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RESEARCH ARTICLE

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PREVALENCE OF DEPRESSION AND IT'S INFLUENCING FACTORS AMONG INDIAN CHILDREN OVER A DECADE: A SYSTEMATIC REVIEW

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ABSTRACT

Introduction: Prevalence of depression is increasing among children throughout the world as well as in India. Globally, one in every seven children and adolescent (10-19-year) experiences a mental disorder and childhood depression is common among them. It reduces the capacity for logical reasoning, concentration, memory, delaying or interrupting the development of cognitive, psychomotor and learning skills. Childhood depression is associated with low quality of life and it is not disappeared during adulthood. Depression is also a significant cause of suicide and suicidal attempt in children and adolescent. The digitalized world with significant demographic and socio-cultural changes demand adaptation in children's life also. The systematic review of literature is aimed in finding prevalence of depression and related factors among Indian children in the last decade. **Method:** Published literature of English data bases from 2017 to 2026 were reviewed. Articles related to childhood depression and influencing factors among Indian children and adolescent aged under 19 years were reviewed. Out of 98 articles 21 articles were assessed, summarized, categorized and interpreted. **Results:** The prevalence of depression among Indian children is ranged from 0.1% to 68% and it is higher among girls than boys. Number of personal, Interpersonal and sociodemographic factors has influence on developing depression in children.

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INTRODUCTION

Children are not a miniature of adult; they are children. They think and express differently but may not be free from emotional disturbance. Their mental health status also changed. Mental health primarily focuses on cognitive processes and functioning, while emotional health focuses on the ability to manage and express feelings effectively.¹ Though emotional health and mental health are not same but emotional health is essential for good mental health and both are equally important for overall wellbeing.² Emotional wellbeing of children is not guaranteed in a wealthy country that evident from the latest Innocenti Report Card 19 from UNICEF's Global Office of Research and Foresight. Across the 43 OECD/EU countries, 'children are less happy with their lives and not doing well in school'³ Being unhappy and disturbances of daily living activity is common in depressive disorder. Depression is described (APA, 2018) as negative affective state, ranging from unhappiness and discontent to an extreme feeling of sadness, pessimism, and despondency, that interferes with daily life.⁴ Worldwide, 8% of children and 15% of adolescents experience a mental problem but unfortunately majority of them neither seek medical consultation nor receive any care.⁵ According to the UNICEF report, 'The States of the World's Children 2021' every 1 in 7 children or around 14% of 15 to 24-year-old children in India often feel depressed.⁶

Prevalence of depressive symptoms was present among 34% of children in 6 to 12 years at Urban and semi urban area of Uttar Pradesh. Comparatively higher prevalence (41%) was observed in girls than (28%) boys (Yadav A, Anshu *et al*; 2025). Among school going children of Dehradun mild, moderate and severe level of depression was present in 63.2%, 34.5% and 2.3%.⁷ Depression was the most prevalent mental health issue among school children that identified in a systematic review which includes thirty-one studies with a sample size of 30,970 from 2013-2023.⁸ Childhood depression caused by multi factors including traumatic events, abuse, disability, prematurity, homelessness, parent having mental health problems etc.⁹ Family instability and parental depression are found major stressor for children that influence in developing stress among children.¹⁰ Children who experienced early life stress (ELS) in terms of Sexual abuse, physical abuse, death of a family member, domestic violence, and emotional abuse were more likely to develop major depressive disorder before the age of 18 than the participants without a history of ELS. (OR=2.50; 95% CI [2.08, 3.00]).¹¹ Depressed children show more irritability, sad, lack of interest in fun activities but their eating and sleeping either increased or decreased.¹² Among Indian school children 11.1% had severe depressive symptoms, 8.9% had severe anxiety symptoms and female students had higher level of anxiety and depression symptoms than male students.¹³ Among depressed children commonly reported symptoms include depressed mood, diminished interest in play activities, concentration difficulties,

behaviour problems in the form of anger and aggression, pessimism, decreased appetite, decreased sleep, anhedonia, and somatic symptoms.¹⁴ In a study of Oman, 55% school children experienced anxiety and highest disturbed mood changes was observed among grade ten students.¹⁵ Irritability and Anhedonia, a reduced ability to experience pleasure or motivation were associated with more severe depression symptoms among children and adolescents diagnosed with unipolar depression or bipolar disorder.¹⁶ Depressed children show the symptoms of hopeless, empty, worthless, irritable, fatigue, slower bodily movements and declined school performance.¹⁷ Severe level of depression was observed among 5.9% of Jordanian school children and the study also revealed that depression is not varying with gender. According to the teacher's observation influencing factors of depression was grouped under broad category home and community related factor. Family conflict and economic status was pointed as home related factors whereas teacher Student relationship and negative attitudes toward schools was grouped under school related factors.¹⁸ Point prevalence of depression/affective disorders is varying among Indian children in the clinic based, school based and community-based studies that ranges from 1.2% to 21%; 3%-68%; and 0.1%-6.94%. Education-related difficulties, relationship issues, family-related issues, economic difficulties are identified as risk factors of depression in children.¹⁹ Education related factors increases the risk of depression that observed in a study where depression was associated with higher education level (AOR: 1.53, 95%CI: 1.06–2.20) and anxiety (AOR: 4.88, 95%CI: 3.07–7.76).²⁰ The negative emotion, anxiety is common in children with depression and depression increases among children who bully or being bullied.²¹ Depressive symptoms also observed among children who have disturbed body image.(Mental Health Foundation,2019). High school students show higher level of depression who have more severe mobile phone addiction.²² Physical abuse predict depression in children ($\beta = 0.16, p < 0.01$) and emotional abuse was positively associated with childhood depression through self-compassion ($\beta = 0.02, p < 0.05$) and negative automatic thoughts ($\beta = 0.02, p < 0.05$).²³ Clinical depression is more common among older children (14–16 years) than younger children (12–14 years) and depressive symptoms were more among children with first birth order. (Raja D, Singh H *et al*, 2020).

In India, over 40% of the population is below 18 years of age (UNICEF, 2021), highlighting the importance of addressing mental health issues in this demographic. However, due to societal stigma, lack of awareness, In India, over 40% of the population is below 18 years of age (UNICEF, 2021), highlighting the importance of addressing mental health issues in this demographic. However, due to societal stigma, lack of awareness, In India 29.38% population is under 18 years who are considered as minor or children. (UNICEF,2025). Children are the future of a nation. Therefore, ensuring good mental health of children is an important health concern. Globally, one in every seven children and adolescent (10-19-year) experiences a mental disorder (WHO,2025). In West Bengal, 20.5% children were identified (Sarkar A, Rahaman SM;2024) with any mental health disorder (AMHD) among 288 children aged between 4 and 12 years who attend Paediatric OPD. Among the mental disorder depression is common. Globally the prevalence of mild-to-severe and moderate-to-severe depression increased over time (1989 to 2022) in children and adolescent.²⁴ Among Adolescent students of West Bengal 30% identified (Mukherjee P, 2024) with moderate to severe depressive symptoms and the prevalence of Depression was higher among females and students from urban schools. Childhood-onset depression leads to other psychiatric disorders and co-morbidities that observed in systematic review of literature.²⁵ Childhood depression is not disappeared in adulthood. Comparatively depressed adolescents with separated parents had an increased risk of recurrence of depression in adulthood than depressed adolescents with non-separated parents.²⁶ Childhood depression reduces the capacity for logical reasoning, concentration, memory, delaying or interrupting the development of cognitive, psychomotor and learning skills.²⁷ Student's depression level has a significant negative effect on their academic performance that evident in a study.²⁸ The prevalence of depressive symptoms was 27% (95% CI

0.21–0.33) of students and depression was associated with low QOL.²⁹ Depression is a significant cause of suicide and suicidal attempt in children and adolescent (AACAP, 2024).In the digitalized world, children are growing in a nuclear family, engaged with multi task and leads competitive life but physical activity decreases. In this changing environment, are the children really depressed more than before? Recognition of influencing factors of childhood depression is important for anticipatory measure.

METHODOLOGY

Published literature systematically reviewed from 2017 to 2026. Relevant articles that were available from English data bases: Pub med, Science Direct, Elsevier, Web of science and Google scholar were included for review. Articles were identified using key words childhood depression, related factors of childhood depression. Gery literature such as unpublished theses, Dissertation and non-peer reviewed articles is not included for review. Out of 98 articles 21 articles were assessed, summarized, categorized and interpreted that were Indian study and involves children and adolescent from 6 to 19 years. Most of the studies (81.8%) were cross sectional study and only 2 study (18.18%) was meta-analysis. In most of the studies depression was assessed by Beck depression inventory and in limited study, Patient Health Questionnaire-4 and 9 was used to measure depression.

RESULTS

Prevalence of depression among children: Prevalence of depression among Indian children and adolescent is ranged from 0.1% to 68%. Prevalence of depression was higher in the school-based studies (3%–68%) than community based (0.1%–6.94%) studies. In the Northern part of India prevalence of depression was ranged from 14.5% to 25.92%, which is higher than Southern part of India (12.25% to 14.5%). In the Eastern and Western part of India, prevalence of depression is ranged from 7% to 51.2% and 8.4% respectively. The prevalence of childhood depression is comparatively high (39%) in central India. Two systematic reviews of Indian study show prevalence of childhood depression as 3%–68% and 53%. Study findings (Kamath P, Dsouza S M) indicates Prevalence of depression was higher in females 57% (95% CI: 46% - 69%) than in males 50% (95 % CI: 38%–62%). Another similar study (Jha KK, Singh SK, *et al*,2017), also revealed higher level of depression among girls (55.1%) than boys (45.8%).

Factors influencing depression in children: Study conducted in different part of India show that female adolescent has higher risk of depression than male.^{30,31,32,33} Among other sociodemographic factors single-parent family, lower socioeconomic status, Family income, Parental education, social phobia, Frequent parental fight, Mental diseases of parent were significantly related to childhood depression.^{31,32,33,34,35,36} Some interpersonal factors identified which significantly related to depression of children. These interpersonal factors include: Harassment by family members, Physical punishment, no permission of disclosing opinion, parental neglect of not listening personal things.^{33,35} Among the personal factors, lowest academic result, short sleep duration, increased screen time, bullying, Hours of Study, Academic performance, Vegetarian diet, often soft drinks consumption, >3 hours of screen time, Years of internet use, lack of satisfaction with academic performance was significant in different studies.^{30,31,32,33,37,38}

DISCUSSION

In the last decade, prevalence of depression among Indian children and adolescent was ranged from 0.1% to 68% which increases than earlier. In a study of central India (Lodha RS, Patel S; 2016) shows the prevalence of mild, moderate and severe depression of children as 44.1%, 24.3% and 3%.

Table 1. Prevalence of Depression in children

S.No	Author	Year & Place	Nature of study	Sample and sample size	Measuring tool	Prevalence of Depression
1	Sonam, Mahapatra AK <i>et al.</i>	2025, South Delhi, India	Cross-sectional study	10-19 years school students	Patient Health Questionnaire (PHQ-4)	25.92%
2	Ravichandhiran G, Mahantshetti G J <i>et al.</i>	2025, North Karnataka, India	Cross-sectional study	high school students	Beck's Depression Inventory II	18.0%.
3	Tiwari RS & Tiwari S.	2025, Bareilly city.	Cross-sectional study	1000 School going Adolescent	Beck Depression Inventory	14.5%
4	Abimannan V, PothapregadaS	2025, Pondichéry	Cross-sectional study	400 school children	Centre for Epidemiological Studies Depression scale for Children	12.25% had depression
5	Parida D & Prasad P	2023, Bhopal	Cross-sectional study	1500 Adolescent students	DASS-42 scale	39%
6	Bharati DR, Kumari S <i>et al</i>	2022, Urban schools in Patna city	Cross-sectional study	838 adolescents	Modified Patient Health Questionnaire-9 (PHQ-9)	51.2%
7	Kamath P, Dsouza S <i>et al.</i>	2021, India	Systematic review & meta-analysis	School going adolescent	Beck's Depression Inventory	53% (95% CI: 41% - 65%)
8	Das S C, Mallicka <i>et al.</i>	2021, Balasore, Odisha.	Cross-sectional study	341 Adolescents	Beck's Depression Inventory II	7% having severe depression.
9	Raja D, Singh H <i>et al</i>	2020, Pune, India.	Cross-sectional study	500 School going children	Children's Depressive Inventory (CDI)	8.4%
10	Grover S, Raju V V <i>et al</i>	2019, India	Literature Review	Children & adolescent	ICD-9,10; DSM-5	3%–68% in school-based studies and 0.1%–6.94% in community studies.
11.	Jha K K,Singh SK <i>et al.</i>	2017, Patna, India	Cross-sectional study	9–12th standard	Beck's Depression Inventory II	49.2%

Table2. Factors influencing depression in school children

S.No	Author	Year & Place	Nature of study	Sample and sample size	Analytical test	Related factors
1	Sonam, Mahapatra AK Rajagopala <i>et al.</i>	2025, South Delhi, India	cross-sectional study	10-19 years school students	Multivariate analysis	Lack of sleep satisfaction and anxiety
2.	Khumanlambam R, Pengpid S	2025, Manipur India	Cross-sectional study	861 students of grades 9–12	Simple linear regression analysis	Academic stress, Female student, lowest academic result
3.	Datta M, Pehlajani Y <i>et al.</i>	2025, Chennai, India	Cross-sectional study	720 adolescents aged 12–18 years	Multivariate logistic regression	Female, single-parent family, lower socioeconomic status, short sleep duration, increased screen time, and bullying.
4.	Mukherjee P	2024, West Bengal	Cross-sectional study	200, Adolescent (13-18 yrs)	Multiple regression	Predictor of depression: Female gender, Hours of Study, Academic performance, Family income and Parental education
5.	Parida D & Prasad P	2023, Bhopal	cross-sectional study	1500 School going Adolescent students	Regression analysis	Mother's education
6.	Bharati DR, Kumari S <i>et al</i>	2022, Patna city	Cross-sectional study	838 adolescents	binary logistic regression	Adolescent girls, studying in higher classes, Vegetarian diet, often soft drinks consumption, >3 h of screen time, Harassment by family members, Frequent parental fight, Mental diseases of parent
7.	Das, T., Das, P. <i>et al</i>	2022, Bihar	Descriptive	7919, Adolescent and young adult (10 to 19 yrs)	Multivariate logistic regression	Physical punishment, no permission of disclosing opinion, parental neglect of not listening personal things, maternal literacy.
8.	Rathi M, Guha P <i>et al.</i>	2022, Eastern India	Cross-sectional study, Randomized group design	1000 school children	Spearman's correlation	Years of internet use
9.	Gupta, K., Semwal, J.	2022, Northern Region of India	Cross-sectional study	600 students aged 10-19 years	Pearson correlation	Social phobia
10.	Singh, M. M., Gupta, M., & Grover, S.	2017, Chandigarh, north India	Cross-sectional study	542 randomly school going adolescents	Binary logistic regression analysis	studying in class X, lack of satisfaction with academic performance.

It indicates, childhood depression increases in the last decades. In Spain (Jaureguizar J, Bernaras E *et al*, 2017) prevalence of depressive symptoms was ranged 4.6% to 4.8% and moderate depression was ranged 4.3% to 5% among school children which was lower than Indian children. In the last three decades (1989 to 2022), Worldwide prevalence (Lu B, Lin L, 2024) of mild-to-severe, moderate-to-severe, and major depression were 21.3 %, 18.9 % and 3.7 % in children under 18 years and the prevalence of mild-to-severe and moderate-to-severe depression increased over time ($P = 0.002$, $P = 0.034$, respectively) and similar findings also observed in Indian studies. In Indian setting girl child suffer more from depression than boys. Other common influencing factors of childhood depression are Academic stress, lack of satisfaction with academic performance, increase screen time, physical punishment and parental neglect. Across the global culture (Sun J, Yin Y, 2025) childhood depression increases with parent child conflict. Another meta-analysis identified (LeMoult J, Humphreys KL, 2020) Children with Early life stress in terms of sexual abuse, physical abuse, poverty, physical illness/injury, death of a family member, domestic violence, natural disaster, and emotional abuse are most likely to develop major depressive disorder before the age of 18 years. In a longitudinal study (Srinivasan R, Flouri E, 2024) of UK, reported that children with higher level of irritability between 3 and 7 years are more likely to report higher depressive symptoms and self-harm during adolescence. In Korea, school children are vulnerable for depression who has lower self-esteem, difficulty to school adjustment, experience violence at school and spent less time with father.

CONCLUSION

Depression is increasing among Indian children that influenced by multifactor including personal, interpersonal and sociodemographic factors. Awareness among family members and school teachers may be useful for early recognition of depressive symptoms and prompt counselling is essential for adopting effective coping mechanism.

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