
Prevalence and Gender Difference in Self-Reported Depressive Symptomatology among Niger Delta University Students in Bayelsa State Nigeria: Implication for Depression Counselling

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Abstract

The counselling laboratory is often time visited by counsellors on regular basis on grounds of depressive symptoms. Thus, this study was mapped out to examine this regular and prevalence of depression among the students, as well as gender dissimilarity in self-reported depression amongst them. 1100, (male-488; female-612) were randomly selected students from 12 faculties of the university. The instrument used for this study is the “Kutcher Adolescent Depression Scale (KADS). The descriptive (frequency count) and t-text statistics analysis were used to analyze the two research questions posed to guide the study and the results revealed that self-reported depressive symptoms by the participants ranged from 11.5 to 35.8% for both sexes and 11.4 to 23.2% for males. In addition, the results showed that self-reported incidents of mild depression were more than that of severe depression. However, the difference on gender showed that the over-all rate of depression for females (37.3%) was higher than that of males (34.6%). Thus, at 0.05 alpha levels the study, revealed no significant difference on gender basis. The counselling implications of these findings were discussed in this study.

Keywords: Counselling, depression, gender, prevalence, Nigeria, students, University.

There are numerous health issues affecting man all the world over and one of them topically is depression. This health malfunction affects the old and the young, but mostly the adolescents while in the school. Sadock and Kaplan (2007) call it “illness”.

Psychologically, it is an emotional disorder (Khawaja and Brydem, 2006). Other researchers refer to this health disorder as multi-problem disorder (Hass and Rowland, 2005) and or mental disorder. By definition, this disorder is a condition in which an individual suffers from a low mood with constant feelings of worthlessness, sadness, anxiety and total loss of interest in pleasurable activities (Abiodun and Oluwafunyo, 2014). Simply put, depression is not about lying on the bed crying all day or sobbing without doing anything else (Wallace, 2010). To him, someone can manifest functional depression, wherein the victim “may go to work every day, go to school, socialize and seem just fine, but not be just fine” to the outside world or the ordinary person.

Whether, the adolescents, adults, elderly or aged; depression can manifest differently. Depression is either major, severe or minor in form. When symptoms are on long term range, then such depression is severe. When it is for a short period, such depression is minor. Other forms of depression include: psychotic depression, postpartum depression, seasonal affective disorder (SAD) and bipolar disorder and or so many unknown depression not yet classified.

Known symptoms of depression are emotionally, physically and behaviorally displayed by the individuals. Such indicators known are overeating/loss of appetite, low energy and weight gain/loss. Others are insomnia, headaches, self doubt, low self-esteem, lack of interest in sex matters, anxiety, guilt, hopelessness, indecision, suicide attempts and marked withdrawals.

As a result of demanding challenges academically in the schools, students have become peculiar victims of depression. Such activities include: regular lecture attendance, completion and submission of seminar projects, conduction of semester examinations, excursion activities, school social activities and other extracurricular activities inherent with schools. These students at this stage and age find it difficult to manage or adjust to academic life demands. As such, they mostly end up been frustrated and depressive symptoms set in. Collingwood (2010) opined that students in long-term studies are prone to increased depression rate during the course of higher studies in the post graduate schools.

Known causes of depression include family history, brain chemistry and stressful/traumatic life events (Scholten, 2013). NIMH (2011) opined that a combination of genetic factors such as biological, environmental, and psychological issues are other known causes of depression. Be that as it may, according to NIMH (2011), genetically, magnetic resonance imaging has made us to know that the various people who are depressed have brains looking differently from those who are normal and are peculiar to different families genetically. Incidence of stressful encounters and traumatic experiences culminate in depression psychologically. Cognitive behavioral therapists argued that the main root of depression is traceable to negative cognitions about oneself, the world and the future. Such negativisms include dichotomous thinking pattern, selective abstracts and over generalization of events. Such mannerism culminate in pessimistic life style and finally in depression and sadism.

Among university students generally, depression percentages had ranges from 30% (some undefined kinds of depression) to 15% (of clinical levels of depression (Rosenthal & Schreiner, 2000). According to Arslan, Ayranci, Unsal & Arslantas

(2009), the range of depression among university scholars globally is between 8% to 40%. For example in Nigeria alone, according to Aniebue & Onyema (2008), 23% of 262 medical students were affected with major depression. The students under observation were mostly between 16 to 20 years, most of whom were smokers. Kerr (2012), observed from his study that in the united states one out of every four students suffer from one kind of mental illness such as depression. A study was carried out to examine the differences in depression symptoms among 967 university students from Australian, Iranian and Portuguese by Khawaja, Santos, Habibi & Smith (2013) revealed that country, gender and level of study had significant impacts on the depressive symptoms of the university students of these countries. In fact, Australian scholars were more depressed than the Iranian and Portuguese scholars. On the other hand, the Iranian students were more depressed than their counterparts in Portugal.

The study, which is out to research the prevalence of depression among university students do not only cut across countries but also across disciplines or courses of study. Collingwood (2010) revealed that medical, nursing, dental and law students depression rate tends to increase over time and the increase was greater among female students. Then among graduate students, a study conducted by Eisenberg, Gollust, Golberstain & Hefner (2007) among university students showed that 11.3% of the graduate students were screened for major depression as against 13.8% for undergraduates in the study.

For prevalence in depression symptoms, researches have shown that the female respondents are always more affected than male students. Ibrahim, Kelly, Adams & Glazebrook (2012) reviewed sixteen articles which reported gender differences in the manifestation of depressive symptoms among university students. The results showed that the females were more in percentages. However, six of the sixteen articles could not establish any significant differences while only one of the articles reported that males have higher percentages of depressive symptoms. In the final analysis this research report has it that the weighted mean averages were 29.6% (females) and 24.9% (males). As a result of females biopsychosocial factors, generally over seventy percent of females are prone to depressive symptoms than the males.

While the prevalence level of depression for females appear higher from findings, their mood depressively are not significantly different. In fact, poor academic performance, future adjustment problems, high anxiety ratings, lower life satisfaction and stress are the major mood expression common to both males and females. Some other moods include intrusive thoughts and sleep disturbance. According to Kerr (2012), depressed students are regular users of substance and often involved in dangerous sexual behaviours, and always abuse alcohol.

The findings above show that depression among university students call for special health attention and professional counselling remediation and possibly, the intervention of the government.

Statement of the Problem

University student's mental health should be the concern of all and sundry. This is why quite a number of studies have been conducted in this area with convincing

remediations recommended for its amelioration. Most of these studies concern depressive prevalence, correlates, relationships and differences in level of depression. Nigeria is having over 150 public and private universities with near 180 million population, yet most of the findings in this area of our students mental health have not been properly accessed compared to what is obtainable in other parts of the world. The needs exist that the range of prevalence and gender differences in symptoms of depression should be ascertained in Nigeria among our university undergraduates. In fact, the prevalence of depression among university students though alarming is yet to be investigated extensively in this country and other developing nations (Abiodun & Oluwa-funto, 2014). This is why this study, in that direction is mapped to investigate the prevalence and gender difference in self-reported depressive symptomatology among Niger Delta University students in Bayelsa State, Nigeria.

Purpose of the Study

The major purpose of this study is to find out the extent to which Niger Delta University, Bayelsa State, Nigeria's undergraduate students in the twelve faculties of Agricultural technology, Arts, Basic Medical Sciences, Clinical Sciences, Education, Engineering, Law, Management Science, Nursing, Pharmacy, Sciences and Social Sciences; manifest depressive symptoms and establish the influence of gender in the manifestation of depression in their lives.

Research Questions

The following research questions were raise to guide the study

1. What is the prevalence of depressive symptoms among the students of the faculties of the university?
2. Will manifestation of depressive symptoms differ significantly on gender basis among the students of the faculties of the university?

Method

Design

The research design for this study is the descriptive survey. This design is purposely chosen because it tends to give room for the collection, descriptive and interpretation of data especially on this kind of depressive symptomatology and the characteristics of the population of this research

Participants

The sample size of this research study consisted of 1100 full-time undergraduate students randomly selected from the twelve faculties of the Niger Delta University, Bayelsa State-Nigeria; viz: faculties of Agricultural technology (n=100), Arts (n=160), Basic Medical Sciences (n=100), Clinical Sciences (n=40), Education (n=160), Engineering (n=60), Law (n=60), Management Sciences (n=60), Sciences (n=100) and Social Science (n=100). The participants included 612 (56%) males and 488 (44%) females. The age range was found to be from 15-25 and the mean age was 19.70 with

standard deviation of 2.40. As earlier stated, the participants were drawn from the 12 faculties of the university.

Instrument

The instrument used for this study was the “Kutcher Adolescent Depression Scale (KADS). This scale has 11 item self-rated depression scale with 4 Likert rating format. It consist of “Hardly Ever” (0), “Much of the Time” (1), “Most of the Time” (2) and “All of the Time” (3). The instrument is designed to assess whether respondents are experiencing “low mood”, “sadness”, “feeling blah or down”; “Irritable”; “Losing temper easily”; “feeling pissed off”; and “having sleep difficulties” (i.e trouble falling asleep or lying awake in bed).

Obtained minimum score of this is instrument is 0, while 33 is maximum score. If a lower score is obtained, it shows the respondent has a normal or mild depression. So the range and indication of this scale are; 0 (absence of depression); 0-11 (normal depression); 12-22 (moderate or minor depressions; while 23-33 (major depression. The scale (KADS) has a cronbach’s reliability of .90, while the split half correlation coefficient is .87 showing that the instrument is a good one for this study.

Procedure

With the assistance of lecturers from the twelve faculties, the researcher administered the instrument and ensure that they were collected the same day. Thus, the 1100 questionnaires sent out to the faculties were retrieved safely that day they were administered.

Data Analysis

The descriptive (frequency count) and the t-test statistic were used to analyze the two research questions and posed to guide the study.

Results

Table 1: Prevalence and Range of Depression level in Male and Female Participants

Gender	Sample size	Mean age	Prevalent rate of Depression				Rank	Range of Depression level	Overall of Depression
			Level	N	%	Cumul ative %			
Male and Female	1100	19.70					Normal Mild Severe	11.5% To 24.4%	35.8%
			0-11	706	78.4	64.2			
			12-22	268	24.4	88.5			
			23-33	126	11.5	100			

Table 2: Prevalence and Range of Depression Level in Male Participant

Gender	Sample size	Mean age	Prevalent rate of Depression				Rank	Range of Depression level	Overall of Depression
			Level	N	%	Cumul ative %			
Male	612	19.49							

			0-11	400	65.4	65.4	Normal	11.4%	34.6%
			12-22	142	23.2	88.6	Mild	To	
			23-33	70	11.4	100	Severe	35.8%	

Table 3: Prevalence and Range of Depression level in Female Participants

Gender	Sample size	Mean age	Prevalent rate of Depression				Rank	Range of Depression level	Overall of Depression
			Level	N	%	Cumulative %			
Female	488	19.95	0-11	306	62.7	62.7	Normal Mild Severe	11.5% To 25.8%	37.3%
			12-22	126	25.8	88.5			
			23-33	56	11.5	100			

Table 4: t-test Analysis of Gender Difference in Self-reported Depressive Symptomatology among Niger Delta University Students

Sex	N	Mean	SD	df	t.obs.	t.cri.	Sig.	Remarks
Male	612	1.46	.69	548	.53	1.96	.74	NS
Female	488	1.49	.69					

From table 4 above, the t-calculated (.53) was lesser than the t-critical value of 1.96 at .05 alpha. This table presents gender difference in self-reported depressive symptomatology among participants of the study. Thus, on gender basis, there was no significant difference on depression reported from the analysis of the results.

Discussion

The depressive symptoms among the students of Niger Delta University, Bayelsa State, Nigeria were made manifest from the results of this study. This is in consonance with the earliest literatures and findings of this research study that among university students there exist depressive symptoms. For both sexes in this study, the range of expression of depressive symptoms was 11.5% to 24.4%; for the females it was 11.5% to 25.8% and for the males it was 11.4% to 23.2%. There are variations in the overall range of depression for university students. Goebert, et al (2009) and Bayati, et al (2009) had in their findings found that it was between 84% (low) and 10% (high) rates. One of the causes of such differences is the use of different research instruments. However, the study's results is in consonance with the result of the study of Aniebye and Onyema (2008) which has a 23% of prevalent level. Females high level of depression discovered in this study is corroborated by the findings of Ibrahim, Kelly Adams and Glazebrook (2012) and Abiosun and Oluwafuinto (2014). Infact, the psychobiosocial status of the female students was responsible for this findings. One important indicator is the fact that when the analysis of males and females was compared, there was no significant difference.

Implication for Counselling

The counselling centre of Niger Delta University was regularly and frequently visited by both male and female students to seek remediation to their various stress problems. Many of such issues include depressive symptoms which require counselling resolutions. Thus, the following are some implications for depression counselling for this university and similar ones all the world over. In the first place, this research study's result has acquainted counsellors with the high rate of depressive symptoms mostly among male students. Again, the mild depression were more compared to the severe ones. Urgent counselling remediation is required to avoid increase rate of severe ones. Again literatures on depressive symptoms show that the female students are more affected because of the deeper psychological challenges of their male counterparts. On a second note, counsellors should be aware of the vulnerability of students to depression. And these professionals should equally be skilful in their act of assessment, treatment and evaluation of the cankerworm besieging our university students. This depression counselling skills should be added to the curriculum of counsellor-in-training in our tertiary institutions.

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