

INCIDENCE OF DEPRESSION AMONG IN-SCHOOL ADOLESCENTS IN SOUTHWEST NIGERIA: IMPLICATIONS FOR COUNSELLING

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Abstract

*This study examined the incidence of depression and its implications among adolescents in Southwest Nigeria. The descriptive research of the survey type was adopted for the study. The population of the study was all the adolescents, both male and female, in all secondary schools in the southwest of Nigeria but a total of 1650 adolescents between the ages of 12 and 18 years and selected using multistage sampling technique, participated in the study. A self-designed questionnaire titled "Assessment of Depression Scale" (ADS) was used to elicit information from respondents. The instrument was validated and the reliability was ensured using test re-test method. The reliability co-efficient was 0.75 at 0.05 level of significance. The data collected were analysed using descriptive analysis for the general questions raised while student's *t*-test was used to test the hypothesis raised at 0.05 level of significance. The result showed that manifestation of depressive symptoms and depression is a prevalent health and behavioural challenge among in-school adolescents in Southwest Nigeria but the number of students manifesting severe depression was quite low. It was also discovered that there was a significant difference in the incidence of depression among male and female adolescents with more females manifesting symptoms of depression. Based on the findings, it was recommended that school counsellors should design effective methods for detecting, assessing and treating adolescent depression in schools.*

Introduction

It is not uncommon to find youths carrying out various acts of barbarism in destroying properties, killing of innocent people, engaging in mob actions and joining, belonging to and engaging actively in the activities of dangerous social clubs and cults. Many of the culprits apprehended, questioned and subjected to psychological analysis in the Western world revealed evidences of being depressed. Some of these people are youths and adolescents.

The development of depression has to do with people constantly experiencing sad mood due to human struggles with the pressures and various challenges of everyday life. Challenges that bother on the physical, social, moral, cognitive and personality developments of adolescents are not uncommon. Meanwhile, these adolescents are presented as a healthy group by the World Health Organisation (WHO) (2014). The challenges might bring about mood changes which are often attributed to the normal mood swings characteristic of adolescence. Giving credence to the mood swings among adolescents, Eya (1995), while referring to some Nigerian sample, described the adolescence as a period of excitement and of anxiety, of happiness and of trouble, of discovery and of bewilderment and of breaks with the past of childhood and yet of lives with the future of adulthood. This might account for why it is hard to distinguish adolescents' developmental turmoil or changes from depressive symptoms because they look similar.

However, problem arises when such mood changes persist most of the day for a number of days to the extent that the daily activities of the adolescent are hampered. Such persistent mood condition is termed depression. According to the American Psychiatric Association (2013), depression is defined as an emotional state that involves feelings of great sadness, worthlessness and guilt. Furthermore, depression occurs when the individual is irritable most of the day and nearly every day and manifests decreased interest or pleasure in most activities most of the day, significant weight change or change in appetite, change in sleep (either insomnia or hypersomnia), fatigue or loss of energy, diminish ability to think or concentrate and thoughts of death or suicide or planning to commit suicide.

The number of adolescents experiencing symptoms of depression and even depression seems to be on the increase despite its overwhelming health challenges across the world. According to Swierzewski (2014), the incidence of depression has risen every year since the early 20th century. He posited that this may be due to many reasons as many studies point to significant socioeconomic changes across the globe. The World Health Organisation (WHO), reported that depression is a major cause of morbidity worldwide and that it affects about 121 million people globally (WHO, 2010). Depression according to Rutter (1995), tends to first appear in adolescence or early adolescence. Meanwhile, Owuamanam (1995) described this period as the most confusing, most unsettling and

stressful times of life. Many studies have agreed that one in every five adolescents is likely to experience a diagnosable depressive episode by the age of 18 (Lewinsohn, Hops, Roberts, Seely & Andrews, 1993; Birmaher, Ryan, Williamson, Brent, Kaufman, Dahl, Perel & Nelson, 1996). Literature further confirms that lifetime prevalence varies widely, from 3% in Japan to 17% in the US. The DSM-V ® gave the age range at which depression can be diagnosed as age 6-18 years (APA, 2015).

In an empirical study, Adeniyi, Okafor and Adeniyi (2012) found that data on the precise prevalence and level of depression among adolescents in Nigeria appear to be quite scant, but the prevalence of students experiencing severe depressive symptoms in their study (5.7%) is quite similar to that reported by a few other studies. Also, Adewuya, Ola and Aloba (2007) reported a prevalence of major depressive disorder of 6.9% among a group of Nigerian adolescents with females having significantly higher prevalence than males. In a study to examine the proportion of children with psychiatric disorders attending primary health care in a Nigerian setting, Gureje, Omigbodun, Gater, Acha, Ikuesan and Morris (1994) also reported that depressive disorders were present in 6.0%, anxiety-related disorders in 4.7%, and conduct disorders in 6.1% of the children. A study on epidemiology of major depressive disorder in Ibadan, Oyo State Nigeria revealed that a lifetime and 12-month prevalence estimates of major depressive disorder were 26.2% and 7.1% respectively in Nigeria (Gureje, Kola & Afolabi, 2004). Also, a study carried out by Amoran, Lawoyin and Lasebikan (2007) on the prevalence of depression in Oyo State, Nigeria revealed that the overall prevalence of depression is 5.2% and that depression is more common in rural than urban areas in the Nigerian population. These show that prevalence of depression in Nigeria compares with those found in the western world but not yet given the prominence it deserves.

However, while adolescent depression seems to be common across the world, the researcher also observed that most of the adolescents in southwest Nigeria seem to be ignorant of the symptoms of depression, the seriousness of the disorder and some of the factors that can make them susceptible to depression. These are evidences that recognizing, understanding, and treating adolescent depression are extremely important. It is therefore imperative that counsellors, parents, educators, mental health workers and the entire society should better understand the signs, symptoms, risk factors, and behavior problems that are associated with depression in adolescence to be able to offer effective assistance when necessary. It is on the basis of these that this study investigated the incidence of depression among adolescents in southwest Nigeria, with the aim of highlighting its challenges and the counselling implications.

Based on the foregoing, the following questions are raised to pilot the study:

1. Do adolescents in secondary schools in Southwest Nigeria manifest depressive symptoms?
2. What are the symptoms of depression experienced by in-school adolescents in Southwest Nigeria?

Also, this null hypothesis was generated and tested at 0.05 level of significance:

There is no significant difference in the incidence of depression among male and female in-school adolescents in Southwest Nigeria.

Research Method

Descriptive research of the survey type was used for the study. The population for the study consisted of all the adolescents, both male and female, in secondary schools in the Southwest of Nigeria, comprising of six states namely, Ekiti, Lagos, Ogun, Ondo, Osun and Oyo. These states appear to have similar culture being the ancestral home of the Yoruba ethnic group in Nigeria with similar language but with different dialects. However, the states differ from one another in terms of geographical size, cosmopolitan atmosphere and year of creation.

The secondary schools used included all the government and privately owned schools as well as coeducational and non-coeducational schools in southwest zone of Nigeria. The ages of adolescents that participated in the study were between 12 – 18years. The sample for this study consisted of 1,700 boys and girls. The method of selection was multistage sampling technique. The first stage involved the use of simple random sampling technique by balloting system to select three states out of the six states in Southwest Nigeria. The three states thus selected were Lagos, Oyo and Ekiti States. The second stage entailed the use of purposive selection to select the government owned and private owned secondary schools in the states. The third stage also involved the use of stratified simple random sampling technique to select the sample from the schools selected. In all, a total of 1625 adolescents participated in the study.

A self-designed questionnaire titled “Assessment of Depression Scale” (ADS) was used to elicit information from respondents. The questionnaire consisted of two sections A and B. Section A contained information on demographic characteristics of the respondents, such as, sex, age, and location. The item on Sex had ‘Male’ and ‘Female’ options. Male is scored ‘1’ while female is scored ‘2’. Item 3 was used to group the respondents into ‘Urban’ and ‘Rural’ residential location. It had 3 options; State Capital, Local Government Headquarters and Other Towns and Villages and were scored 1, 2, and 3 respectively. Respondents that picked State Capital or Local

Government Headquarter were classified as 'Urban' while other towns and Villages were regarded as 'Rural'.

Section B is a modified form of Beck's Depression Inventory. It consisted of 21 groups of statements on different symptoms of depression such as sadness, pessimism, failure, loss of pleasure, guilty feeling, self-dislike and so on. Each statement is rated on a modified 4-point Likert Scale 1 – 4, with the respondents picking which of the statements best describe the way he or she is feeling in recent time and at the moment. Respondents were expected to pick just one out of the options. The items were summed up to form a total score of 84. Respondents were categorized as experiencing 'Low', 'Moderate' and 'High' levels of depression based on percentile formula. Low (21.00 – 27.97), Moderate (27.98 – 55.97) and High (55.98 – 84.00). The instrument was subjected to Face, Content and Construct validity. The reliability of the instrument was established using test re-test method and the reliability coefficient of 0.75 was found to be significant at 0.05 level of significance.

The instrument was administered to 1,700 respondents by the researcher and six trained research assistants but a total of 1,625 copies of the questionnaire were collected and collated at the end of the administration.

The data generated was analysed using descriptive and inferential statistics. The descriptive statistics which include frequency counts, percentages, mean and standard deviation were used to answer the questions raised while inferential statistics of student's t-test was used to test the null hypothesis generated at 0.05 level of significance.

Results

Question 1

Would in-school adolescents in Southwest Nigeria manifest depressive symptoms?

In answering the question, scores on depressive symptoms among in-school adolescents were computed using items 1-21 in Section B of "Assessment of Depression Scale (ADS)". The result is presented in Table 1.

Table 1: Manifestation of depressive symptoms among in-school adolescents

	<i>Frequency</i>	<i>Percentage</i>
Low (21.00-27.97)	692	42.6
Moderate (27.98-55.97)	899	55.3
High (55.98-84.00)	34	2.1
Total	1625	100.0

Table 1 shows that 692 respondents representing 42.6% of the total sample manifest low level of depressive symptoms, 899(55.3%), 899(55.3%) had moderate level while 34(2.1%) had high level of

depressive symptoms. This implies that a random sample of in-school adolescents in Southwest Nigeria manifest depressive symptoms.

Question 2

What are the symptoms of depression experienced by in-school adolescents in Southwest Nigeria?

In order to answer the question, mean scores of items 1-21 in Section B of "Assessment of Depression Scale (ADS)" were computed. The result is presented in Table 2.

Table 2: Symptoms of Depression Experienced by In-school Adolescents in Southwest Nigeria

<i>Symptoms of depression</i>	<i>of</i>	<i>Mean</i>	<i>SD</i>	<i>Ranking</i>
Self-Criticalness		1.78	1.06	1 st
Crying		1.76	1.18	2 nd
Loss of interest in affection		1.69	0.99	3 rd
Guilt feelings		1.67	0.92	4 th
Agitation		1.64	1.05	5 th
Punishment feelings		1.60	0.89	6 th
Changes in sleeping pattern		1.60	0.96	6 th
Changes in appetite		1.56	0.87	8 th
Loss of Interest		1.50	0.90	9 th
Tiredness or fatigue		1.48	0.83	10 th
Loss of pleasure		1.47	0.82	11 th
Being easily annoyed or angered		1.47	0.85	11 th
Indecisiveness		1.46	0.83	13 th
Self-dislike		1.45	0.79	14 th
Loss of energy		1.44	0.84	15 th
Worthlessness		1.42	0.78	16 th
Concentration difficulty		1.37	0.76	17 th
Pessimism		1.36	0.71	18 th
Sadness		1.35	0.77	19 th
Past failure		1.32	0.71	20 th
Suicidal Thoughts or Wishes		1.30	0.71	21 st

Table 2 presents the symptoms of depression experienced by in-school adolescents in Southwest Nigeria. With a cut-off mean of 2.50 for the rating scale, all the items had mean scores below the cut-off mean, indicating moderately low level of manifestation of depressive symptoms. The result further revealed that the commonest symptoms of depression among in-school adolescent is self-criticalness with mean score of 1.78. This is closely followed by crying (mean=1.76), loss of interest in affection (mean=1.69), guilt feelings (mean=1.67) and agitation (mean=1.64). Others include: punishment feelings (mean = 1.60), changes in sleeping pattern (mean=1.60), changes in appetite (mean=1.56) while Suicidal Thoughts or Wishes (mean=1.30) is the least in the ranking order.

Hypothesis

There is no significant difference in the incidence of depression between male and female in-school adolescents.

In order to test the hypothesis, scores relating to the incidence of depression among male and female in-school adolescents were computed and compared for statistical significance using t-test statistics at 0.05 level of significance. The result is presented in Table 4.

Table 4: Students' t-test Showing Comparison of Depression by Gender

<i>Variables</i>	<i>N</i>	<i>Mean</i>	<i>SD</i>	<i>Df</i>	<i>t_{cal}</i>	<i>t_{table}</i>
Male	788	31.96	9.93	1623	2.924*	1.960
Female	837	33.56	12.04			

* $p < 0.05$

Table 4 shows that $t_{cal}(2.924)$ is greater than $t_{table}(1.960)$ at 0.05 level of significance. The null hypothesis is rejected. This implies that there is significant difference in the incidence of depression among male and female in-school adolescents. Also, female adolescents had higher mean score of 33.56 than their male (mean=31.96) counterparts. This implies that the incidence of depression is higher among female adolescents.

Discussion

The result of the study revealed that depression is a prevalent health and behavioural challenge among in-school adolescents in Southwest Nigeria. Though the level of occurrence is moderate, the number of in-school adolescents experiencing severe depression is quite low. This might be due to the varying daily and developmental challenges the in-school adolescents were facing both at homes and in schools. The finding is consistent with the findings of Adeniyi, Okafor and Adeniyi (2012) and Fatiregun and Kumapayi (2014) which established the prevalence of depression among adolescents in southwest Nigeria.

The symptoms of depression were seen to vary from person to person depending on divergent causal factors. However, the study revealed that the commonest symptom of depression among in-school adolescents is self-criticalness. This bothers on self-esteem and the belief that to become successful person in the future every effort should not be spared. This is in agreement with Burns (1982) and Jarrow (2012) who found that the belief and evaluations that people might hold about themselves would determine who they are, what they can do and their success in life. Other symptoms as found by the study include crying especially among females, loss of interest in affection for their colleagues, guilt feelings and agitation.

Conclusion

Based on the findings of this study, it is concluded that depression is a health and behavioural challenge among adolescents in Southwest Nigeria. However, many of the adolescents are not aware of its debilitating impact on their developments socially, physically and emotionally.

Implications for Counselling

Counselling is generally aimed at producing well-adjusted individuals who would function fully in their environments. The findings of this study revealed that moderate occurrences of depression are found among in-school adolescents. This is an indication that there could be an increase in the number of students who would experience full blown depression if immediate and long-term measures are not put in place. On this strength, school counsellors should be concerned about this development as depression can negatively interfere with the students' learning process, causing noticeable and in the extreme, untoward behaviour leading to suicide. This would definitely impinge on their efforts to become effective and well-adjusted adults if they do not suffer untimely death. There is also the tendency for depression to co-exist with other emotional and behavioural problems such as anxiety, conduct disorders or substance abuse. The school counsellor could, therefore, design programmes in conjunction with the authorities, on awareness and understanding of depression among adolescents as these would sensitise the youths themselves, the school authorities and parents on the debilitating effects of depression with the aim of nipping the development in the bud.

Recommendations

Based on the findings of this study, the following recommendations are made:

1. School counsellors should design effective methods of detecting, assessing and treating adolescent depression in schools. Also, School counsellors should organize programmes to create more awareness on adolescent depression. Understanding the concept of depression will assist teachers and school authorities to distinguish depression from ordinary dejection and make them to provide assistance when necessary. Formation of a depression awareness club will suffice along this line.
2. Adolescents should be encouraged to discuss their challenges with counsellors and their parents. Maintaining good rapport with them through provision of warm environment, both in school and at home, will encourage open line of communication that will help to reduce tension and development of depressive symptoms.
3. Enlightenment programme can be designed by school counsellors in conjunction with the Ministry of Health, and aired on the radio and television, to sensitise the public on the concept of adolescent depression with the aim of distinguishing it from ordinary

dejection and identifying its symptoms and consequences.

4. A standard and well equipped counselling center, with qualified professional counsellor, must be established in schools to provide special assistance to students who may be showing signs of depression.

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