

**PREVALENCE AND GENDER DIFFERENCE IN SELF-REPORTED DEPRESSIVE SYMPTOMATOLOGY AMONG NIGERIAN UNIVERSITY STUDENTS: IMPLICATION FOR DEPRESSION COUNSELLING**

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**Abstract**

Encounter with depressive symptoms is one of the reasons why university students visit university counselling centres. This study sought to examine the present prevalence of depression among university students as well as gender dissimilarity in self-reported depression. 550 (male-46; female-306) randomly selected students from three private universities in Ogun State, Nigeria completed Kutcher Adolescent Depression Scale. Descriptive (frequency count) and t-test statistics analyses of the two research questions posed to guide the study revealed that self-reported depressive symptoms by the participants ranged from 11.45% to 35.81% for both sexes; 11.48% to 25.82% for males; 11.44 to 23.20% for females. Further analysis showed that self-reported cases of mild depression was more than that of severe depression and difference on gender indicated that overall rate of depression for females (37.30%) was higher than that of males (34.64%). There was no significant difference on gender basis at 0.05 alpha level. The implications of these findings on depression counselling are discussed.

Key words: depression, prevalence, gender, counselling, students, university, Nigeria

## **Introduction**

Quite a number of health problems have been recognised to interfere with normal functioning of human beings. Depression occupies a significant position among these health challenges facing adolescents, adults, and the elderly. It is reknowned to be an emotional disorder (Khawaja & Bryden, 2006), mental disorder (Arslan, Ayrançi, Unsal, & Arslanta 2009; Grygiel, Świtaj, Ska, Humenny, Rę Bisz, Sikorska, 2011; Hysenbegasi, Hass, & Rowland, 2005), multi-problem disorder (Sadock and Kaplan, 2007) and illness (Psychology Today, 2008).

Depression, by definition, 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. The manifestation of depressive disorder is dissimilar to passing blue mood but a state wherein the victims cannot pull themselves together and get better (Scholten, 2013; Psychology Today, 2008). Wallace (2010) remarks that depression is, simply, not about lying on the bed crying all day or sobbing without doing anything else. He observes that someone can manifest functional depression wherein the person “may go to work every day, go to school, socialize, and seem just fine but not be just fine”.

Depression has been found to manifest in diverse dimensions in adolescents, adults, and elderly or aged. Generally, there is basic classification into major or severe and minor cases. Severe case tends to manifest depressive symptoms for long-term period while minor case may be as short as two weeks. Specifically, forms of depression have been found to include: dysthymic disorder, psychotic depression, postpartum depression, seasonal affective disorder (SAD), and bipolar disorder.

Indicators and symptoms of depression are physical, behavioural, and emotional. They include low energy, weight gain/loss, overeating/loss of appetite, headaches, fatigue, aches/pain, insomnia, disinterestedness in sex, forgetfulness, indecision, restlessness, guilt, hopelessness, anxiety, low self-esteem, self-doubt, withdrawal, suicide attempts, and intrusive thoughts. Beck, Rush, Shaw, & Emery (1979) classified symptoms of depressive symptoms into: affective, motivational, cognitive, behavioural, and physiological symptoms, and cognitive distortions.

Hair *et al* (1998), however, observed that it is practicably possible for depressed individuals to experience different combinations of these symptoms.

Depressive symptoms have been found to be common among specific groups and adolescents, young adults and the aged (Hysenbegasi, Hass, & Rowland, 2005; Springer et al., 2011). In the school settings, especially among universities students, it is found to be most common (Lyubomirsky et al., 2003; Khawaja & Bryden, 2006; Andrews & Wilding, 2006; Garlow et al., 2008) and has become epidemic (Kerr, 2012).

Students, in particular, are susceptible to depressive symptoms because the academic environment has been associated with several demanding challenges and a number of stressful events. These include regular attendance for lectures, completion and submission of term/seminar papers, writing of examinations, field work and so on. Adlaf, Gliksman, Demers, & Newton-Taylor (2001) are of the view that undergraduate students are in the socio-demographic age span wherein the rates of psychological distress and disorder are elevated. Inability to manage or adjust to academic life demands could be frustrating and thereby trigger depressive symptoms in students. Being a student has even been recognised as one of the factors that predisposes a person to depression (National Institute of Mental Health (NIMH), 2009) while long-term studies suggest an increase in depression rate over the course of higher education (Collingwood, 2010).

Although the exact cause of depression is unknown, Scholten (2013), identifies family history of depression, specific type of brain chemistry, and stressful or traumatic life events as factors that could play major role in the occurrence of depression. Generally, the most likely cause of depression has been pinned down to a combination of genetic, biological, environmental, and psychological factors (NIMH, 2011). Genetically, magnetic resonance imaging has shown that depressed people brains look differently from those who are not depressed just as it has been found that specific types of depression run in some families. Psychologically too, stressful occurrence, difficulty relationship, and trauma could trigger depression (NIMH, 2011). Cognitive behavioural therapists argued that the root of depression in human beings is traceable to negative cognitions about the self, the world, and the future (Beck, Rush, Shaw, Emery, 1979). Negative cognitions would make an individual interpret events in his/her life in skewed manner such as

dichotomous thinking pattern, selective abstraction, overgeneralization of happenings or personalisation of occurrences and so on. These manners of interpreting events tend to lead to pessimistic explanatory style and thereby resulting into major or minor depression.

The proportion of university students who have manifested depressive symptoms, from diverse studies across the globe, has been found to show wide variations (Vazquez & Blanco, 2006; Bayati et al., 2009; Ibrahim, Kelly, Adams, & Glazebrook, 2012) and steady increase in number (Adewuya, Ola, Olutayo, Mapayi, & Oginni, 2006; Ceyhan et al., 2009). American College Health Association (2012) reported a 2011 nationwide survey which revealed that 30% of college students at 2- and 4- year institutions were so depressed to the point that it was difficult for them to function in the past year. It has been estimated that the percentage of depression in the university population at any one time ranges from 30% (students experiencing some level of depression) to around 15% (students experiencing clinical levels of depression) (McLennan, 1992; Rosenthal and Schreiner, 2000). Conversely, the rate of depression in universities from diverse countries and studies, according to Arslan, Ayranci, Unsal & Arslantas (2009) ranges from 8.0% to 40.0%. In Nigeria, Aniebue & Onyema (2008) study revealed that an estimated 23% of 262 medical students suffered from major depression. Specifically, students who had professional examination during that time and students aged 16-20 were found to have had higher level of depression and smokers were also found to suffer from higher levels of depression. In the United States of America, Kerr (2012) reported that one out of every four college students suffers from some forms of mental illness which included depression; depressive symptoms were found in 44% of American college students; young people diagnosed with depressive symptoms were five times more likely to attempt suicide than adults.

In a study conducted in Osmangazi University, Turkey among 822 students by Arslan, Ayranci, Unsal & Arslantas (2009) over one in five students (21.8%) had depression. Almost 25% of university and college students report having depression anxiety according to a [survey](#). In Dublin, Ireland, Collingwood (2010) reported a study which revealed that the rate at which students are vulnerable to depression was found to be 14% when compared with general population rate which was put at 12%. Khawaja, Santos, Habibi & Smith (2013) carried a study which aimed at examining differences in depression symptoms among 967 university students

from Australian, Iranian and Portuguese. Results indicated that country, gender and year level had some impacts on the depressive symptoms of the university students. Similarly, Australian students were found to be more depressed than the Iranian and Portuguese students while, on the other hand, Iranian students were more depressed than the Portuguese students. In the same vein, Mikolajczyk, Maxwell, Naydenova, Meier & El Ansari (2008) carried out a cross-sectional study of 2,103 first year students from three countries namely: Germany, Poland, and Bulgaria. Findings revealed that depressive symptoms were highly prevalent in all the three countries (M-BDI  $\geq$ 35: 34% in Poland, 39% in Bulgaria, and 23% in Germany).

Prevalence of depression among university students do not only cut across countries but across discipline or course of study. The result of a study, made available by Collingwood (2010), revealed that medical, nursing education, dental, and law students' depression rate tend to increase over time and the increase was greater among female students. Depressive symptoms have not only been found among undergraduate students but also among graduate students. Eisenberg, Gollust, Golberstein, & Hefner (2007) study among university students indicated that 11.3% of graduate students were screened for major or other depression as against 13.8% for undergraduate.

Furthermore, studies have shown that males and females are vulnerable to depression. However, gender differences are markedly evident in most researches that have been reported. For instance, Kessler, McGonagle, Swartz, Blazer, & Nelson (1993) reported that females typically have higher prevalence of depression than male. Ibrahim, Kelly, Adams, Glazebrook (2012) reviewed sixteen articles which reported gender differences in the manifestation of depressive symptoms. It was evident from the report that greater percentage of the articles found prevalence of depression to be higher among females when compared with males, six of these articles could not establish any significant differences while only one reported male to have higher rates of depression. From these articles, female participants reported higher rates of depression with a weighted mean average of 29.6% to that of male participants which was 24.9%. Similarly, NIMH (n.d) affirmed that women are at more risk than men in the expression of depression. Specifically, 70% of women are at the risk of experiencing depression in their lifetime because of biopsychosocial factors associated with women.

Despite the fact that the prevalence level of depression for female appears to be higher the dangers associated with depressive mood are not gender bias. Depression in students has been associated with poor academic performance (Hysenbegasi et al., 2005; Harvey et al., 2011; Busari, 2012); future adjustment problems (Kandel & Davies, 1986); high anxiety ratings (Bayram & Bilgel, 2008); lower life satisfaction (Paschali & Tsitsas, 2010); and stress (Aug & Haun, 2006). It is capable of predicting other types of mental disorders (Kashani et al., 1987). It has been associated with intrusive thoughts and found to control intrusive thoughts and sleep disturbances (Dusselier et al, 2005). Depressed students, according to Kerr (2012), are more likely to abuse substance and participate in risky sexual behaviour. Specifically, in Nigeria, major depressive disorder is significantly more likely to be associated with diagnosis of alcohol dependence abuse, and hazardous use.

From the background information above, there is accumulating evidence to show that the prevalence of depression among male and female university students represents a significant health concern. Dangers associated with its manifestations deserve utmost attention from professionals.

### **Statement of the Problem**

The development of positive mental health among university students is paramount to academic excellence. It is, therefore, not surprising that mental health status of students has become the concern of the public. In a bid to establish the mental well-being of university students quite a number of studies have been carried out periodically and findings documented. Specifically, there are studies on prevalence, correlates, relationships, and differences in levels of depression. The prevalence of depression among university students though alarming is yet to be investigated extensively (Khawaja & Bryden, 2006). Aside this, a closer examination of existing studies revealed the fact that statistics on the prevalent levels of depression among university students from developed nations could be accessed while the same could not be said of students from developing countries, especially Nigeria with over 150 million population and close to 100 public and private universities. Since the existing studies on prevalence of depression among

university students even showed wide variations from country to country there is the need to establish the range of prevalence in developing countries as well as the influence of gender.

### **Purpose of the Study**

The aim of this study is primarily to examine the extent to which undergraduate students in three private universities in Ogun State, Nigeria manifest depressive symptoms and establish the influence of gender in the manifestation of depression.

### **Research Questions**

- (1) What is the prevalence of depressive symptoms among students?
- (2) Will manifestation of depressive symptoms differ significantly on gender basis?

## **Method**

### **Design**

Descriptive survey design was adopted for the study purposefully because it tends to give room for the collection, description and interpretation of data on depressive symptomatology and the characteristics of the population of the study.

### **Participants**

The sample consisted of 550 full-time undergraduates students randomly selected from three private universities namely: Covenant (n=230), Bells (n =175), and Crawford (n=145) universities in Ogun State, South-western part of Nigeria participated in this study. The participants included 306 (55.64%) males and 244 (44.36%) females. The age range was found to be from 15-25 and mean age was 19.70 with standard deviation of 2.40. The participants were drawn from both humanities and sciences fields of study.

### **Instrument**

Kutcher Adolescent Depression Scale (KADS) was adopted for data collection. KADS is 11 item self-rated depression scale with 4 Likert rating scale format of hardly ever (0), much of the time (1), most of the time (2), all the time (3). Items in the scale were designed to assess whether respondents are experiencing low mood, sadness, feeling blah or down; irritable, losing temper

easily, feeling pissed off; having sleep difficulties such as trouble falling asleep, lying awake in bed.

In the scale, minimum score obtainable is 0 while maximum score is 33. Lower score is an indication of normal or mild depression in the client. In order to indicate the degree of depression for the purpose of this study, an overall score of 0 is considered to mean absence of depression, score range of 0-11 is considered to be normal, range of score from 12-22 is moderate/minor while a score from 23-33 is regarded as major depression. KADS reliability index produced Cronbach's score of 0.90 and the split half correlation coefficient of 0.87.

### Procedure

The researchers with assistance from lecturers in institutions used for the study administered the instruments and these were collected from the participants on the day of administration.

### Data Analysis

Descriptive (frequency count) and t-test statistics were employed to analyse the two research questions posed to guide the study.

### Results

**Table 1:**

Gender	Sample Size	Mean Age	Prevalent rate of Depression				Rmk	Range of Depression Level	Overall Rate of Depression
			Level	No	%	Cumulative %			
Male and Female	550	19.70	0-11	353	78.36	64.2	Normal	11.45% to 24.36%	35.81%
			12-22	134	24.36	88.5	Mild		
			23-33	63	11.45	100	Severe		



**Table 2:**

Gender	Sample Size	Mean Age	Prevalent rate of Depression				Rmk	Range of Depression Level	Overall Rate of Depression
			Level	No	%	Cumulative %			
Male	306	19.49	0-11	200	65.36	65.36	Normal	11.44% to 23.20%	34.64%
			12-22	71	23.20	88.56	Mild		
			23-33	35	11.44	100	Severe		

**Table 3:**

Gender	Sample Size	Mean Age	Prevalent rate of Depression				Rmk	Range of Depression Level	Overall Rate of Depression
			Level	No	%	Cumulative %			
Female	244	19.95	0-11	153	62.70	62.70	Normal	11.48% to 25.82%	37.30%
			12-22	63	25.82	88.52	Mild		
			23-33	28	11.48	100	Severe		

Table 4 presents gender difference in self-reported depressive symptomatology among participants. From the table the  $t$ -calculated (.53) was lesser than the  $t$ -critical value of 1.96 at 0.05 alpha. Consequently, there is no significant difference on depression reported by the participants on gender basis.

## **Discussion**

The present study revealed the existence of depressive symptoms among the participants. This supports earlier findings which reported the presence of depression among university students. The range of expression of depressive symptoms was found to be 2.91% to 18.73 for both sexes; 2.46% to 20.43% for females; 3.27% to 17.32% for males. The overall range of depression for university students has not been found to be the same for different countries. It has always been from low rate to relatively high rate. It has been found to be as high as 10% and as low as 84% (Goebert et al., 2009; Bayati et al., 2009). The influencing role of type of scale employed for data collection cannot be totally rule out in differences in findings. In Nigeria, 23% prevalent level reported by Aniebue & Onyema (2008) lends credence to the finding of this study. Higher level of self-reported depression by females in this study corroborates previous findings by Kessler, McGonagle, Swartz, Blazer, & Nelson (1993) and Ibrahim, Kelly, Adams, Glazebrook (2012). Physiological make-up, in particular, is one factor that could be used to explain higher level of depression in females. Despite the fact that female participants reported higher level of depression, no significant difference existed when tested. This is probably due to the fact that psychobiosocial factors influencing depression among Nigerian university students has no respect for gender. One would have expected that the biological differences in male and female ought to bring about significant difference but the analysis of the data disputed this belief.

## **Implications for Depression Counselling**

The patronage of university students at the counselling centres to overcome or cope with life challenges is not in doubt. The extent of challenges with depressive symptoms is the primary focus of this study. The findings of this study have a number of implications for depression counselling in universities. First, the present study provides counsellors with alarming nature of

depressive symptoms among university students particularly among male students. Although self-reported cases of mild depression were more than severe cases but untreated mild cases would eventually metamorphose into severe cases. Previous self-report studies on depression indicated that females were more vulnerable than males but the outcome of this study indicates that male may as well be vulnerable as females. This unexpected finding is an indication that males' psychological challenges may be deeper than what it used to be in the past. Second, since the findings of this study lend credence to previous studies on presence of depressive symptoms among university students counselling psychologists need to be aware of the vulnerability of students to depression as well as be skilful in the act of assessment, treatment, and evaluation of depression. Consequently, there is need to include or improve depression counselling skills in the training of would be counsellors as well as develop culturally relevant psychometric scale that would reveal other hidden symptoms of depression in clients.

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