

<https://doi.org/10.48047/AFJBS.7.1.2025.953-962>



**African Journal of Biological Sciences**

Journal homepage: <http://www.afjbs.com>



Research Paper

Open Access

## **Understanding Hidden Depression in Boys: A Study of Emotional and Behavioral Challenges in Children Aged 6 to 12**

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Volume 7, Issue 1, Jan 2025

Received: 15 Dec 2024

Accepted: 05 Jan 2025

Published: 25 Jan 2025

[doi:10.48047/AFJBS.7.1.2025.953-962](https://doi.org/10.48047/AFJBS.7.1.2025.953-962)

### **Abstract**

Childhood depression is a growing yet often invisible concern, particularly among boys aged 6 to 12. While much of the clinical focus traditionally centers on overt sadness and withdrawal, depression in boys often hides behind externalizing behaviors such as irritability, aggression, or disinterest in school—leading to misdiagnoses or missed diagnoses altogether. This study aims to uncover how depressive symptoms manifest in this population, with a focus on identifying both behavioural and emotional expressions of distress. Using a cross-sectional, quantitative design, data were collected from 150 boys across urban and semi-urban schools using a self-developed Childhood Depression Scale. The results reveal that 58% of participants experienced moderate to severe depressive symptoms, with emotional indicators—such as hopelessness and social withdrawal—scoring slightly higher than behavioral ones like anger outbursts and academic disengagement. These findings suggest that while behavioral changes are often more visible, emotional struggles are deeper and frequently overlooked. The study underscores the importance of early, gender-sensitive screening tools that account for both externalized behaviors and internalized emotional distress. By shedding light on how depression can “hide in plain sight,” this research advocates for more compassionate and developmentally informed approaches in both clinical and school settings, where early intervention can make a critical difference in the lives of young boys.

## Introduction

In contemporary mental health discourse, childhood depression remains one of the most underrecognized and misunderstood disorders, particularly when it presents in young boys between the ages of 6 and 12. While sadness and withdrawal are often associated with depression, emerging research underscores that children—especially boys—may exhibit symptoms that deviate from adult-centric diagnostic norms, often masked behind behaviors such as irritability, aggression, hyperactivity, or social withdrawal (American Psychiatric Association [APA], 2022; Stringaris et al., 2013). Consequently, depression in boys within this age bracket is frequently misdiagnosed, underdiagnosed, or misattributed to conduct disorders, attention-deficit/hyperactivity disorder (ADHD), or developmental immaturity (Maughan et al., 2013; Copeland et al., 2014).

This research endeavors to delve beneath the metaphorical smile that many young boys wear—often as a shield against societal expectations of stoicism and emotional control—to examine the internal landscape of depressive symptoms during middle childhood. The psychosocial development occurring during this formative phase is critical: it marks the beginning of a child's self-concept, the deepening of peer relationships, and the increasing influence of social norms and academic performance (Erikson, 1959; Eccles, 1999). For boys, these developmental shifts often come with rigid gender norms that discourage emotional vulnerability and reinforce emotional suppression (Mahalik et al., 2003). As a result, depression may manifest in more externalizing behaviors—frequent temper outbursts, oppositionality, or even somatic complaints—rather than in openly expressed sadness or hopelessness (Keenan & Hipwell, 2005; Zahn-Waxler et al., 2000).

Compounding this challenge is the diagnostic ambiguity that exists around depressive presentations in preadolescent boys. While the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR)* offers criteria for Major Depressive Disorder (MDD) applicable across the lifespan, its application in pediatric populations—particularly boys—remains fraught with limitations (APA, 2022). Longitudinal studies have revealed that boys may experience depressive episodes differently than girls, both in terms of symptomatology and trajectory (Twenge & Nolen-Hoeksema, 2002; Rice et al., 2019). Boys are less likely to report subjective feelings of sadness and more likely to exhibit behavioral issues, which in turn often leads caregivers and clinicians to overlook underlying emotional distress (Hinshaw, 2002). This diagnostic oversight may contribute to later academic problems, social dysfunction, substance

misuse, and even suicidality in adolescence or adulthood (Weissman et al., 1999; Fergusson & Woodward, 2002).

The invisibility of depression in this population is further exacerbated by systemic and cultural factors. Traditional gender role socialization plays a significant part in shaping how boys interpret, express, and suppress emotional experiences. Research by Pollack (1998) introduced the concept of the “boy code,” a set of cultural expectations that discourages emotional openness and reinforces toughness, self-reliance, and emotional containment. These sociocultural scripts discourage help-seeking behavior and emotional articulation, both of which are essential for effective psychological intervention and emotional regulation. Consequently, young boys may not only be less likely to receive a diagnosis of depression but may also internalize emotional struggles as personal failures, deepening their psychological distress.

Despite the critical need for early identification and intervention, much of the existing literature has historically focused on adolescent and adult populations, leaving a significant gap in our understanding of depression during early to middle childhood, particularly among boys. The scarcity of age-specific and gender-sensitive diagnostic tools and interventions underscores the urgency of this research. Moreover, the intersectionality of depression with other identity factors—such as race, socioeconomic status, and neurodivergence—further complicates the landscape, highlighting the need for nuanced, developmentally appropriate, and culturally responsive models of care (Becker-Haimes et al., 2017; Alegría et al., 2010).

This study seeks to contribute to this underexplored domain by examining the multifaceted presentations of depression in boys aged 6 to 12 through a developmental, clinical, and sociocultural lens. Drawing upon qualitative interviews, standardized assessments, and parent-child dyadic data, the research aims to offer a more refined and compassionate understanding of how depression “hides in plain sight” during a life stage too often overlooked. By challenging diagnostic assumptions and illuminating the silent struggles many boys endure behind socially sanctioned façades of resilience and humor, this work aspires to inform more inclusive screening tools, therapeutic approaches, and public health policies that can address the unique needs of this vulnerable population.

### **Objectives: -**

- To examine the prevalence of depression among boys aged 6 to 12 years during childhood.
- To find areas of life in which depressive symptoms are most prominent.

### **Methodology**

#### **Study Design**

This research followed a **quantitative, descriptive, and cross-sectional design** to explore how depression shows up in boys during childhood—specifically, whether it's more visible through emotional signs or behavioral changes. A cross-sectional approach was chosen because it allowed us to look at a wide group of boys at one specific point in time, helping us understand the general patterns and prevalence of depressive symptoms in this age group.

#### **Participants**

The study included **150 boys**, all between the ages of **6 and 12 years**, drawn from several schools in urban and semi-urban areas. The goal was to capture a diverse sample that reflected different backgrounds and environments.

#### **Instrument Used**

To assess depressive symptoms, we used a **self-developed Childhood Depression Scale**, tailored specifically for this age group, the scale consisted of **65 questions**, split into two main sections:

- 1. Behavioral Problems** – include items related to Anger burst out, no interest in television, no interest in play, no interest in school, no interest in the phone, change in eating and sleeping habits, Argument.
- 2. Emotional Problems** – covering experiences such as sadness, crying, family environment, Hopelessness, Uncontrolled emotions, and social withdrawal.

The questions were designed with the help of psychologists, educators, and child counselors to make sure they were understandable, age-appropriate, and actually got at the heart of what children might be experiencing. The children responded on a simple five-point rating scale

(Always, Often, Sometimes, Rarely, Never) that consists of questions comprising, **Behavioral Problems** and **Emotional Problems**

## Results and Discussion

**Table 1. Prevalence of Depression Among Boys Aged 6 to 12 Years**

Depression Level	Number of Boys (out of 150)	Percentage (%)
Mild	63	42%
Moderate	53	35%
Severe	34	23%
Total	100	100%

Table 1 illustrates the prevalence of depression among boys aged 6 to 12 years, based on a sample of 150 participants. The findings reveal that depressive symptoms are notably present in this age group, with moderate and severe levels of depression comprising **58%** of the total sample—**35%** of boys reported moderate depression, while **23%** fell into the severe category. Meanwhile, **42%** of the boys exhibited mild depressive symptoms, suggesting early indicators of emotional or behavioral distress. These results highlight that a substantial portion of the population studied is affected by varying intensities of depression, which may influence their emotional well-being, social relationships, and academic functioning. The data comprise a compelling case for the urgent need for early detection frameworks and targeted psychological interventions that can address childhood depression before it becomes deeply entrenched.

**Table 2. Behavioral Symptoms of Depression**

Behavioral Domain	Mean Score (M)	Standard Deviation (SD)
No interest in school	3.67	1.18
Change in sleep/eating habits	3.42	1.22
Anger outbursts	3.39	1.35

Table 2 highlight key behavioral indicators of depression among boys aged 6 to 12. The highest mean score was observed in *lack of interest in school* ( $M = 3.67$ ,  $SD = 1.18$ ), suggesting a notable disengagement from academic environments. This was followed by *changes in sleep and eating habits* ( $M = 3.42$ ,  $SD = 1.22$ ) and *anger outbursts* ( $M = 3.39$ ,  $SD = 1.35$ ), which reflect internal distress manifesting through disrupted routines and emotional volatility. These patterns point to the need for increased awareness in educational and home settings, where such behavioral changes may serve as early signs of depressive tendencies.

**Table 3. Emotional Symptoms of Depression**

Emotional Domain	Mean Score (M)	Standard Deviation (SD)
Hopelessness	3.76	1.07
Social withdrawal	3.51	1.21
Sadness	3.29	1.33

Table 3 presents emotional manifestations of depression in the same age group. *Hopelessness* emerged as the most prevalent symptom ( $M = 3.76$ ,  $SD = 1.07$ ), underscoring a deep emotional struggle and lack of optimism in children's perception of their future. *Social withdrawal* followed closely ( $M = 3.51$ ,  $SD = 1.21$ ), indicating a tendency to retreat from peers and social settings, while *sadness* ( $M = 3.29$ ,  $SD = 1.33$ ) was also notably high. These emotional indicators suggest a critical need for emotional support and open communication channels in both family and school contexts to help children process and articulate their inner experiences.

**Table 4: Comparison Between Behavioral and Emotional Problems**

	Mean Score (M)	Standard Deviation (SD)
Behavioral Problems	3.18	1.12
Emotional Problems	3.34	1.09

In Table 4, a comparative analysis reveals that *emotional problems* ( $M = 3.34$ ,  $SD = 1.09$ ) slightly exceed *behavioral problems* ( $M = 3.18$ ,  $SD = 1.12$ ) in terms of severity and frequency.

This finding suggests that while behavioral symptoms are observable and significant, emotional disturbances may be more deeply rooted and potentially overlooked. It highlights the importance of integrating emotional assessment into routine psychological screenings for children, ensuring that internalized symptoms receive as much attention as externalized behaviors.

## Discussion

The findings of this study offer important insights into how depression manifests in boys during childhood, both in terms of its overall prevalence and the specific domains most affected. The results revealed that **58% of boys aged 6 to 12 years experienced moderate to severe depressive symptoms**, indicating that childhood depression is not an isolated or rare concern, but a growing public health issue. These findings are consistent with global research, such as the systematic review by Zhang et al. (2024), which found that approximately **21.3% of children and adolescents worldwide** experience clinically significant symptoms of depression, with increasing trends noted in low- and middle-income countries.

One of the key contributions of this study lies in its dual focus on behavioral and emotional manifestations of childhood depression. Behavioral symptoms such as loss of interest in school, changes in sleep and eating patterns, and anger outbursts were highly prevalent. This aligns with previous literature, which has emphasized that children often express psychological distress through behavioral disruptions before they can articulate emotional discomfort (Costello, Erkanli, & Angold, 2006). In particular, academic disengagement as the highest-scoring behavioral issue in this study suggests that schools can serve as critical observation points for early identification of depressive symptoms.

At the same time, emotional indicators such as hopelessness, social withdrawal, and sadness were also significantly elevated, with hopelessness ranking the highest overall. This is particularly concerning, as hopelessness in childhood has been identified as a strong predictor of chronic depression and suicidal ideation in later adolescence (Kazdin et al., 1986). The slightly higher mean scores for emotional symptoms compared to behavioral symptoms support the argument that while behavioral issues are more visible, emotional struggles may be deeper, more enduring, and less likely to be detected without deliberate emotional inquiry.

These findings are further reinforced by studies such as that by Racine et al. (2021), which observed that during the COVID-19 pandemic, rates of internalizing problems—especially among children—rose sharply, with boys experiencing a rise in emotional blunting and

withdrawal, often overshadowed by more visible behavioral concerns. This highlights the need for dual-lens assessment **tools** that address both domains simultaneously, as used in this study's customized Childhood Depression Scale.

The study also supports the developmental psychology perspective that middle childhood is a crucial period for emotional and behavioral regulation. During this stage, children experience increasing academic demands, peer influence, and a need for autonomy, which can either foster resilience or, when unmet, lead to emotional disturbances (Eccles, 1999). Our results suggest that emotional support systems must be in place not only at home but also within school environments, where early intervention can make a meaningful difference.

Furthermore, the high prevalence of symptoms and their intensity suggest that current public and school-based mental health frameworks may be under-equipped to detect depression in boys, especially when it does not present as overt sadness. Emotional expressions such as irritability, disengagement, and social withdrawal, which are common in boys, are often misunderstood as disobedience or laziness (American Academy of Pediatrics, 2019), potentially delaying timely help.

In conclusion, the findings of this research reinforce the urgent need for early, multi-dimensional assessment frameworks that are gender-sensitive and developmentally appropriate. Future research should explore how socio-economic, familial, and environmental factors intersect with these symptoms, and how culturally tailored interventions can address depression in school-aged boys more effectively.

## **Conclusion**

The present study offers important insight into the emotional and behavioral landscape of depression among boys aged 6 to 12, highlighting that a considerable proportion experience moderate to severe depressive symptoms. The data revealed that while behavioral manifestations such as disinterest in school, disrupted sleep/eating habits, and anger outbursts were significantly present, emotional indicators—particularly hopelessness and social withdrawal—scored even higher on average. This points to the layered and often silent nature of depression in boys, where emotional distress may remain unnoticed unless intentionally explored. These findings challenge the misconception that boys primarily express mental health struggles through disruptive behaviors, underscoring the need to pay closer attention to their inner emotional worlds.

Moreover, the study reinforces existing research suggesting that depression during childhood can be both internalized and externalized, and it must be assessed holistically (Twenge & Nolen-Hoeksema, 2002; Reiss, 2013). The slightly higher prevalence of emotional symptoms over behavioral ones emphasizes the importance of early detection strategies that go beyond classroom behavior and focus on affective expressions and social cues. The findings support a growing call in the literature for school-based mental health programs, caregiver psychoeducation, and inclusive screening tools designed specifically for boys during their formative years (Costello et al., 2003; Thapar et al., 2012). Moving forward, this research encourages continued efforts to create emotionally supportive environments where boys feel safe to articulate distress, paving the way for earlier intervention and healthier developmental outcomes.

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