Manifestations of Depression Among Undergraduate Students in Kwara States Nigeria: Implications for Counselling

Lateef Omotosho Adegboyega[1], Lasiele Alabi Yahaya[1], Mariam Bukola Alwajud-Adewusi[1], Hammed Popoola Aminu[1]

Abstract: Depression is a common mental disorder that presents with depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite and poor concentration. This study investigated the manifestations of depression among undergraduates of universities in Kwara State. It also examined the influence of religious affiliation and level of study on undergraduates' responses. Survey design was adopted for this study and multi-stage sampling procedure which comprises purposive, proportional, stratified and simple random sampling techniques were adopted to draw a total sample of 600 undergraduates from two universities in Kwara State. "Manifestations of Depression Questionnaire (MDQ)" was used to collect relevant data. The instrument yielded a test re-test reliability co-efficient of 0.78. The hypotheses were analysed using t-test and Analysis of Variance (ANOVA) at 0.05 significance level. Frequency counts and percentages were used to present the demographic data. The findings of the study identified poor school academic performance, avoidance of responsibility and difficulty in day to day tasks, health problems and loss of self-confidence as major manifestations of depression among undergraduates of universities in Kwara State, Nigeria. The hypotheses tested revealed no

[1] Department of Counsellor Education, University of Ilorin, Nigeria, Email: adegboyegalateef@gmail.com

significant difference in the manifestations of depression among undergraduates of Universities in Kwara State based on religious affiliation and level of study. In line with the findings of this study, it was recommended, among others, that members in peer groups should be encouraged to assist one another and encourage prompt reporting of depression.

Keywords: Depression, Manifestation, Undergraduates, Counselling, Kwara State

Introduction

Depression is defined by Marcus, Yasamu, Ommeren, Chisholm and Sexana (2012) as a common mental disorder that presents with depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt or low self-worth, disturbed sleep or appetite and poor concentration. Depression includes a range of moods, from low spirits that we all experience to a severe problem that interferes with everyday life (World Mental Health Federation, 2012).

Nevertheless, depression is said to differ from a mere simple grief, bereavement or mourning mood which are appropriate emotional responses toward unwanted circumstances. There is a clear ground for expression of unhappiness in human life. However, depression is present when the depressed mood expression is disproportionately long and severe via-a-vis the precipitating event (The New Encyclopedia Britannica, 2002).

> Certainly an acute episode of depression will last only a week, a month, or even a year would change everything. It would still be a ghastly ordeal, but the worst thing about it — the incessant yearning for death, the compulsion toward suicide would drop away but no, a limited depression, a depression with hope is a contradiction. The experience of convulsive pain, along with the conviction that it will never end except in death that is the definition of a severe depression (Grohol, 2008).

Manifestations of Depression

Depression, if left untreated for a considerable period of time, can have serious and sometimes long lasting damaging effects that can affect almost all aspect of human's life. The following are some of the common manifestations of depression (Jed Foundation, 2014).

- **Suicide**: Having thoughts of death are symptoms of depression. However, if depression is left untreated its resultant effect could be suicide.

- **Self Injury:** In coping with depression, some people inflict pain and injury upon themselves by cutting or burning parts of their body. While some people do not really intend to harm themselves but the reason behind it is depressed mood. With these behaviours, serious and life-threatening injuries and accidental death may occur.

- **Reckless Behaviour:** When people are feeling hopeless, angry or really bad about themselves, they are less likely to take care of themselves and think about the consequences of their actions. Depressed individuals may put themselves in risky situations with obvious devastating effects. For instance, driving drunk, unprotected sex and so on.

- **Poor School Performance:** An untreated depression can also lead to difficulty in going to class and complete assignments. This is because depression diminishes one's ability to concentrate, remember things and make decisions.

- **Relationship Problems:** Depression leaves people drained emotionally, mentally and physically, so it becomes hard to be outgoing with friends and family members.

- **Health Concerns**: Depression can become an unhealthy cycle. People with depression need to take good care of themselves to feel better but because of the symptoms, they do not want to sleep or either sleep too much, they do not want to eat and they do not have interest in exercise. As a result of these, their depression worsens and their heath also suffers. This can leave depressed person vulnerable to other illnesses such as the flu or worsens his or her own health condition.

On a final note, depression can have a devastating impact on the sufferer ability to learn and function within the learning environment. Those with depression may experience a significant drop in grades due to decreased work readiness and work performance, lack of participation and increased tiredness to and absences from school. Depression has significant impact on how the brain functions. It makes sufferers become unmotivated and even disorganized and may have increased difficulty with short term memory. Depression and

school failure can be a self-perpetuating cycle while depression contributes to school failure, school failure can also exacerbate depression in students (Students First Project, 2013).

The Present Study

Depression accounted for loss in any known organization than any other form of mental disorder. In a research, Ndu, Arinze-Onyia, Aguwa and Obi (2011) asserted that depression is associated with increase in risky behaviours, non-compliance to treatment, higher risk of co-morbid disorders and shortened survival. Depression can also interfere with students' study, eating pattern, sleeping patterns and can cause dysfunction in the affected persons. Besides, the human body has been described as an amazing study in awesomeness (Solaade, 2013). It is a living machine (Jafar, 2009). Research contends that the human body "talks" by cracking, popping, growling, ringing and whistling, only that they are being ignored by human beings, but assuming these noises of the body are being listened to and addressed appropriately before the worse time comes (that is, final breakdown), this could have saved human beings the hassles of spending money in hospitals on many of psychological diseases like depression.

Worldwide, there are certain risk factors that make some people more likely to get depressed than others (World Mental Health Federation, 2012). Moreover, many studies have been carried out on depressive disorders among many perimeters, culture and influences across the globe. For instance, Adeoye and Yusuf (2011) appraised the prevalence and causes of depression among the civil servants in Osun State, Nigeria. They found that a majority of civil servants interviewed were suffering from depression. Their study also revealed that women are at a higher risk than their men counterparts and that job demands and poor remunerations are the major factors that lead to depression among civil servants.

While there many studies are available, studies related to manifestations of depression among university students are rare. This study filled this gap by investigating the manifestations of depression as perceived by undergraduates of universities in Kwara State, Nigeria. It specifically tried to answer the following questions: a) What are the manifestations of depression as perceived by undergraduates of Universities in Kwara State? b)

Is there any difference in the manifestations of depression as perceived by undergraduates of Universities in Kwara State based on religious affiliation? c) Is there any difference in the manifestations of depression as perceived by undergraduates of Universities in Kwara State based on level of study? From these arise the following hypotheses: H1: There is no significant difference in the manifestations of depression as perceived by undergraduates of Universities in Kwara State based on religious affiliation. H2: There is no significant difference in the manifestations of depression as perceived by undergraduates of Universities in Kwara State based on level of study.

Methodology

The researchers adopted the survey design in order to cover a wide range of scope with a great deal of information possible to be obtained from a fairly larger population. Ibrahim, Landu and Opadokun (2004) stated that descriptive survey is important in educational research and it can be done either through the use of questionnaires or observation by the concerned researchers.

The population of this study comprised all undergraduates at Universities in Kwara State. The target population for the study consisted of all undergraduates of two Universities in Kwara State namely University of Ilorin and Kwara State University. The study's target population was 38, 828. Out of this figure, University of Ilorin has a lion share of 34,000 undergraduates (The Sun News Paper report of March 18, 2014), and Kwara State University (KWASU) has 4,828 (Olayinka Alaya, June 5, 2013). The technique that was used in selecting sample for this study is a multi-stage sampling technique. At stage 1, purposive sampling technique was used to select purposively two Universities among all Universities that are in Kwara State.

At stage 2, proportional sampling method was used to select five hundred and twenty-six (526) undergraduates from University of Ilorin and seventy-four (74) from Kwara State University, all together making a total of six hundred (600) participants for the study. The above figures were based on the following percentages and represent the proportional contribution of each of the two universities used by the researchers in this study using simple calculation thus; University of Ilorin (UNILORIN) = (34,000/38,828* 100) =

87.6% of the target population and Kwara State University (KWASU) = (4,828/38,828* 100) = 12.4% of the study's target population. It is on this calculation that the sample size of each of the two universities studied was proportionally worked out from the 600 respondents considered for study. Thus; UNILORIN; (600*87.6/100) = 526 representatives and KWASU; (600*12.4/100) = 74 representatives. The of the two Universities were thus; (526 + 74) = 600. Table 1 below presents total number of participants and the distribution of respondents based on religious affiliation and level of study. The total number of respondents was 600 out of which, 217 (36.2%) of the respondents were Christians, 302 (50.3%) were Muslims while 81 (13.0%) were from other religious sects. In regards to level of study, 115 (19.2%) were in 100 level, 236(39.3%) were from 200 level, 147 (24.5%) were in 300 level, 68 (11.3%) were in 400 level, 18 (3.0%) were in 500 level while 16 representing (2.7%) were in 600 level.

Table 1: Distribution of Respondents Based on Religious affiliation and Level of study

No.	Variables		Frequency	Percentage (%)
1	**Religious Affiliation**	Christianity	217	36.2
		Islam	302	50.3
		Others	81	13.5
		Total	**600**	**100.0**
2	**Level of Study**	100 Level	115	19.2
		200 Level	236	39.3
		300 Level	147	24.5
		400 Level	68	11.3
		500 Level	18	3.0
		600 Level	16	2.7
		Total	**600**	**100.0**

At stage 3, stratified sampling method was used to categorize the respondents into various groups of interest of the researchers such as religious affiliation and level of study. Stratified sampling is done to ensure that certain

sub-groups (for instance African Traditional Religion, Christianity & Islam) in the population are represented adequately in the sample of study (Ibrahim, Landu, & Opadokun, 2004).Thus, the stratified sampling will be used to select the sample of the study in respect to the variables under study. At the stage 4, simple random technique was used to select sample at random from all the identified sub-groups of the study.

For the purpose of this study, a questionnaire was used as a measuring device which is personally designed by the researchers after a well guided and thorough review of literature and the questionnaire was tagged "Manifestations of Depression Questionnaires (MDQ). The questionnaire therefore consists of 2 sections; A and B. Section A: focuses on the demographic data of the respondents which include information on religious affiliation and level of study of respondents. Section B consists of twenty (20) items seeking information from the respondents on the manifestations of depression. The respondents responded to the items using: Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD).

In order to ascertain the validity of the instrument, the draft of the questionnaire was given to seven lecturers in the Department of Counsellor Education, University of Ilorin for validation and advice. Sequel to their suggestions, necessary amendments were made. The reliability of the instrument was ascertained using the test re-test reliability method. The questionnaire was administered on 30 undergraduates from University of Ilorin, who did not form part of the study but possess the similar characteristics or attributes of the population. After a period of four weeks, the same instrument or questionnaire was re-administered on the same group of people. The two sets of scores obtained differently on the two occasions were correlated using Pearson Product Moment Correlation Co-efficient (r) statistical method. The value obtained was 0.78. Thus, the instrument is reliable for the study.

Results and Discussion

Research Question One: What are the manifestations of depression as perceived by undergraduates of Universities in Kwara State? Table 2 presents the mean and rank order of the manifestation of depression among undergraduates of Universities in Kwara State, Nigeria. The table shows that

item 4 (with score mean of 3.15) which stated that "I experienced poor school performance while feeling depressed" was ranked first. Item 1 (with mean score of 3.14) which stated that "I experienced avoidance of responsibility while feeling depressed" was ranked second while item 12 (with mean score of 3.12) which stated that "I experienced difficulty in day to day tasks" was ranked third respectively. On the other hand, items 17, 3 and 2 were ranked 18th (with mean score of 2.98), 19th (with mean score of 2.93) and 20th (with mean score of 2.87) respectively. The items indicated avoidance of responsibility, reckless behaviour and suicidal behaviour as the least manifestation of depression. It can be concluded that the leading manifestations of depression as perceived by undergraduates of Universities in Kwrara States are poor school academic performance, avoidance of responsibility, difficulty in day to day tasks, health problems, loss of self-confidence etc.

Table 2: Mean and Rank Order on Manifestations of Depression as Perceived by Undergraduates of Universities in Kwara State, Nigeria

Item No.	I experienced the following on my depression:	Mean	Rank
4	Poor school performance	3.15	1st
1	Avoidance of responsibility	3.14	2nd
12	Difficulty in day to day task	3.12	3rd
6	Health problems	3.11	4th
20	Loss of self-confidence	3.10	5th
19	Difficulty in thinking	3.10	5th
7	Loss of friends	3.10	5th
9	Eating problem (over eating or under eating)	3.09	8th
15	Hatred for academic pursuits	3.08	9th
13	Sleep disorder or sleep difficulty (insomnia)	3.07	10th
5	Difficulty in relating with others	3.06	11th
10	Truancy	3.05	12th
16	Loss of weight	3.04	13th
11	Telling lies	3.03	14th
18	High cost of hospital visitation	3.03	14th
14	Avoidance of social activities	3.01	16th
8	Difficulty in making decision	3.01	16th
17	Self-injury	2.98	18th
3	Reckless behaviour (e.g. drug/alcohol abuse)	2.93	19th
2	Suicidal behaviour	2.87	20th

Hypothesis One: *There is no significant difference in the manifestations of depression as perceived by undergraduates of Universities in Kwara State based on religious affiliation.*

Table 3: ANOVA Showing the Manifestation of Depression as Perceived by Undergraduates of Universities in Kwara State Based on Religious Affiliation

Gender	df	SS	Means Square	Cal. F-ratio	Crit. F-ratio
Between Group	2	221.602			
Within Group	597	58322.898	110.801		
Total	599	58544.500		1.13	3.00
			97.693		

Table 3 shows that the calculated F-ratio of 1.13 is less than the critical F-ratio of 3.00. This means that there is no significant difference in the manifestations of depression as perceived by undergraduates of Universities in Kwara State based on religious affiliation. Thus, the hypothesis is not rejected.

Hypothesis Two: *There is no significant difference in the manifestations of depression as perceived by undergraduates of Universities in Kwara State based on level of study.*

Table 4: ANOVA Showing the Manifestation of Depression as Perceived by Undergraduates of Universities in Kwara State Based on Level of Study

Gender	df	SS	Means Square	Cal. F-ratio	Crit. F-ratio
Between Group	5	1011.411	202.282		
Within Group	597	57533.089	96.857	2.09	
Total	599	58544.500			2.21

Table 4 shows that the calculated F-ratio of 2.09 is less than the critical F-ratio of 2.21. This means that there is no significant difference in the manifestations of depression as perceived by undergraduates of Universities in Kwara State based on level of study. Thus, the hypothesis is not rejected.

The findings identified poor school academic performance, avoidance of responsibility, difficulty in day to day tasks, health problems and loss of self-confidence as major manifestations of depression among undergraduates of Universities in Kwara State, Nigeria. The findings were in line with the notion of Glied and Pine (2002) who held that depressed adolescents are at a much higher risk of poor performance at school. This is because the victim of depression might have lost interest in any activities he/she engages in and feels nothing worth striving for in life. According to Beck, Rush, Shaw and Emery (1979), the essential feature of the content of depressive disorders is the concept of the cognitive triad: negative views of self, world, and future.

Hypothesis one revealed no significant difference in the manifestations of depression among undergraduates of Universities in Kwara State based on religious affiliations. Religion does not differentiate respondent's manifestations of depression. This may be due to the fact that all forms of religion accord people opportunities for social support, which has been found to protect people against depressive symptoms (George, Larson, Koenig & McCullough, 2000). The finding is in consistence with the study of Koenig, George and Peterson (1998) whose finding indicated that certain aspects of religiousness (e.g., public religious involvement, intrinsic religious motivation) may be inversely related to depressive symptoms (with greater religious involvement associated with fewer symptoms of depression).

The result of hypothesis two revealed no significant difference in the manifestations of depression among undergraduates of universities in Kwara State based on level of study. The finding corroborates the study of Joel, Cassie and Cassandra (1997) who found a positive relationship between level of study and depression but without differentiation among levels.

Conclusions, Implications and Recommendations

The findings identified poor school performance, avoidance of responsibility, and difficulty in day to day tasks, health problems and loss of self-confidence as the major manifestations of depression among undergraduates of Universities in Kwara State, Nigeria. The result of the hypotheses revealed no significant difference in the manifestations of depression among undergraduates of Universities in Kwara State based on religious affiliation

and level of study. Counsellors in the academic environment should be aware of students' behaviours, health status and their interpersonal relationships with others in order to identify depressed students and to provide adequate counselling intervention that could help such students overcome the impending problem. In line with the findings of the study, it is recommended that counsellors should be employed in all Nigerian schools (from primary to tertiary level) so that students can share their concerns with them. The counsellors would help them to be aware of their concerns and provide lasting solution to the identified problems such as replacing negative thoughts with positive ones, learning of appropriate coping skills and so on. The peer groups in the school should assist one another in identifying depressed students and refer such to the school counselling unit for appropriate counselling intervention.

References

Adeoye, E. A & Yusuf, A. F. (2011). Prevalence and causes of depression among civil servants in Osun State: Implication for counselling. *Edo Journal of Counselling, 4* (1 &2), 92-101.

Beck. A., Rush, J., Shaw, B., & Emery, G. (1979). *Cognitive therapy of depression*. New York: Guilford Press.

George, L. K., Larson, D. B., Koenig, H. G., & McCullough, M. E. (2000). Spirituality and health: What we know, what we need to know. *Journal of Social and Clinical Psychology, 19*, 102-116.

Glied,S., & Pine. D. S. (2002). Consequences and correlates of adolescent depression. *Archives of Pediatrics Adolescent Medicine, 156* (10), 1009-1014.

Grohol, J. M. (2008). *Depression treatment: Psychotherapy, medication or both*? Psycho Central. Retrieved April 26th 2014 from http://psychocntral.com/lib depressiontreatment-psychotherapy-medicationtreatment-psychotherapy-medication-or-both/0001/52/.

Ibrahim, A. I, Landu, B.V. & Opadokun, O. A. (2004). *Introduction to educational research methods.* Ilorin: Integrity Publication Ltd,

Jafar, M. (2009). *Educational psychology*. New Delli, India: APH Publishing
      Corporation.

Jed Foundation (2014). *Preventing suicide and reducing emotional distress*.
      New York: Houston Press.

Joel, A., Cassie R. M. & Cassandra, N. D. (1997). *The relationship between
credit load and depression.* Retrieved   October   27th   2014   from
http://www.kon.org/urc   /v8/makin.html.

Koenrig, H. G., George, L. K. & Peterson, B. L. (1998). Religiousity and
remission of   depression in medically ill order patients. *American Journal
of Psychiatry*, *155*, 536-   542.

Marcus, M., Yasamu, M. T., Ommeran, M. V, Chisholm D., & Sexena S.
      (2012). *Depression: A global public health concern*. Geneva, WHO:
      Department of mental health and substance abuse

Ndu, A.C., Arinze-Onyia, S.U., Aguqa E .N & Obi I.E. (2011). Prevalence of
      depression and role of support groups in its management: A study of
      adult HI V/AIDs patients attending HIV/AIDs Clinic in a tertiary
      health facility in South-eastern Nigeria. *Journal of Public Health and
      Epidemiology*, *3* (4), 182-86.

Philip, J.C. (2004). *New drugs, old problems: Persisting pharmacological
      management/treatment of resistant depression*. Department of
      Psychiatry, London: Oxford Press.

Students First Project (2013). *Quick facts on depression.* An Information
      Booklet for Chitteadan Country, Parents/Guardians and Child Serving
      Professional. Burlington.

The New Encyclopedia Britannica (2002). Vol. 4 (15th ed). USA:
      Encyclopedia Britannica Inc.

World Mental Health Federation (2012). *Call to action on world mental health
      day.* Occoquan, VA 22125, USA.