, 68(4), 299- 310.DOI: 10.1521/psyc.2005.68.4.299

Nandi, D. N., Banerjee, G., Boral, G. C., Ganguli, H., Ghosh, A., & Sarkar, S. (1979). Socio- economic status and prevalence of mental disorders in certain rural communities in India. *Acta Psychiatrica Scandinavica, 59*(3), 276-293.https://doi.org/10.1111/j.1600-0447.1979.tb06967.x

National Center for Health Statistics (US), & National Center for Health Services Research (1994). Health, United States. US Department of Health, Education, and Welfare, Public Health Service, Health Resources Administration, National Center for Health Statistics.

National Crime Records Bureau Report (NCRB) (2014). "*Accidental Deaths and Suicidein India.*" Ministry of Home Affairs, Government of India, New Delhi.

National Crime Records Bureau Report (NCRB) (2014). *"Accidental Deaths and Suicidein*

India." Ministry of Home Affairs, Government of India, New Delhi.

Nierenberg, A. A., & DeCecco, L. M. (2001). Definitions of antidepressant treatment response, remission, nonresponse, partial response, and other relevant outcomes: a focus on treatment-resistant depression. *The Journal of Clinical Psychiatry, 62*(16), 5- 9.https://connects.catalyst.harvard.edu/Profiles/display/767337

Orth, U., Robins, R. W., & Roberts, B. W. (2018). Low self-esteem prospectivelypredicts depression in adolescence and young adulthood. *Journal of Personality and Social Psychology, 95*(3), 695-708.doi: 10.1037/0022-3514.95.3.695.

Othieno, C. J., Okoth, R. O., Peltzer, K., Pengpid, S., & Malla, L. O. (2014). Depression among university students in Kenya: Prevalence and sociodemographic correlates. *Journal of Affective Disorders*, 165, 120-125.doi: 10.1016/j.jad.2014.04.070.

Otsuki, T. A. (2003). Substance use, self-esteem, and depression among Asian American adolescents. *Journal of Drug Education, 33*(4), 369-390.https://doi.org/10.2190/RG9R-V4NB-6NNK-37PF

Ozguven, I. E. AiledeIletisimveYasam, (1993). PDREM Publications, Ankara, Turkey.

Park, H. S., Schepp, K. G., Jang, E. H., & Koo, H. Y. (2016). Predictors of suicide ideation among high school students by gender in South Korea. *TheJournal of School Health, 76*(5), 181-188. DOI: 10.1111/j.1746-1561.2016.00092.x

Park, J. I., Yang, J. C., Han, C., Park, T. W., & Chung, S. K. (2016). Suicide ideationamong Korean elderly: Risk factors and population attributable fractions. *Psychiatry, 79*(3), 262-281.doi: 10.1080/00332747.2016.1175837.

Patel, V., Pereira, J., & Mann, A. H. (1998). Somatic and psychological models of common mental disorder in primary care in India. *Psychological Medicine, 28*(1), 135-143.DOI: 10.1017/s0033291797005941

Peplau, H. E. (1968). Psychotherapeutic strategies. *Perspectives in Psychiatric Care, 6*(6), 264-270.https://doi.org/10.1111/j.1744-6163.1968.tb01058.x

Pestonjee, D. M. (1992). *Stress and coping: The Indian experience*. Sage Publications Ltd.https://doi.org/10.1177/097133369300500109

Pestonjee, D. M., & Muncherji, N. (1999). *Stress And Coping: Some Lessons and*

Suggestions. Studies in Stress and Its Management, Oxford & IBH publishing Co. Pvt. Ltd., New Delhi, 305-317.

Pettit, J. W., & Joiner, T. E. (2016). *Chronic depression: Interpersonal sources,therapeutic solutions.* American Psychological Association.https://doi.org/10.1037/11291-000

Phillips, M. R., Yang, G., Li, S., & Li, Y. (2004). Suicide and the unique prevalence pattern of schizophrenia in mainland China: A retrospective observational study. *The Lancet, 364*(9439), 1062-1068.DOI: 10.1016/S0140-6736(04)17061-X

Pinquart, M., & Srugies, D. (1998). *Influences on Conflict Intensity between Adolescents and Their Mothers and Fathers*. Poster paper presented at the Biennial Meetings of the International Society for the Study of Behavioural Development (15th, Berne, Switzerland, July 1-4, 1998).

Plato. (1953, 4th Ed.). Laws. (B. Jewett, trans.) *The dialogues of Plato* (4). New York: Oxford University Press (Clarendon Press).

Ponnudurai, R., Somasundaram, O., Balakrishnan, S., & Srinivasan, N. (1981). Depression—A study of 80 cases. *Indian Journal of Psychiatry, 23*(3), 256-258.

Poongothai, S., Pradeepa, R., Ganesan, A., & Mohan, V. (2019). *Prevalence of depression in a large urban South Indian population—The Chennai Urban Rural Epidemiology study* (CURES–70). PLoS One, 4(9), e7185.doi: 10.1371/journal.pone.0007185.

Prabhu, P. (2016). Evaluation of depression, anxiety, and stress in adolescents and young adults with auditory neuropathy spectrum disorder. *Scientifica*, 2016, 4378269.doi: 10.1155/2016/4378269.

Prabu, P. S. (2015). A study on academic stress among higher secondary students. *International Journal of Humanities and Social Science Invention, 4*(10), 63-68.www.ijhssi.org

Radhakrishnan, R., & Andrade, C. (2022). Suicide: an Indian perspective. *Indian Journalof Psychiatry, 54*(4), 304-319.doi: 10.4103/0019-5545.104793

Raina, D., & Balodi, G. (2023). An Insight into the Family Environment of Indian Women in Relation to Female Foeticide and Girl Child. *Asian Journal ofHumanities and Social Studies, 1*(2). https://ajouronline.com/index.php/AJHSS/article/view/174

Rao, A. S. (2018). Academic stress and adolescent distress: The experiences of 12th standard students in Chennai, India.The University of Arizona.https://repository.arizona.edu/handle/10150/194424

Reddy, V. M., & Chandrashekar, C. R. (1998). Prevalence of mental and behavioural disorders in India: A meta-analysis. *Indian Journal of Psychiatry, 40*(2), 149-157.PMCID: PMC2965838

Reiss, D. (1988). Theoretical versus tactical inferences: Or, how to do family therapy research without dying of boredom. In L. Wynne (Ed.),*The State of the Art in Family Therapy Research* (pp. 33-46). New York: Family Process.

Revah-Levy, A., Birmaher, B., Gasquet, I., & Falissard, B. (2017). The adolescent depression rating scale (ADRS): A validation study. *BioMed Central Psychiatry, 7*(1), 2.doi: 10.1186/1471-244X-7-2

Reynolds, W. M. (2004). Reynolds Adolescent Depression Scale – 2nd Edition. In M. Hersen, D. L. Segal & M. Hilsenroth (Eds.). *Comprehensive handbook of psychological assessment, Vol. 2: Personality assessment and psychopathology* (pp. 224-236). New York: John Wiley & Sons.

Rich, A. R., Kirkpatrick- Smith, J., Bonner, R. L., & Jans, F. (1992). Gender differencesin the psychosocial correlates of suicide ideation among adolescents. *Suicide and Life- Threatening Behavior, 22*(3), 364-373.https://psycnet.apa.org/record/1993-13894-001

Rigler, S. K., Perera, S., Redford, L., Studenski, S., Brown, E. F., Wallace, D., & Webb, M. (2003). Urban–rural patterns of increasing antidepressant use amongnursing facility residents. *Journal of the American Medical Directors Association, 4*(2), 67-73.DOI: 10.1097/01.jam.0000053391.63155.31

Robertson, J. F., & Simons, R. L. (1989). Family factors, self-esteem, and adolescent depression. *Journal of Marriage and the Family, 51*(1), 125-138. https://doi.org/10.2307/352374

Ross, R. R., & Altmaier, E. M. (1994). *Intervention in occupational stress: A handbookof counselling for stress at work.* Sage Publications, Inc.

Rubin, J. A. (2005). *Child art therapy*. 25th Edition. John Wiley & Sons.

Rutter, M. (1976). *Diagnosis and definition. In Autism* (1-25). Springer, Boston, MA.

Sagar, P., & Singh, B. (2017). A Study of Academic Stress among Higher Secondary School Students. *International Journal of Creative Research Thoughts, 5*(4), 1864-1869.www.ijcrt.org

Saluja, G., Iachan, R., Scheidt, P. C., Overpeck, M. D., Sun, W., & Giedd, J. N. (2004). Prevalence of and risk factors for depressive symptoms among young adolescents. *Archives of Pediatrics & Adolescent Medicine, 158*(8), 760-765.doi: 10.1001/archpedi.158.8.760.

Sandal, R. K., Goel, N. K., Sharma, M. K., Bakshi, R. K., Singh, N., & Kumar, D. (2017). Prevalence of depression, anxiety and stress among school going adolescent in Chandigarh. *Journal of Family Medicine and Primary Care, 6*(2), 405-410.https://www.jfmpc.com/text.asp?2017/6/2/405/219988

Sander, J. B., & McCarty, C. A. (2016). Youth depression in the family context: familial risk factors and models of treatment. *Clinical Child and Family Psychology Review, 8*(3), 203-219.doi: 10.1007/s10567-005-6666-3

Santrock, J. W. (1996).*Adolescence*. Madison, WI: Brown & Benchmark.

Saunders, J. F., & Frazier, L. D. (2017). Body dissatisfaction in early adolescence: The coactive roles of cognitive and sociocultural factors. *Journal of Youth and Adolescence, 46*(6), 1246-1261.DOI: 10.1007/s10964-016-0559-2

Scarneci, D. (2019). *Introduction to sociology of identity, Brasov*. Transilvania University Publishing House.

Schöne, C., Tandler, S. S., & Stiensmeier-Pelster, J. (2015). Contingent self-esteem and vulnerability to depression: academic contingent self-esteem predicts depressive symptoms in students. *Frontiers in Psychology*, 6, 1573.doi: 10.3389/fpsyg.2015.01573

Scott-Sheldon, L. A., Kalichman, S. C., Carey, M. P., & Fielder, R. L. (2018). Stress

management interventions for HIV+ adults: a meta-analysis of randomized controlled trials, 1989 to 2016. *Health Psychology, 27*(2), 129-139.doi: 10.1037/0278-6133.27.2.129.

Séguin, M., Manion, I., Cloutier, P., McEvoy, L., & Cappelli, M. (2003). Adolescent depression, family psychopathology and parent/child relations: A case control study. *The Canadian Child and Adolescent Psychiatry Review, 12*(1), 2-9.PMC2538453

Selye, H. (1956). *The stress of life*. McGraw Hill.

Selye, H. (1965). The stress syndrome. *The American Journal of Nursing*, 65(3), 97-99.Lippincott Williams & Wilkins. https://www.jstor.org/stable/3453119?seq=1

Selye, H. (1978). The stress of police work. *Police Stress*, 1, 7-8.

Selye, H. (1985). The nature of stress. *The Best of Basal Facts, 7*(1), 3-11.

Sen, B. (2004). Adolescent propensity for depressed mood and help seeking: race and gender differences. *Journal of Mental Health Policy and Economics, 7*(3),133-145.

Sethi, B. B., & Prakash, R. (1979). Depression in Industrial population. *Indian Journal of Psychiatry, 21*(4), 359-361.

Shahar, G., Henrich, C. C., Winokur, A., Blatt, S. J., Kuperminc, G. P., & Leadbeater, B. J. (2016). Self- criticism and depressive symptomatology interact to predict middle school academic achievement. *Journal of Clinical Psychology, 62*(1), 147-155.https://doi.org/10.1002/jclp.20210

Shaikh, B., Kahloon, A., Kazmi, M., Khalid, H., Nawaz, K., Khan, N., & Khan, S. (2004). Students, stress and coping strategies: A case of Pakistani medical school. *Education for Health, 17*(3), 346-353.doi: 10.1080/13576280400002585.

Sharma, G., & Pandey, D. (2017). Anxiety, depression, and stress in relation to academic achievement among higher secondary school students. *The International Journal of Indian Psychology, 4*(2), 82-89.

Sharma, R. (2023). The family and family structure classification redefined for the current

times. *Journal of Family Medicine and Primary Care, 2*(4), 306- 310.DOI: 10.4103/2249-4863.123774

Sharma, V. (2014). Prevalence of depression among adolescents: A comparative analysis. *Paripex-Indian Journal of Research, 3*(6), 53-55.

Sharma, V., & Mazmanian, D. (2014). The DSM-5 peripartum specifier: Prospects and pitfalls. *Archives of Women's Mental Health, 17*(2), 171-173.doi: 10.1007/s00737-013-0406-3.

Sheebar, L., Hops, H., Alpert, A.,Davis, B., & Andrews, J. (1997). Family support and conflict: Prospective relations to adolescent depression. *Journal of Abnormal Child Psychology, 25*(4), 333-344. doi: 10.1023/a:1025768504415.

Shiner, R., & Marmorstein, N. R. (1998). Family environments of adolescents with lifetime depression: Associations with maternal depression history. *Journal of the American Academy of Child & Adolescent Psychiatry, 37*(11), 1152- 1160.doi: 10.1097/00004583-199811000-00014.

Sidhu, R. (2016). *Prevalence of depression in late childhood and early adolescence.* (Unpublished) Doctoral dissertation, The Panjab University, Chandigarh.

Sigfusdottir, I. D., Asgeirsdottir, B. B., Gudjonsson, G. H., & Sigurdsson, J. F. (2023). Suicide ideations and attempts among adolescents subjected to childhood sexual abuse and family conflict/violence: The mediating role of anger and depressed mood. *Journal of Adolescence, 36*(6), 1227-1236.doi: 10.1016/j.adolescence.2023.10.001.

Sigurdson, J. F., Undheim, A. M., Wallander, J. L., Lydersen, S., & Sund, A. M. (2018). The longitudinal association of being bullied and gender with suicide ideations, self- harm, and suicide attempts from adolescence to young adulthood: A cohort study. *Suicide and Life- Threatening Behavior, 48*(2), 169-182.doi: 10.1111/sltb.12358.

Simon, G. E., & VonKorff, M. (1998). Suicide mortality among patients treated for depression in an insured population. *American Journal of Epidemiology,147*(2), 155-160.doi: 10.1093/oxfordjournals.aje.a009428.

Singh, B., & Udainiya, R. (2019). Self-efficacy and well-being of adolescents. *Journal of theIndian Academy of Applied Psychology, 35*(2), 227-232.

Sinha, U.K., Sharma, V., & Mahendra, K. (2001). Development of a scale for assessing academic stress: A preliminary report. *Journal of Institute of Medicine, 23,* 102-105.

Smith, K. (2017). *A comparative-historical analysis of cross-cultural influences affecting the evolving of Christian marriage in the first century CE.*(Master of Philosophy (School of Philosophy and Theology)). University of Notre Dame Australia. https://researchonline.nd.edu.au/theses/178

Sonawat, R. (2001). Understanding families in India: A reflection of societal changes. *Psicologia: Teoria e Pesquisa, 17*(2), 177- 186.http://dx.doi.org/10.1590/S0102-37722001000200010.

Sowislo, J, F., & Orth, U. (2022). Does low self-esteem predict depression and anxiety? A meta- analysis of longitudinal studies. *Psychological Bulletin, 139*(1), 213-240. https://doi.org/10.1037/a0028931

Speileberg, C. (1980). *Anxiety and stress*. Psychogios Editions. Athens.

Spellman, D. (1996). Social services adolescent clients and their carers: riding the roller coaster. *In Clinical Psychology Forum* (36-39). Division of clinical psychology of the British Psychological Society.

Srinath, S., Girimaji, S. C., Gururaj, G., Seshadri, S., Subbakrishna, D. K., Bhola, P., & Kumar, N. (2005). Epidemiological study of child & adolescent psychiatric disorders in urban & rural areas of Bangalore, India. *Indian Journal of Medical Research, 122*(1), 67-79.https://pubmed.ncbi.nlm.nih.gov/16106093/

Srivastava, M. K., Sahoo, R. N., Ghotekar, L. H., Dutta, S., Danabalan, M., Dutta, T. K.,& Das, A. K. (2004). Risk factors associated with attempted suicide: A case control study. *Indian Journal of Psychiatry, 46*(1), 33-38.https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2912675/

Sserunjogi, J. N., Rukundo, G. Z., Ovuga, E., & Kiwuwa, M. S. (2016). Prevalence and factors associated with depression symptoms among school-going adolescentsin central Uganda. *Child and Adolescent Psychiatry and Mental Health, 10*(39), 1-

8. https://doi.org/10.1186/s13034-016-0133-4

Steiger, A. E., Allemand, M., Robins, R. W., & Fend, H. A. (2014). Low and decreasing self-esteem during adolescence predict adult depression two decades later. *Journal of Personality and Social Psychology, 106*(2), 325-338.doi: 10.1037/a0035133.

Steinberg, L., Elmen, J. D., & Mounts, N. S. (1989). Authoritative parenting, psychosocial maturity, and academic success among adolescents. *Child Development, 60*(6), 1424-1436.https://doi.org/10.2307/1130932

Stern, M., & Zevon, M. A. (1990). Stress, coping, and family environment: The adolescent's response to naturally occurring stressors. *Journal of Adolescent Research, 5*(3), 290-305.https://doi.org/10.1177/074355489053003

Stewart, S. M., Lam, T. H., Betson, C., & Chung, S.F. (1999) Suicide ideation and its relationship to depressed mood in a community sample of adolescents in Hong Kong. *Suicide& Life- Threatening Behavior, 29*(3) 227-240. https://pubmed.ncbi.nlm.nih.gov/10531636/

Stolberg, R. A., Clark, D. C., & Bonger, B. (2002). Epidemiology, assessment, and management of suicide in depressed patients. In I.H. Gotlib & C.L. Hammen (Eds.). *Handbook of depression* (pp. 581–601). New York: Guilford.

Strandheim, A., Bjerkeset, O., Gunnell, D., Bjørnelv, S., Holmen, T. L., & Bentzen, N. (2014). Risk factors for suicidal thoughts in adolescence-a prospective cohort study: The Young-HUNT study. *British Medical Journal Open*, 4(8): e005867 DOI: 10.1136/bmjopen-2014-005867

Sun, H. S., Tsai, H. W., Ko, H. C., Chang, F. M., & Yeh, T. L. (2004). Association of tryptophan hydroxylase gene polymorphism with depression, anxiety and comorbid depression and anxiety in a population- based sample of postpartum Taiwanese women. *Genes, Brain and Behavior, 3*(6), 328-336.doi: 10.1111/j.1601-183X.2004.00085.x.

Sun, R. C., & Hui, E. K. (2017). Psychosocial factors contributing to adolescent suicide ideation. *Journal of Youth and Adolescence, 36*(6), 775-786.doi: 10.1007/s10964-006-9139-1

Takakura, M., & Sakihara, S. (2001). Psychosocial correlates of depressive symptoms among Japanese high school students. *Journal of Adolescent Health, 28*(1),82-89. https://doi.org/10.1016/S1054-139X(00)00144-0

The American Academy of Pediatrics, (2015). *Adolescence.* Retrieved 25 November 2020, fromhttps://pediatrics.aappublications.org/content/pediatrics/140/3/e20172151.full. pdf

Tiwari, P., & Ruhela, S. (2022). *Social isolation and depression among adolescent: A comparative perspective*. In 2nd International Conference on Social Scienceand Humanity, IPEDR Vol.31, IACSIT Press, Singapore

Tomori, M., Zalar, B., & Plesnicar, B. K. (2000). Gender differences in psychosocial risk factors among Slovenian adolescents. *Adolescence, 35*(139), 431-443.http://europepmc.org/article/MED/11130589

Trzesniewski, K. H., Donnellan, M. B., Moffitt, T. E., Robins, R. W., Poulton, R., & Caspi, A. (2016). Low self-esteem during adolescence predicts poor health, criminal behavior, and limited economic prospects during adulthood. *Developmental Psychology, 42*(2), 381-390.doi: 10.1037/0012-1649.42.2.381.

Turner, S. G., Kaplan, C. P., & Badger, L. W. (2016). Adolescent Latinas' adaptive functioning and sense of well-being. *Affilia: Journal of Women and Social Work, 21*(3), 272-281.doi:10.1177/0886109906288909.

Ulusoy, MD, Demir, N. Ö., & Baran, AG (2005). Parent's child-rearing style andadolescent problems: Ankara province example. *Turkish Journal of Educational Sciences, 3* (3), 367-386.

Unni, S. K., & Mani, A. J. (1996). Suicidal ideators in the psychiatric facility of a general hospital-A psychodemographic profile. *Indian Journal of Psychiatry, 38*(2), 79-85.https://pubmed.ncbi.nlm.nih.gov/21584150/

Upmanyu, S., Upmanyu, V. V., & Lal, R. (2021). Study of loneliness in relation to depression and masculinity, feminity and androgynous orientation. *Journal of Psychological Research, 54*(1), 72.

Upmanyu, V. V., & Upmanyu, S. (1994). Depression in relation to sex role identity and

hopelessness among male and female Indian adolescents. *The Journal of Social Psychology, 134*(4), 551-552.doi: 10.1080/00224545.1994.9712208.

Usha, P., & Lakshmi, S. (2018). Influence of parenting style and self-compassion onmental health of school pupils. *Journal of All India Association for Educational Research, 20*(1&2), 99-102.

van Harmelen, A. L., Gibson, J. L., St Clair, M. C., Owens, M., Brodbeck, J., Dunn, V.,& Goodyer, I. M. (2016). Friendships and family support reduce subsequent depressive symptoms in at-risk adolescents. *Public Library of science one, 11*(5),e0153715.https://journals.plos.org/plosone/article?id=10.1371/journal.pone.01 53715

Vanderwerker, L. C., Chen, J. H., Charpentier, P., Paulk, M. E., Michalski, M., & Prigerson, H. G. (2017). Differences in risk factors for suicidality between African American and White patients vulnerable to suicide. *Suicide and Life-Threatening Behavior, 37*(1), 1-9.https://doi.org/10.1521/suli.2017.37.1.1

Vashisht, A., Gadi, N. A., Singh, J., Mukherjee, M. P., Pathak, R., & Mishra, P. (2014). Prevalence of depression & assessment of risk factors among school going adolescents. *Indian Journal of Community Health, 26*(2), 196-199.

Vijayakumar, L., & Rajkumar, S. (1999). Are risk factors for suicide universal? A case-control study in India. *Acta Psychiatrica Scandinavica, 99*(6), 407- 411.doi: 10.1111/j.1600-0447.1999.tb00985.x.

Waldrop, A. E., Hanson, R. F., Resnick, H. S., Kilpatrick, D. G., Naugle, A. E., & Saunders, B. E. (2017). Risk factors for suicidal behavior among a national sample of adolescents: Implications for prevention. *Journal of Traumatic Stress, 20*(5), 869-879.doi: 10.1002/jts.20291.

Wang, J., Xie, W., Li, T., & Zhu, W. (2018). A correlation study on mental pressure, coping style and social support of heroin dependent patients. *Chinese Journalof Drug Dependence, 17*(2), 133.

Wartberg, L., Kriston, L., & Thomasius, R. (2018). Depressive symptoms in adolescents: Prevalence and associated psychosocial features in a representative sample. *DeutschesÄrzteblatt International, 115*(33-34), 549-555.doi:

10.3238/arztebl.2018.0549.

Weiss, S. J., Muzik, M., Deligiannidis, K. M., Ammerman, R. T., & Guille, C. (2016). Gender differences in suicidal risk factors among individuals with mood disorders. *Journal of Depression& Anxiety,* 5: 218.doi: 10.4200/2167-1044.1000218

Weller, E.B., Weller, R.A., & Svadjian, H. (1996). Mood disorders. In M. Lewis (Eds.), *Child and Adolescent Psychiatry: A Comprehensive Textbook*. Baltimore: Williams & Wilkins; 650–655.

Western Sydney Education. (2017). Library study smart. *Literature review purpose*. Retrieved on July 2017 from westernsydney.edu.ac/studysmart.

World Health Organization (WHO) (2017). *World Health Day*–2017. "Depression: let's talk". http://www.who.int/campaigns/world-health-day/2017/en/

Wilburn, V. R., & Smith, D. E. (2005). Stress, self-esteem, and suicide ideation in late adolescents. *Adolescence, 40*(157), 33-45.

World Health Organization. (2018). *The global burden of disease: 2004 update*. World Health Organization.

Yaacob, S. N., Juhari, R., Talib, M. A., & Uba, I. (2019). Loneliness, stress, self esteemand depression among Malaysian adolescents. *JurnalKemanusiaan*,7(2),14.https://jurnalkemanusiaan.utm.my/index.php/kemanusiaan/article/view/208

Yang, B., & Clum, G. A. (1994). Life stress, social support, and problem- solving skills predictive of depressive symptoms, hopelessness, and suicide ideation in an Asian student population: A test of a model. *Suicide & Life- Threatening Behavior, 24*(2), 127-139.https://psycnet.apa.org/record/1995-05601-001

Yap, M. B. H., Pilkington, P. D., Ryan, S. M., & Jorm, A. F. (2014). Parental factors associated with depression and anxiety in young people: A systematic review and meta-analysis. *Journal of Affective Disorders*, 156, 8-23.doi: 10.1016/j.jad.2023.11.007.

Yoder, K. A., Whitbeck, L. B., Hoyt, D. R., & LaFromboise, T. (2016). Suicide ideation

among American Indian youths. *Archives of Suicide Research, 10*(2), 177-190.doi: 10.1080/13811110600558240.

Yumba,W. (2018). *Academic Stress: Case of Undergraduates students*. Linköping University, Department of Behavioural Sciences and Learning. Linköping University, Faculty of Arts and Sciences. Retrieved on 2021 fromhttp://www.diva-portal.org/smash/get/diva2:556335/FULLTEXT01.pdf

Zabriskie, R. B., & McCormick, B. P. (2001). The influences of family leisure patterns on perceptions of family functioning. *Family Relations: An Interdisciplinary Journal of Applied Family Studies, 50*(3), 281-289. https://doi.org/10.1111/j.1741-3729.2001.00281.x

Zgambo, M., Kalembo, F., Guoping, H., & Honghong, W. (2022). Depression among Chinese children and adolescents: A review of the literature. *International Journal of Child, Youth and Family Studies, 3*(4.1), 442-457.doi: 10.18357/ijcyfs34.1202211543

Zhai, H., Bai, B., Chen, L., Han, D., Wang, L., Qiao, Z., & Yang, Y. (2015). Correlation between family environment and suicide ideation in university students in China. *International Journal of Environmental Research and Public Health, 12*(2), 1412-1424.doi: 10.3390/ijerph120201412.

Zúñiga, M. Á., Jacobo, B. R., Rodríguez, A. S., Cabrera, N. C., & Rentería, M. L. J. (2019). The relation between depression and family conflicts in adolescents. *International Journal of Psychology and Psychological Therapy, 9*(2), 205- 216.

APPENDIX I

INFORMATION AND CONSENT FORM

I hereby give consent to participate in the research study titled **"Investigation On The Impact Of Selected Demographic Variables On School-Going Adolescents: Self-Esteem, Depression, And Suicide Ideation"** to be conducted by research scholar Ms. Nishu Sahani department of psychology, Faculty of Arts, P.K. University Shivpuri Madhya Pradesh.

I have been informed and updated about the above study and have a clear understanding of the study. I am aware that the information collected will be used for the study and the information about me may be looked at by responsible people.

I am aware of the procedures related to the above study and have been given a chance to clarify any questions that I have. My participation of the study is voluntary and I have not been offered any incentive of any kind for participating for the study and that I have the right to withdraw from the study at any point if I am not comfortable without any consequences.

I agree to participate for the study and have received a signed copy of the consent form.

Name	Name
Signature of the participant	**Signature of the research scholar**
Date and Place	Date and Place

APPENDIX II

SOCIO DEMOGRAPHIC SHEET

Name:

Sex:

Age:

Religion:

Social Group:

School:

Education qualification (standard in which you are studying):

Place of residence:

Staying at home or Staying in a hostel/Paying guest:

Urban or Rural:

Fluency in English (can Read, Understand and Speak in English): 1---2---3---4---5

Any history of mental illness: YES NO

Any history of major physical illness (if yes then please specify):

YES NO

Dependent on any lifelong medication: YES NO

Type of Family: Nuclear/ Joint/ Extended/ Separated Parents

Father's Occupation: (Please specify)

Mother's Occupation: (Please specify)

APPENDIX III

ACADEMIC STRESS SCALE

This scale consists of 40 items describing the stress in your institution/ college life from the various sources. The level of stress you feel for each item can be indicated by marking a "tick mark" in the bracket given against each statement.

If you feel No Stress put a "tick mark" in the 1st bracket (NS), Slight Stress in the 2nd (SS), Moderate Stress in the 3rd (MS), High Stress in the 4th (HS) and you feel Extreme Stress put a "tick mark" in the 5th bracket (ES).

Sl. No	Statement	NS	SS	MS	HS	ES
1	Teachers make too many extra demands on students.					
2	Poor interest in some subjects.					
3	Progress reports to parents					
4	The teacher is not humours towards us.					
5	Lack of concentration during study hours.					
6	Difficulty in remembering all that is studied.					
7	Worrying about the examinations.					
8	Lack of self-confidence.					
9	The teachers do not listen to our ideas.					
10	Conflict with friends/college authorities.					
11	Teachers give more punishment in the class.					
12	Worry about results after examinations.					
13	Hesitate to ask the teacher for detailed explanation.					
14	Biased attitude of the teacher.					

APPENDIX IV

FAMILY ENVIRONMENT SCALE (FES)

This booklet contains some statements. These statements are about your family, you have to decide which of these statements are applicable to you about your family and which are not. Alongside the statements have FIVE cells. If you which are "Strongly agree" with the statement mark tick under the cell labelled "Strongly Agree". If you "Strongly Disagree" with the statement mark tick under the cell labelled "Strongly Disagree".

Please note: SA- Strongly Agree, A- Agree, N- Neutral, D- Disagree, SD- Strongly Disagree.

Sl. No.	STATEMENTS	SA	A	N	D	SD	score
1	We enjoy doing things together.						
2	Family members often do not express their feeling.						
3	Breaking things in anger is quite common in our family.						
4	Making decisions independently is strongly encouraged in our family.						

APPENDIX V

ROSENBERG SELF-ESTEEM SCALE

Scale:

Instructions: Below is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement.

1. On the whole, I am satisfied with myself.

   Strongly Agree Agree Disagree Strongly Disagree

2. At times I think I am no good at all.

   Strongly Agree Agree Disagree Strongly Disagree

3. I feel that I have a number of good qualities.

   Strongly Agree Agree Disagree Strongly Disagree

4. I am able to do things as well as most other people.

   Strongly Agree Agree Disagree Strongly Disagree

5. I feel I do not have much to be proud of.

   Strongly Agree Agree Disagree Strongly Disagree

6. I certainly feel useless at times.

   Strongly Agree Agree Disagree Strongly Disagree

APPENDIX VI

BECK DEPRESSION INVENTORY-II (BDI-II)

Instructions: This questionnaire consists of 21 groups of statements. Please read each group of statements carefully. And then pick out the one statement in each group that best describes the way you have been feeling during the past two weeks, including today. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 (Changes in Sleeping Pattern) or Item 18 (Changes in Appetite).

1. Sadness 0. I do not feel sad. 1. I feel sad much of the time. 2. I am sad all the time. 3. I am so sad or unhappy that I can't stand it.
2. Pessimism 0. I am not discouraged about my future. 1. I feel more discouraged about my future than I used to. 2. I do not expect things to work out for me. 3. I feel my future is hopeless and will only get worse.
3. Past Failure 0. I do not feel like a failure. 1. I have failed more than I should have. 2. As I look back, I see a lot of failures. 3. I feel I am a total failure as a person.

APPENDIX VII

BECK SCALE FOR SUICIDE IDEATION (BSS)

Directions: Please carefully read each group of statements below. Circle the one statement in each group that **best** describes how you have been feeling for the **past week, including today.** Be sure to read all of the statements in each group before making a choice.

1.	0	I have a moderate to strong wish to live.
	1	I have a weak wish to live.
	2	I have no wish to live.
2.	0	I have no wish to die.
	1	I have a weak wish to die.
	2	I have a moderate to strong wish to die.
3.	0	My reasons for living outweigh my reasons for dying.
		My reasons for living or dying are about equal.
1		My reasons for dying outweigh my reasons for living.
4.	0	I have no desire to kill myself
1		I have a weak desire to kill myself
2		I have a moderate to strong desire to kill myself
5.	0	I would try to save my life if I found myself in a life-threatening situation.
	1	I would take a chance on life or death if I found myself in a life-threatening situation.
	2	I would not take the steps necessary to avoid death if I found myself in a life- threatening situation.

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CERTIFICATE

This is to certify that

NISHU SAHANI

RESEARCH SCHOLAR, DEPARTMENT OF PSYCHOLOGY,P .K .UNIVERSITY, SHIVPURI (M.P) INDIA

has participated in the conference. He/She has also presented a paper entitled

ANALYSIS ON THE ASSOCIATION IN THE MIDDLE OF TEENAGER'S SELF-ESTEEM AND FAMILY ENVIRONMENT

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has participated in the conference. He/She has also presented/contributed a paper entitled **AN EXAMINATION IN QUALITY OF SUICIDAL IDEATION AND DEPRESSION IN TEENAGERS**

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Analysis on the Association in the middle of Teenager's Self-Esteem and Family Environment

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ABSTRACT

The study involved 200 teenagers, 100 of whom were male and the other 100 were female, enrolled in different Meerut-based educational institutions. The Family Environment Scale and the Self-Esteem Scale were used to collect data. A number of statistical techniques were applied to the data analysis. The t-test and Pearson's product moment correlation were the statistical methods applied. The goal of the current study was to determine whether teenage self-esteem and the familial environment are correlated. The relationship between the self-esteem of adolescents and the various family environment scale dimensions cohesion, expressiveness, conflict, independence, achievement orientation, intellectual cultural orientation, active recreational orientation, moral religious emphasis, organization, and control was examined using Pearson's product moment correlation. The investigation's findings demonstrate that there are no gender disparities in the mean scores of any of the ten home environment characteristics, nor are there any gender differences in the mean scores of teenagers' self-esteem. Additional correlational analysis showed that the conflict component of the home environment is adversely connected with self-esteem, and moral and religious emphasis is positively correlated. The findings showed a strong link between teenagers' self-esteem and their familial environment.

Keywords: *Self Esteem, Adolescents, Family Environment,*

INTRODUCTION

The word "adolescence" comes from the Latin "adolescere," which means "to grow up." This stage serves as a transitional period between childhood and adulthood. Typically, this time spans between 12 and 19 years. Adolescents experience a variety of physical and mental changes throughout this time. The main process that occurs at this time is puberty, which involves numerous changes in adolescents that eventually lead to sexual maturity. It is around this time that teenagers form close social bonds. "The developmental period of transition between childhood and adulthood that involves biological, cognitive, and social changes" is how Santrock describes adolescence. "Period which is sexual, social, occupational, and ideological adjustments and striving independence from parents" is how Kuhlen describes adolescence. Adolescence is a crucial time for introspection and self-reflection. Teenagers grow into adults with a distinct identity. During this stage of life, there is a stage of identity development. Self-concept, sense of identity, and self-esteem are three broad perspectives to comprehend identity development.

Self Esteem

Self Esteem is composed of two terms 'self' and 'esteem', self means one's own self and esteemis derived from a latin verb *aestimare* which means value. By combing these two terms we can conclude self esteem is value for one's own self. It is the persons overall self-worth, attitude towards self. There are mainly two types of self esteem : Low self esteem and High self esteem, which depend upon the situations , environment and the people surrounding.

Low Self Esteem constructs a negative view towards self; it is a condition when a person feels hopeless, incapable, incompetent, lack of confidence in self, useless and unworthy. According to Shilling (1999) "Low self-esteem is a trait of financially unsuccessful people, which in turn results in low risk-taking ability."

On the other hand, High Self Esteem constructs a positive view towards self, there the person feels self-worthy, confident, competent, capable, happy, optimistic, far from worries and energetic.

According to Smith and Mackie (2007) "The self-esteem is the positive or negative evaluationsof the self, as in how we feel about it."

Family Environment

Family is the first school for an individual. Childs life is mainly influences by the family environment; it is the primary source of social development. Each family is different from the other, as it is composed of different members. Each varies in its social and economic conditions with different background. Bhatia and Chadha (2004) measured the psychological environmentof family as perceived by adolescents with respect to the quality and quantity of cognitive, emotional and social support given by the family to the child, with eight components namely: cohesion, expressiveness, conflict, acceptance and caring, independence, active recreational orientation, organization; and control.

Adolescence is an important developmental phase of life. It is a path leading to adulthood, an individual starts becoming independent from the family. At this stage social awareness and socialintercourse begins, but still parents and other family members plays a vital role in adolescents life in their wellbeing, they act as a support system within with teens explore their identity and develops their self-concept.

Significance of Study

Adolescence is a period in which boys and girls face many problems and issues. It is the most significant stage of development. The type of characteristics one develops in his/her adolescent period last throughout life. The situations, conditions and environment in which they live always reflect in their personality.

Self-esteem is one of the most important factors required for everybody to succeed in life. And it is very much clear that Self Esteem/Self Identity mainly generates in the adolescent period. It is the period of intellectual, social, emotional and mental development. And family is the placefrom where an individual starts his/her first social development. It is the first school for every individual, it plays a crucial role ones life.

To identify the conditions related to family environment among adolescents which influences their self-esteem.Various dimensions of family environment which may positively or negatively correlate with the self-esteem of adolescents. To improve the family conditions so that better development can be brought in adolescents, this may prove significant in bringing success to our nation.

Realizing the influence of family environment and self-esteem of adolescents on each other, the investigator decided to undertake this research. Moreover the lack of researches in this area also encouraged the investigator to probe into it and the investigator decided to conduct a study in thisfield.

Objectives:

i) To study the correlation between the scores family environment and self-esteem ofadolescents.
ii) To study whether gender difference exist in Family Environment and Self Esteem.

Hypotheses:

i) Significant correlation exists between family environment and self-esteem of adolescents.
ii) Gender difference will exist in family environment of adolescents.
iii) Gender difference will exist in self-esteem of adolescents.

Sample:

A sample of 200 adolescents (100 males and 100 females) was selected randomly from six educational institutes of district Meerut, U.P., India.

Research Design:

The goal of the current study is to examine the relationship between the family environment and the self-esteem of teenagers enrolled in different Meerut educational institutions. Two distinct psychological tests were used to gather the data, which was then assessed in accordance with the manual's standards. The relationship between the family environment and the participants' self-esteem was then investigated. The gender differences in teenage self-esteem and home environment were examined using the t-test.

Test Tools:

The following tools were used in the present study to collect the data:

i) Family Environment Scale (Moos & Moos, 1994)
ii) Self-Esteem Scale (Rosenberg, 1975)

RESULTS

To test hypothesis no. 1:

Table:1, Coefficient of Correlation (r) between scores of different dimensions of FamilyEnvironment and Self Esteem of adolescents.

Sr. No.	Dimensions of family environment Scale	r

1	Cohesion	0.081142
2	Expressiveness	0.037739
3	Conflict	-0.22833**
4	Independence	-0.04073
5	Achievement Orientation	0.064372
6	Intellectual Cultural Orientation	0.114207
7	Active Recreational Orientation	0.054551
8	Moral Religious Emphasis	0.158125*
9	Organization	0.103654
10	Control	0.040162

*p<0.05, ** p<0.001

As shown in table 1, the coefficient of correlation between different dimensions of family environment and self esteem of adolescents, the table reveals that self esteem of adolescents is positively correlated to Moral Religious Emphasis(r= 0.158125, p<0.05) and negatively correlated to conflict (r= -0.22833, p<0.01) dimension of family environment scale.

Therefore, the first hypothesis, "Significant correlation exists between family environment and self esteem of adolescents" was accepted for the different dimensions of the family environment scale which are moral religious emphasis and conflict.

To test hypothesis no. 2:

t-test was employed to find the significance of gender differences in various dimensions of Family Environment Scale of adolescents and Self Esteem of adolescents.

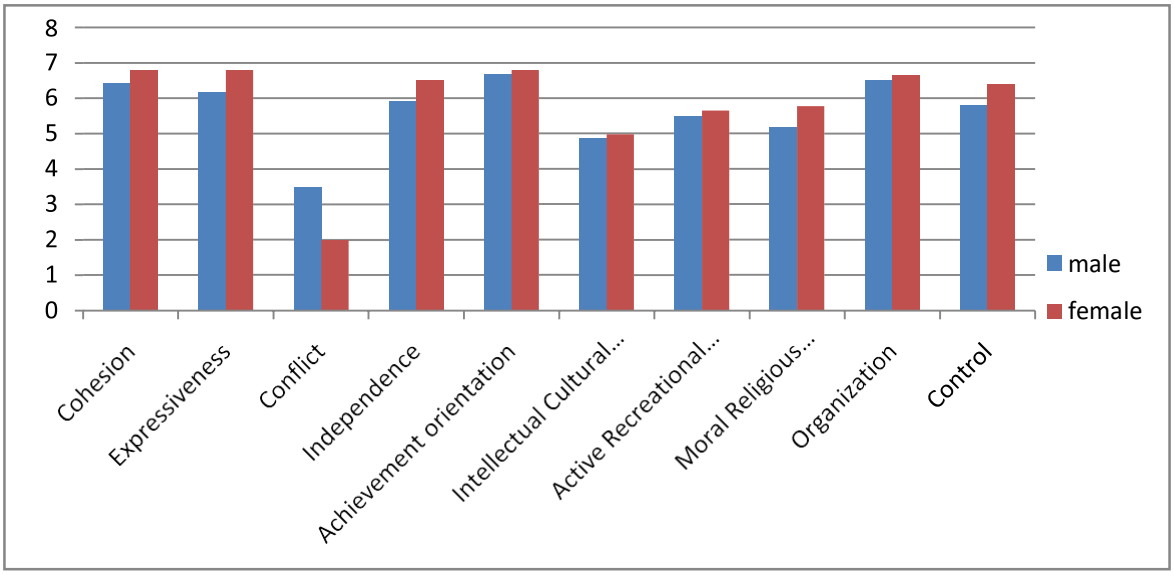
Table: 2, Mean, Standard deviation and t-value to find significance gender difference indimensions of Family Environment Scale among adolescents.

Sr. No.	Dimensions of Family Environment Scale	Gender	Mean	Standard Deviation	t-value	Level of Significance
1	Cohesion	Male	6.42	1.342243	0.045238	Not Significant
		Female	6.8	1.35587		
2	Expressiveness	Male	6.16	1.773657	0.002787	Not Significant
		Female	6.8	1.385349		
3	Conflict	Male	3.5	1.93584	0.575237	Not Significant
		Female	2	1.745731		
4	Independence	Male	5.91	1.670269	0.00491	Not Significant
		Female	6.5	1.41778		
5	Achievement Orientation	Male	6.68	1.309484	0.548095	Not Significant
		Female	6.79	1.397168		
6	Intellectual Cultural Orientation	Male	4.86	1.675853	0.628927	Not Significant
		Female	4.97	1.424568		
7	Active Recreational Orientation	Male	5.5	1.38899	0.47541	Not Significant
		Female	5.64	1.15924		
8	Moral Religious	Male	5.17	1.442886	0.00164	Not

	Emphasis	Female	5.77	1.36962		Significant
9	Organization	Male	6.5	1.598611	0.405691	Not Significant
		Female	6.66	1.350047		
10	Control	Male	5.79	1.659348	0.010654	Not Significant
		Female	6.41	1.608657		

As shown in table 2, it was found that there exist no significant gender difference between the family environment of adolescents. Then scores of cohesion for male adolescents was 6.42 and of female adolescents was found to be 6.8, t-value was found to be 0.045238 , which is not significant at any level. The same was with all the dimensions of family environment scale whichwere expressiveness, conflict, independence, Achievement Orientation, Intellectual Cultural Orientation, Active Recreational Orientation, Moral Religious Emphasis, Organization and control , t-value for all the mentioned dimensions were found to be not significant.

Therefore, the second hypothesis, "Gender difference will exist in family environment of adolescents" was rejected.



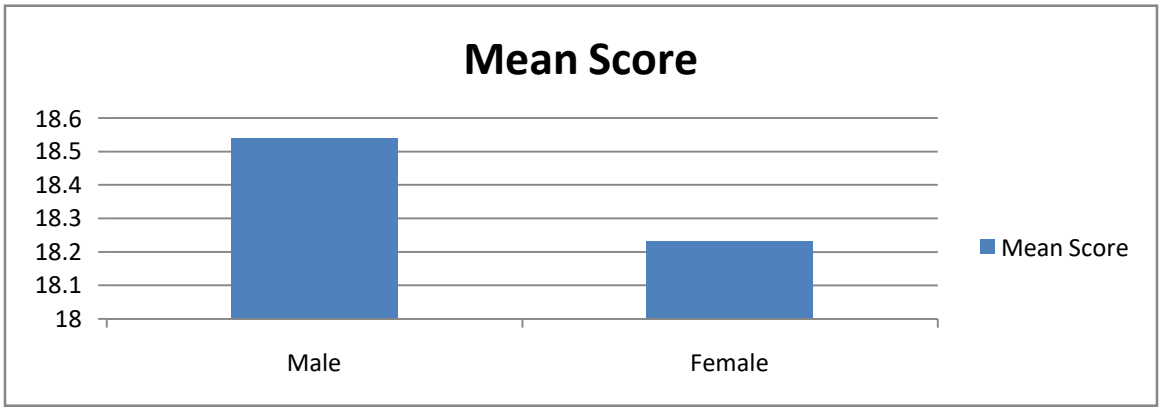
Bar Graph showing difference in mean scores of male and female adolescents, amongdifferent dimensions of Family Environment Scale

Table: 3, Mean, Standard deviation and t-value to find significance gender difference of SelfEsteem among adolescents.

Self Esteem	Gender	Mean	Standard Deviation	t-value	Level of Significance
	Male	18.54	2.77587	0.465625	Not Significant
	Female	18.23	3.146489		

From table 3 , it is clear that there existed no significant difference in mean scores of male and female adolescents in their self esteem. The mean score of self esteem among male adolescents was 18.54 and the mean score of self esteem of female adolescents was 18.23. As shown in the table the computed t-ratio of

the sample was 0.465625, which is not significant at any level. Thusthe second hypothesis, "gender difference will exist in self esteem of adolescents" is rejected.



Bar Graph showing the difference in the mean scores of Self-Esteem of male and female adolescents

CONCLUSION

The study computed the coefficient of correlation between the various dimensions of the home environment scale and the self-esteem of adolescents. The results indicated that there was a significant link for Moral Religious Emphasis at the 0.05 level of significance and for Conflict at the 0.01 level of significance. (Where teenagers' self-esteem is negatively correlated with conflict). Furthermore, there are no appreciable gender disparities in teenagers' self-esteem or familial environments.

REFERENCES

1) Aufsesser. et.al, (2016). The family Environment and Adolescent Well-Being: Exposure toPositive and Negative Family Influences. *Child Trends, NAHIC.* June, 1-12.
2) Ayyub. et.al, (2022). The relationship of personal growth initiative, psychological well-being,and psychological distress among adolescents. *Journal of Teaching and Education.* 1(6), 101-107.
3) Bhardwaj & Agrawal, (2023). Gender difference in pre adolescents' self-esteem. *International Journal of social sciences and interdisciplinary research.* 2(8), 114-119.
4) Bhattacharya (2015). Prediction of Perception of Home environment of Indian Adolescents basic
    a. of their Emotional Intelligence. *The International Journal of India Psychology.* 2(3), 20-35.
5) DasGupta. et.al, (2015). The impact of Family Environment upon Development of Life Skills and Psychological hardiness among Adolescent Boys. *International Journal of Indian Psychology.* 2(2), 110-120.
6) Desforges. et.al, (2023). The impact of parental involvement, parental support and family education on pupil achievement and adjustment: A literature review. *Research report (Great Britain. Department for Education and Skills).* Brief No 433.
7) Dhal, et.al. (2007). Adolescents self-esteem, attachment and loneliness. *J. Indian ASSOC. Child Adolesc. Ment. Health.*3 (3), 61-63.
8) Dilek Kilic., et.al, (2021). The effect methods to cope with stress by high school students on

hopelessness and self-esteem. *Health MED.* 5(6), 1573-1579.

9) Garret, Henry E. (1964). Statistics in psychology and education. New York: Mc Grawhill.
10) Greff, A. P. and Le, Roux M. C. (1990). Parents' and adolescents' perception of a strong family.
    a. *Psychological Reports,* 84(2-3):1219-1224.
11) Guilford, J. P. (1956). Fundamental statistics in psychology and education. *New York: McGrawhill.*
12) Hannings, L. G. (1994). Predicting adolescents quality of life satisfaction from parent-adolescent relationship factors, locus of control, and relationship satisfaction. Ph.D. Thesis. *Kansas State University.*
13) Kaur S. (2014). Correlational study of depression, family environment and self-concept among adolescents. *Indian Journal of Psychological Science.*5 (1), 105-113.
14) Kim (2021). Adolescent's health behaviors and its associations with psychological variables.
    a. *Cent Eur J Public Health.* 19(4), 205-209.
15) Klarin M, (2022). The contribution of family and peer interaction to the understanding of self- esteem in adolescent's gender and cultural similarities and differences. *International Journal of Humanities and social sciences.*2 (21), 1-21.
16) Lau, Singh & Kwok, Lai- Kuen (2000). Relationship of family environment of adolescents' depression and self-concept. Social Behavior and Personality. *An International Journal,* 28(1):41-50.
17) Mahmoudi (2022), Influence of adjustment and self-esteem on family environment. *IndianJournal of Science and Technology*. 5(4), 2633-2637.
18) Malekzadeh (2015). The relationship between self-esteem, attachment quality and aggression in adolescents from single and multi-child families. *Applied Psychology*. 3, 51-59.
19) Mohan. et.al, (2023). Achievement motivation and self-concept of adolescents: Significance of parental attitude. *Indian Journal of Psychological Sciences.* 4(1), 30-38.
20) Montemayor, et al. (1994). Personal relationship in adolescence. Advances in adolescent development. *Sage online journal,* 6.
21) Moos, R. & Moos, B. (1994). Family Environment Scale. Manual: Development, Applications, Research - Third Edition. Palo Alto, *CA: Consulting Psychologist Press.*
22) Mumthas, et.al. (2014). Psycho-Social Problems of Adolescents at Higher Secondary Level.
    a. *Guru Journal of Behavioral and Social Sciences.* 2(1), 252-257.
23) Naderi H, Abdullah R. Aizan, Sharir J. & Kumar V. (2009). Self Esteem, gender and academic
24) achievement of undergraduate students. *American Journal of Scientific research.* 3, 26-37.
25) Oliver, et.al, (1995). Self Esteem and Self Efficacy: Perceived Parenting and Family Climate;and depression in University Students. *Journal of clinical Psychology and Psychiatry,* 51(4):467-481.
26) Olson, et.al (1979). Circumplex Model of material and family system II: Empirical studies and clinical invention, assessment, and theory. *Greenwich, CT: JAI,* 128-176.
27) Pilgrim, et.al (2004). The direct and indirect effects of mothers and adolescents' family cohesion on young adolescents' attitude towards substance abuse. *Journal of primary prevention,* 24,263-283.
28) Powell, et.al. (2006). Family strengths, stress and wellbeing among troubled and well-adjusted adolescents. *Dissertation Abstract International,* 67(5):1659-A.
29) Ramaprabou (2014). The effect of family environment on the adjustment patterns of Adolescents. *International Journal of Current Research and Academic Review.* 2(10), 25-29.

30) Richarson et al. (1984). Young Adolescents' Perception of the family environment. *The journal of Early Adolescence*, 4(2):131-153.

31) Rosenberg, M. (1965). Society and the adolescent self-image. Princeton, *NJ: Princeton University Press.*

32) Sharma V., (2014). Family environment and peer group influence as a predictor of academic stress among adolescents. *International journal for research in education.*3 (3), 1-9

33) Sharma, et. al, (2015). Role of Family Environment and Parenting Style in Adjustment among male Adolescents. *International Journal of Current Research and Acedamic review.*3(1),252-263.

34) Singh S. & Bhatia G., (2022). Study of self-esteem of secondary school students in relation to their family environment. *International Journal of Scientific research and publication.* 2(10), 1-4.

35) Slesnick N & Prestopnik L.J., (2004), Perceptions of the family environment and youth Behaviors: Alcohol abusing runaway adolescents and their primary caretakers. *Fan J Alex Va.* 12(3), 243-253.

36) Turner. et.al, (2010). The effects of Adolescent victimization on Self-Concept and Depressive Symptoms. *Child Maltreatment.* 15(1), 76-90.

37) Verma, B. P. and Sangita (1991). Locus of control and self-esteem as a function of family climate. *Asian Journal of Psychology and Education.*24(5-6):2-5.

38) Weber, Angie D., (2001). Influence of Family Environment on Self-Esteem and Hostility.
    a. *Honors Theses.* Paper 253.

39) Willburn. et.al, (2005). Stress, Self-esteem and Suicidal ideation in late adolescents. *Research Gate Adolescence, Libra Publishers.* 40(157) 32 - 45.

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AN EXAMINATION IN QUALITY OF SUICIDAL IDEATION AND DEPRESSION IN TEENAGERS

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ABSTRACT

The purpose of this study is to look into the relationship between depression and suicide thoughts among teenagers who are enrolled in school. Using stratified random sampling, a survey of 100 teenagers 50 of whom were male and the other 50 of whom were female from several East Meerut schools was undertaken. In our society today, suicide and suicidal thoughts are among the biggest issues facing kids. The World Health Organization estimates that one million people commit suicide annually worldwide. The National Crime Records Bureau states that Meerut. Adolescent depression is underdiagnosed and undertreated; around 75% of depressed teenagers do not receive therapy. Adolescents who experience untreated depression in their teens are more likely to experience negative results as adults, such as worsening physical and educational outcomes, as well as a higher risk of suicide. The Beck Depression Inventory-II and Beck Suicidal Ideation measures were used to evaluate the subjects. Correlation and descriptive statistics were used to analyze the data. The results showed a positive correlation between suicidal ideation and depression. Adolescent sadness and suicide thoughts also showed a substantial gender difference. The results will aid in comprehending the primary issues that lead to suicide and suicidal thoughts, which will aid in the creation of interventional tactics.

Keywords: *Adolescents, Gender ,Suicidal Ideation, Depression,*

INTRODUCTION

For teenagers in both Western and Asian nations, academic issues are the main cause of ongoing stress, and they are strongly linked to mental health issues like despair, anxiety, and suicide thoughts. Concern over study pressure and its connections to mental health problems in Indian schoolchildren and teenagers is growing. Adolescents who get parental support and instruction are less likely to self-harm. Obsessive plans by parents to succeed and achieve in society are frequently illogical and at odds with the developing needs of their children. Children become less trusting and understanding of their parents as a result, which frequently depresses them; this is particularly common in developing countries. The third-leading cause of death in the United States, teenage suicide, is significantly influenced by undiagnosed depression. Suicidal thoughts may be influenced by depression.

A very significant problem is suicide. Teenagers take their own lives far too frequently. Teenage suicides have increased threefold in the United States since the 1950s, making it the third greatest cause of mortality for this age group, according to Horowitz et al. (2001). In addition, 53% of kids between the ages of 13 and 19 reported having suicide thoughts; as per Horowitz et al., 250,000 teenagers attempt

suicide per year, and 8–10% of teenagers in the US make at least one attempt. In 1997, 7.7% of teenagers attempted suicide, 15.7% had suicidal thoughts, and 20.5% of adolescents had suicidal thoughts (Horowitz et al.). Up to 20% of 300 students who participated in another study acknowledged acting suicidality in the previous year (Rubenstein et al., 1989). The subject of suicide is exceedingly complex. The process of identifying those who are at risk of suicide is extremely challenging. Because there are so many reasons why people commit suicide, it can be challenging. Any person who is considering suicide is regarded as being in the at-risk group, regardless of their motivation. A person's adolescence can be a challenging time in their life. There may be a great deal of tension and emotional distress. Teenagers can become stressed out because of problems with peer interactions at school and familial strife at home. All of these could cause depression and suicide in a person (Rubenstein et al., 1989). Children demand intelligent, engaging, and friendly support, which is frequently required from parents. Nevertheless, this relationship frequently fails, so they seek it out from their friends, that frequently leads to meeting negative influences and demeaning people who destroy their impressionable minds. Suicidality among children and teenagers has increased during the previous ten years. Worldwide epidemiological studies reveal that 9%–26% of young people report having suicidal thoughts at some point in their lives (Olsson & Von Knorring, 1997; Martin et al., 1994). Every year, suicide claims roughly a million lives. This indicates that one suicide occurs every forty seconds on the planet. An additional 10 to 20 million non-fatal suicide attempts occur each year. Teenage suicide is the third most common reason for death. The suicide rate in the United States was 10.7 per 100,000 individuals as of the 2001 report. The suicide rate for young adults aged fifteen to twenty-four was 9.9 per 100,000 individuals. The leading cause of death in modern culture is suicide. Teenagers have many challenges in life, and some struggle to cope with the pressure. Several factors can influence a kid to take their own life. Teenage suicide has a number of frequent causes, including depression, but there are also many other things that might make someone depressed. These elements include some that are psychological or physical. Substance misuse, changes at home, domestic violence, and money issues are further causes.

Suicide ideation among adolescents

Large amounts of suicidal thinking were shown among young people. The reasons include incorporating family issues, social, political, and financial issues, or the absence of practical adapting procedures. It has been said that those teenagers who rely more on broken adapting procedures are more inclined to misery and, in this manner, suicide ideation. (Gould et al., 1996). Children in South Africa commit suicide for various reasons. Some risk factors include large amounts of family issues and violence, alcohol and drug abuse, and the availability of firearms in the home. Poverty is also one of the common reasons for suicidal ideation (Forster & Keen, 1990). Kaplan et al. (1999) found in their study that family interruption, mishandling, and liquor consumption constituted a portion of the hazards associated with suicide activities, while parental clashes, school challenges, and social separation are also considered to be factors that cause suicide. A similar study was conducted by Paulszny and Davenport (1991), who found that the suicide ideation group had significantly more psychological problems and came from chaotic or disorganized families. Huff (1999) found that five of the ten highest-ranked stressors for adolescents involved conflict with parents and siblings. Family issues and also developmental issues play a very important role in leading to an adolescent having thoughts about suicide, according to Beautrias.

Gender difference in suicide ideation and depression

It has just been recommended that suicidal ideation and suicidal behaviour are different for males and females. Vannatta (1996) reported that males are four times more inclined to commit suicide than females. Langhinrichsen-Rohling et al. (1998) reported that the suicide rate for males in 1992 was 21.9 per 100,000, compared to a female rate of 3.7 per 100,000. This might be because women are more likely to report suicide attempts. According to Canetto (1997), who investigated the rate of suicide among males and females in 1970–1980, the rate of suicide was higher among females than among males. However, females are three times as likely to engage in nonfatal suicidal behaviour. Gender differences have likewise been noted for the connections between depression and suicidality. Mazza & Reynolds (1998) reported that males advanced from depression to substance abuse and after that to suicide risk, while

females progressed directly from depression to suicide risk. The research was done by Klomek et al. (2007) to assess the association between bullying behaviour, depression, suicidal ideation, and suicide attempts among adolescents in 9th–12th grade in New York. Class bullying is more inclined to increase the risk of depression and suicide, particularly among girls. Singh & Hardeep (2005) examined the relationship of depression, life stress, and personality with suicidal ideation among students. Results revealed that suicidal ideation was positively associated with depression and stressful life events. A similar study was conducted by Ang and Huan (2006) on the relations among academic stress, depression, and suicidal ideation among Asian young people between 12 and 18 years of age from a secondary school in Singapore. The result demonstrates that there is a significant positive correlation between depression and suicidal ideation. Differences between the genders were also found.

Objectives

- To assess the level of suicidal ideation and depression among school-going adolescents.
- To find out the relationship between suicidal ideation and depression among school- going adolescents.
- To study the gender difference in suicidal ideation and depression among school- going adolescents.

Hypotheses

- There would be a positive association between depression and thoughts of suicide in teenagers who go to school.
- Female school-going adolescents will have more depression than male school-going adolescents.
- Female school-going adolescents will have more suicidal ideation than male school- going adolescents.

METHODS AND PROCEDURE

Sample

A total of 100 students (50 males and 50 females) from government schools of district Meerut were chosen for the study as a sample through stratified random sampling method. The respondents were between the age of 15 and 20 years.

Psychological Tools used

- **The Beck Depression Inventory (Beck, Steer, & Brown, 1996):-**The Beck Depression Inventory is a widely used 21-item self-report scale in both clinical and research studies. The Beck Depression Inventory-II is a depression rating scale that can be used in individuals that are aged 13 years and older and rates symptoms of depression in terms of severity on a scale from 0 to 3 based on the 21 specific items. The test-retest reliability for BDI-II was 0.93. Beck Scale for Suicidal Ideation (Beck & Steer, 1991): The Beck Scale for Suicidal Ideation (SSI) is a 21-item self-report questionnaire that can be used to measure the severity of suicidal ideation in adults and adolescents.
- **The Beck scale for suicidal ideation (BSS), developed by Aaron T. Beck (1991),** consists of 21 items scored 0-2, allowing scores between 0-38. The things could be put into three groups: active suicidal desire, preparation, and passive suicidal desire. It has four points on the Likert scale.

Statistical Analysis

The psychometric properties of each of the scales of the psychological measures were ascertained. The data analyses also included descriptive statistics and correlation.

Ethical considerations

- All participants were asked if they wanted to participate, and only those who voluntarily participated were chosen for the collection, taking into consideration the participants' rights to withdraw at any point in time.
- Seek permissions and inform consent is taken from the colleges and the participants.
- Maintain the confidentiality of the participants and the collected data.

- The participants were informed about why the research is being conducted and it will be used only for academic purposes.
- Acknowledging the participants' contributions.

RESULTS AND DISCUSSION:

Table-1: Showing the Reliability (Alpha), Homogeneity (Levene test), and Normal probability (Kurtosis and Skewness) for the test scale/subscales.

Statistics		**Dependent variables**	
		Depression	**Suicidal ideation**
Reliability	Alpha	.84	.71
NPC	Kurtosis	-0.16	.31
	Skewness	.41	.36

Table -1 shows the Cronbach's Alpha of the scales such as depression (α = .84), and suicidal ideation (α = .71). In the domain of social science, it is common practice to consider a Cronbach's alpha value of 0.70 as an acceptable measure of reliability or internal consistency of an instrument (Taber, 2017). The skewness value of depression and suicidal ideation are between -1 and +1 point value.

Table- 2: Showing the Descriptive statistics- Mean and SD for the gender comparison groups on dependent variables.

Independent Variables (Gender)	**Statistics**	**Dependent variables**	
		Depression	**Suicidal ideation**
Total Male	Mean	16.56	19.16
	SD	10.08	4.02
Total Female	Mean	18.46	25.00
	SD	10.45	5.09

Table showing the gender difference in depression among school-going adolescents Results revealed that the mean score of the male on depression is 16.56 (SD, 10.08), and the mean score of the female is 18.46 (SD, 10.45). It suggests that the mean score of depression for female is higher than the mean score of depression for male. These results are also consistent with prior studies conducted in the domain. Females are found to be more depressed than males (Ghaedi& Mohd Kosnin, 2014). Sharma & Kirmani (2015) found that girls reported more symptoms of depression and anxiety than boys. Also, the results are consistent with extant research (Nerdrum et al., 2006; Herrero & Meneses, 2006; Khawaja & Duncanson, 2008).

Adolescent's boys and girls approach suicide in different ways, as shown in the same table. Results revealed that the mean male score on suicidal ideation is 19.16 (SD, 4.02) and the mean female score is 25.00 (SD, 5.09). Suvarchala & Manjuvani (2023) did similar research and found that there were significant differences between boys and girls with respect to suicidal ideation. This indicates that adolescent girls may have experienced interpersonal disputes, family members' attitudes of inequity, academic stress, and loss of loved ones, sleep disorders, and financial problem, all of which can lead to suicidal ideation. The findings are consistent with the findings of Yi-Yang Zhang.Y.Y et.al (2019) which shows that suicidal ideation was significantly higher for girls (13.3%) than boys (10.7%).

Table 3: Showing the significant relationship between Dependent Variables

Pearson's Correlations between Dependent Variables		
Dependent Variables	**Suicidal ideation**	**Depression**
Suicidal ideation	1	.36**
Depression		1
***Correlation significant at 0.01 level*		

The relationship between suicidal ideation and depression among the participants was analyzed by Karl Pearson's coefficient of correlation. The correlation analysis revealed a correlation of .36. From the data, it is evident that there is a significant positive correlation between suicidal ideation and depression in the level of significance is 0.01. Since the coefficient of correlation has a positive value, it implies that depression and suicidal ideation share a positive correlation. This means that as the participant's depression increases, so will their suicide ideation, and vice versa. This was supportive of our assumption that suicidal ideations could be reduced if we could control depression among the individuals. In adolescents, depression is frequently linked to suicide thoughts and actions (Brand et al., 1996; Brent et al., 1999). Asian adolescent research studies have also revealed a connection between depression and suicidal ideation. Juon et al. (1994) found that depression is one of the strongest and most reliable predictors of suicidal behaviours in a sample of more than 9,000 Korean high school students. Students with high depression scores were 5.31 times more likely to report suicidal thoughts and 3.19 times more likely to attempt suicide than students with low scores. Similar findings with regard to stressors among students (particularly academic stress) and depression were made by Stewart et al. (1999) using a sample of adolescents from Hong Kong. They also say that when depression and stress are found among students, there is a high chance of seeing suicidal thoughts. It can be assumed that adolescents may develop depressed feelings when they receive negative feedback regarding their academic performance. Moreover, depression in adolescents is linked to suicidal thoughts and behaviours (Brand et al., 1996; Brent et al., 1999). Adolescent depression partially mediates the relationship with suicidal ideation. The results suggested that suicidal ideation increases with depressed mood in adolescents in this sample. This is similar to De Man, Stewart, et al.'s (1999) findings, which indicated that depression significantly accounted for the relationship between suicidal ideation and depression in adolescents. The present findings may have practical applications for intervention and prevention work with children and adolescents in schools.

CONCLUSION

Suicide is a serious issue that requires immediate attention. The World Health Organization (2019) states that there are three suicide attempts for every forty seconds, but suicide deaths occur per forty seconds. This explains more than a million suicide-related fatalities per year. Although school-age children do not exhibit a critical level of suicidal ideation, there is still a tendency to worry about it based on the responses of the respondents. This is true even if depression and suicidal tendency are problems that are closely linked to an individual's mental health. Moreover, a strong correlation between suicidal ideation and depression can be deduced. Therefore, depression must be appropriately treated and prevented before it increases and finally presents as suicidal thoughts or behaviors while attempting to adopt any form of intervention. Counseling should be done to promote better connections and communication with parents. Counseling that emphasizes communication and crisis management is an alternative for enacting change, promoting stability, and reducing the likelihood of individuals harboring suicidal or self-harming ideas (Pelling, Bowers, & Armstrong, 2007). To discover a solution, all stakeholders involved in addressing suicide issues—parents, educators, the government, the media, and non-governmental organizations (NGOs)—must collaborate.

REFERENCES

1) Ang, R.P., & Haun, V.S. (2016). Relationship between academic stress and suicidal ideation: Testing for depression as a mediator multiple regression. *Child Psychiatry and Human Development.37*, 133-143.
2) Beck, A.T., & Steer, R.A. (1991). *Manual for the Beck scale for Suicidal Ideation.* San Antonio: TX: Psychological Corporation.
3) Beck, A.T., Steer, R.A. & Brown (1996). *Manual for the Beck scale depression inventory-II.*
a. San Antonio: TX: Psychological Corporation.
4) Brand, E. F., King, C. A, Olson, E., Ghaziuddin, N, & Naylor, M. (1996). Depressed adolescents with a history of sexual abuse: diagnostic co morbidity and suicidality. *Journal of Academic Child Adolescent*

Psychiatry. 35,34–41.
5) Brent, D. A., Baugher, M., Bridge, J., Chen, T., Chiapptta, L. (1999). Age- and sex-related risk factors for adolescent suicide. *Journal of Child Adolescent Psychiatry.* 38:1497– 1505.
6) Forster, H.W., & Keen, A.W. (1990). Black attitudes in suicide. In L. Schlebusch (Ed.). Suicidal Behaviour. Proceedings of the first Southern African Conference on Suicidology.
7) Ghaedi, L., Mohd Kosnin, A. (2021). Prevalence of Depression among Undergraduate Students: Gender and Age Differences. *International Journal of Psychological Research*. *7 (2),* 38-50.
8) Gould, M.S., Fisher, P., Parides, M., Flory, M., & Shaffer, D. (1996). Psychosocial risk factors of child and adolescent completed suicide. *Archives of General Psychiatry.* 53,155-162.
9) Horowitz, L. M., Wang, P. S., Koocher, G. P., Burr, B. H., Smith, M. F., Klavon, S., & Cleary, P. D. (2021). Detecting suicide risk in a pediatric emergency department: Development of a brief screening tool. *Pediatrics. 107(5),* 1133-1137.
10) Huff, C. O. (1999). Source Recency and degree of stress in adolescence and suicide ideation.
a. *Journal of Indian Acadamy of Applied Sciences. 33(133),* 81-89.
11) Juon, H., Nam, J.J., & Ensminger, M. E. (1994). Epidemiology of suicidal behavior among Korean adolescents. *Journal of Child Psychology and Psychiatry and Allied Disciplines*. 35,663–677.
12) Kaplan, S.J., Pelcovitz, D., Salzinger, S., Mandel, F., Weiner, M., & Labruna, V. (1999). Adolescent physical abuse and risk for suicidal behaviours. *Journal of Interpersonal Violence*. *14,* 976-988.
13) Klomek, A.B., Marrocco, P., (2007). Bullying, Depression, and Suicidality in Adolescents.
a. *Adolescents Psychiatry*. *46(1),* 40-49.
14) Langhinrichsen-Rohling, J., Lewinsohn, P., Rohde, P., Seeley, J., Monson, C. M., Meyer, K. A., & Langford, R. (1998). Gender differences in the suicide-related behaviors of adolescents and young adults. *Sex Roles.39,*839-854.
15) Martin, G., & Waite, S. (1994). Parental bonding and vulnerability to adolescent suicide. *Acta Psychiatrics Scandinavian*. *89,*246-254.
16) 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 Behaviour*. 28. 358- 374.
17) M. Suvarchala and Prof E Manjuvani, Study on Gender Difference in Suicidal Ideation among Adolescents. *International Journal of Management, 14(3),* 2023, pp. 64-68
18) Nerdrum, P., Rustoen, T., & Ronnestad, M.H. (2016). Student psychological distress: A psychometric study of 1750 Norwegian, 1st-year undergraduate students. *Scand. J. Education Research.50(1),* 95–109.
19) Olsson, G., Knorring, A.L.V. (1996). Depression among Swedish adolescents measured by the self-rating scale Center for Epidemiology Studies- Depression Child (CES-DC). *European Child & Adolescent Psychiatry.6,*81-87
20) Paluszny M, Davenport C, Kim W. (1991). Suicide attempts and ideation: Adolescents evaluated on a Pediatric ward. *Adolescence.26(101),*209–215.
21) Pelling, N., Bowers, R., & Armstrong, P. (2007). *The practice of counseling*. Sydney:
22) Rubenstein, J. L., Heeren, T., Housman, D., Rubin, C., & Stechler, G. (1989). Suicidal behavior in "normal" adolescents: risk and protective factors. American Journal of Orthopsychiatry.*59(1),* 59-71.
23) Sharma, P., Kirmani, M.N., Anas, M., Sanam, R. (2015). Hope, Resilience and Subjective Well-being among college going Adolescent Girls. *International Journal of Humanities & Social Science Studies (IJHSSS).2(1),* 262-270.
24) Stewart, S. M., Lam, T. H., Betson, C., & Chung, S. F. (1999). Suicide ideation and its relationship to depressed mood in a community sample of adolescents in Hong Kong. *Suicide Life-Threat Behaviour.29,*227-240.
25) Stewart, A., De Man A.F (1999) Correlates of suicide ideation in high school students: the importance of depression. *J Genet Psych School*. *160,* 105-114.
26) Taber, K. S. (2018). The Use of Cronbach's AlphaWhen Developing and Reporting Research Instruments in Science Education. *Science Education Centre, Faculty of Education, University of Cambridge,* 48, 1273-1296. Doi 10.1007/s11165-016-9602- 2.

27) Vannatta RA. (1996). Risk factors related to suicidal behaviours among male and female adolescents. *Journal of Youth and Adolescence*.25 (2), 149–160.
28) World Health Organization (2019). Preventing Suicide. A resource for prison officers. *Mental and Behavioral Disorders*. Department of Mental Health.
29) Yi-Yang Zhang et.al (2022) Gender differences in suicidal ideation and health-risk behaviors among high school students in Beijing, China. *Journal of Global Health.; 9(1)*: Doi: 10.7189/jogh.09.010604.

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