

Antecedents of Depression among Undergraduates in Nigerian Private Universities

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Abstract

Prevalence of the effect of depression on young adults' well-being has turned out to be a priority as a result of the simultaneous increase in mental health problems among individuals. Depression being a mental disorder that comes with unhappy mood, loss of interest, low self-worth, insomnia, and poor concentration seems to be ravaging the younger generation, especially undergraduates in tertiary institutions. Hence, this study investigated the antecedents of depression among undergraduates in Nigerian private universities. The research objectives were to (1) examine the level of depression among the undergraduates; (2) assess the past history of depression among the undergraduates; (3) assess the level of perceived family support among the undergraduates; (4) determine the significant relationship between the history of depression and levels of depression; and (5) to assess the significant relationship between the history of depression and perceived family support. This research work made use of the quantitative source of data, through which data were gathered using a structured questionnaire and administered to 365 undergraduates. The findings showed that the majority of the undergraduates manifest one level of depression or the other, as about one-fifth of the respondents show signs of no form of depression and are thus regarded as normal. The study also showed that the level of perceived family support received by the undergraduates was found to be moderate, and there was a significant relationship between the history of depression and perceived family support. It was also found that there is a significant relationship between history of depression and levels of depression. The study recommends that counseling centers be provided in all institutions so as to give help to students battling with one issue or the other so as to avoid a high level of depression. In addition, parents are advised to show a positive and caring attitude to their children as the experiences a student experiences at home could have a significant influence on the student in school, which could lead to depression or otherwise.

Keywords: antecedents, depression, undergraduates, higher education, private universities.

1. Introduction

The well-being of humans in general, and their depression state in particular, are important themes in recent discussions in the Western world. The social integration and participation of humans in society are seen as indicators of productive aging, and the alleviation of depression forms part of policies aimed at achieving the goal of successful aging. The ability of an individual to have close relationships with another is one of the most important features of a healthy personality (Perris et al., 2015). Close relationships influence the personal and social development processes of people considerably. From a perspective of attachment theory, the quality of one's closest relationships at infancy set the stage for subsequent development. When these relationships are secure, they promote self-reliance, confident exploration of the environment, and resilience in dealing with life's stresses and

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crises (Bowlby, 1979). On the other hand, a lack of secure attachment can lead to difficulties in regulating emotions and relating to others, engendering vulnerability to psychological distress, loneliness, and depression (Ouellette & DiPlacido, 2012).

Depression is a complex issue that is associated with physical, emotional, and psychological well-being, and is influenced by personal, community, and societal factors. It is defined as a state in which a person lacks engagement with others, has few social contacts, lacks quality and fulfillment in their relationships, and lacks a sense of belonging. Depressed persons face an increased risk for numerous physical health issues, and possibly death. Relatedly, experiences of depression can lead to low self-esteem, internalization of blame, feelings of powerlessness, and avoidance of community engagement.

According to the report by the World Health Organization (World Health Organization, 2013) which summarized key risk factors for depression include isolation, loneliness, relationship conflict or loss, previous suicide attempt, mental disorder, harmful use of alcohol, loss of employment, financial problems, chronic pain, family history of suicide and genetic and biological factors, as well as influences from a wider systemic level such as access to means and the availability of appropriate health care. The report further emphasized that vulnerability to depression is likely to result from the cumulative effect of a number of risk factors. Man experiences a wide spectrum of moods from low to high. Mood may be high, motivated, depressed, and sad. Depressive disorder is one of the most common psychiatric disorders which is present either as offensive reactions to internal or external factors or as a common manifestation of mental disturbance in human communities (Peltzer & Pengpida, 2014). Depression is common in adolescents especially in tertiary institutions and is one of the most frequent mental disorders among teenagers. In this age group, fundamental impairments due to this illness, not only influence the performance of daily tasks but as well can lead to fatal acts such as suicidal behavior (Cantwell & Carlson, 2011). This may cause the formation of unstable families in the future and finally a desperate society. Depression often has a considerable effect on the quality of life, health, social and vocational performance, and physical activities.

Girio-Herrera and Sarno (2017) revealed that high depression was linked with more problems in school functioning and academic performance. It could make a student consider his/her present and future performance in the scholastic sphere to be irrelevant and useless. Sheftall et al. (2010) affirmed that children who have little hope for the near future show weaker intrinsic motivation for learning and school activities. He revealed that depression scores are significantly correlated with weaker motivation scores. In other words, if the hopeless individual consistently experiences negative situations or failures, that individual may simply just give up.

McLaughlin et al. (2014) stress the significance of school problems in a study of students who report feelings of depression. They discovered that students engaging in acts of deliberate self-harm are more likely to report feelings of depression concerning their future (even after depression is taken into account). In actual fact, the results of the study suggest that a substantial proportion of the deliberate self-harm group felt unable to provide solutions to their problems. Perhaps in this group, their lack of ability to see different ways out of a problem may lead them into a cycle of depression and eventual self-harm (McLaughlin et al., 2014).

O'Connor and Nock (2014) highlighted depression as one of the key psychological risk factors for suicidal ideation and behavior. Feelings of depression have been found to be associated with the initiation of self-harm (Milnes, David, & Blenkiron, 2002), risk of repeat self-harm (McMillan, et.al., 2007), and suicide (Beck et al., 2010).

However, family support has been observed to be one of the variables that may be associated with depression among young adults, especially undergraduates. In this study, family support is when parents have good information about their children and they use this to provide emotional and social support to help them care for their children. Support from family, especially the parents play a vital and significant part in initiating and maintaining help-seeking for psychological health problems among their children. Due to young people's preferences for informal support, they depend on their parents to recognize the signs of depression, poor mental health and instigate help-seeking (Leavey, Rothi, & Paul, 2011; Logan & King, 2013).

Parental engagement in care is crucial largely because it reinforces the efficacy of treatment outcomes (Plunkett et al., 2015). However, support from parents can be inhibited by a lack of awareness of available services, stigma, time constraints, and financial costs (Patil et al., 2016; Reardon et al., 2017). It is estimated that up to 40% of parents are unaware of their children's psychological health difficulties (Teagle, 2012), believing that the issues do not warrant treatment or will resolve with time (Girio-Herrera & Sarno, 2017). Among parents who have sought help, many feel that their needs have not been met (Lawrence et al., 2015). Parents report that unhelpful advice, insufficient information, poor emotional support, perceived judgment, and delayed diagnoses inhibit their help-seeking (Haine-Schlagel & Walsh, 2015). As a result, many young people do not receive psychological healthcare that is ongoing and effective.

Another factor of interest in this study is the past history (personal and/or family history) of depression. This refers to the records showing traces of depression or loneliness in the past among family members or individuals. Regrettably, adolescents who experience depression at an early age often struggle with depression throughout their lives (Brooks et al., 2002). Furthermore, the early onset of depression predicts more severe depression during adulthood. Even subclinical depression during adolescence increases the risk of major depression disorders 2- to 3-fold as an adult (Milevsky et al., 2014). Therefore, this study is set out to assess the antecedents (past history of depression and family support) associated with depression among undergraduates in Nigerian private universities.

Research Questions

Based on the intent of the study, the following research questions were raised:

- i. What is the past history of depression among undergraduates?
- ii. What is the level of depression among the undergraduates?
- iii. What is the level of perceived family support among undergraduates?

Research Hypotheses

The following null hypothesis was formulated to guide the study

Ho₂: There is no significant relationship between the history of depression and perceived family support.

2. Methodology

This study adopted a survey research design to assess factors associated with depression among undergraduates in private Universities in Ogun State, Nigeria. The sample size consists of 365 participants selected using proportionate random sampling from two private universities. The 2 private universities were purposively selected from 11 private universities based on years of existence which spanned over 20 years. The proportionate random sampling technique was used to select 50 percent of the year 3 students across the students' population from the 2 selected universities. From the first university (P_UNI_A), 176 participants consented to participate in the study, and from the second university (P_UNI_B), 189 participants also gave their consents to participate in the research. The selection of the participants and administration of the data collection instruments were done after due ethical approval from the management of the universities under consideration.

Two scales were used as instrument for data collection, First, Beck's Depression Inventory (Beck et al., 1961) It is a self-reported instrument that contains 21 items with evaluation from 0-3 for each item that is used to measure the severity of depression in adults. BDI is a gold standard tool and was used in many previous researches to measure depression severity. Its validity ranged between 0.73 and 0.96 (Kühner et al., 2007). Secondly, Family Support Scale: The FSS is a 12-item self-report measure that assesses for family support (e.g., "My family supports me in all my efforts"). Respondents were asked to indicate the extent to which they

agree with each item using a 4-point Likert-type scale, ranging from 0 (No) to 3 (Much). In the process of data collection, the participants were assured of utmost confidentiality, while the data collected were anonymized and kept in safe custody.

Descriptive and inferential statistics were adopted to analyse the data collected. Descriptive statistics of frequency distribution and percentages were used to analyze the data and provide answers to the research questions 1, 2, and 3. Cross tabulation of chi-square analysis was used to test the only hypothesis at alpha ($\alpha = 0.05$) level of significance using the SPSS 24 version software.

3. Results and Discussion of Findings

Table 1. Descriptive analysis of past history of depression among the undergraduates

	No (%)	Yes (%)
Do you have any previous history of depression symptoms?	283 (87.6)	40 (12.4)
Do you have a family history of depression or any other psychiatric disorder?	248 (76.8)	75 (23.2)
Have you had any consultation with a psychiatrist about depression symptoms?	271 (83.9)	52 (16.1)

The outcome of the first research question on the past history of depression among the undergraduates show that 283 (87.6%) of the respondents did not have any past history of depression. Out of the 323 respondents 248 (76.8%) did not have family history of depression or any other psychiatric disorder, and 271 (83.9%) had not had a consultation with a psychiatrist about depression symptoms. It could be said from these findings that the majority of the respondents did not have any past family or personal history of depression. The outcome of the first research question on the past history of depression among undergraduates shows that the majority of the respondents did not have any past family or personal history of depression. The only reason that could be deduced from this study is that early adulthood is accompanied by increased pressures and requirements, and therefore mood disorders are characteristic of this period, particularly in early years. This is in line with studies that have illustrated that stressors accompanying the transition from secondary to tertiary education further contribute to the risk of depression (Toro-Tobar, Grajales-Giraldo, & Sarmiento-López, 2016; Yildiz & Duy, 2015). Particular challenges in undergraduate study include academic stress, lack of familiar social support structures, increased cognitive demands, and concerns about prospects for postgraduate study (Gabarron et al., 2016; Beiter et al., 2015).

Table 2. Descriptive analysis of the level of depression among undergraduates

	Freq	%
1 Normal	69	21.4
2 Mild mood disturbance	117	36.2
3 Borderline clinical depression	22	6.8
4 Moderate depression	58	18.0
5 Severe depression	36	11.1
6 Extreme depression	21	6.5

Table 2 shows the level of depression among the undergraduates. The majority (117; 36.2%) of the respondents showed mild mood disturbance, 58 (18%) showed moderate depression, 36 (11.1%) showed severe depression, 22 (6.8%) showed borderline clinical depression, and 21 (6.5%) showed extreme depression. It should be noted, however, that only 69 (21.4%) show signs of no form of depression and thus are regarded as normal. The findings of this study revealed that the majority of the undergraduates manifest one level of depression or the other, as about one-fifth of the respondents show signs of no form of depression and are thus regarded as normal. This finding is consistent with previous studies that describe a rise in the prevalence and severity of depressive symptoms among university students (Lyddon, 2015; Ge et al., 2017). In that sense, then, the current findings are unsurprising, and the trends we observed are likely explained by the same underlying factors as identified in previous studies.

Table 3. Information on the level of perceived family support among undergraduates

Category	Criteria	Frequency	%	Remark
24-36	Much (High)	98	30.3	Respondents with high level of perceived family support among the undergraduates
12-23	Some (Moderate)	118	36.6	Respondents with moderate level of perceived family support among the undergraduates
0-11	Little (Low)	107	33.1	Respondents with low level of perceived family support among the undergraduates

The result presents the level of perceived family support among the undergraduates. Their level of perceived family support among the undergraduates was categorized as high (24-36), moderate/average (12-23), and low (0-11). The majority 118 (36.6%) of the respondents had a moderate level of perceived family support, 107 (33.1%) had a low level of perceived family support and the remaining 98 (30.3%) had high level of perceived family support. Therefore, it could be said that the level of perceived family support among undergraduates is moderate. The result of research question three revealed that the level of perceived family support among undergraduates is moderate. Separation of parents can lead to a shrinkage of family support and become an influencing factor of stress that can cause depression in the undergraduates. Therefore, this study lends credence to the findings from numerous studies based on college students have shown that social support represents a major positive resource that is positively associated with positive outcomes which include life satisfaction and positive mood (Levinshn, 2015; Yap, Allen, & Ladouceur, 2015) and negatively associated with negative outcomes including suicide risk, depressive symptoms and suicide ideation (Stice, Ragan, & Randall, 2014; Vallejo, 2015).

Table 4. Relationship between history of depression and perceived family support

	No	Little	Some	Much	X ²	P
Do you have any previous history of depression symptoms?	30	38	15	31		
Do you have a family history of depression or any other psychiatric disorder?	11	57	22	28		
Have you had any consultation with a psychiatrist about depression symptoms?	17	46	12	16		
Total	58	141	49	75	29.987	.011

Going by the result presented in Table 4, the chi-square value obtained for the relationship between history of depression and perceived family support is ($\chi^2 = 38.123$, $p = .000$) at the significant levels of less than 0.05. Since the p-value was equal to or less than 0.05 value, it could be said that there is a significant relationship between history of depression and perceived family support. Therefore, the hypothesis is rejected. The outcome of the hypothesis revealed a significant relationship between history of depression and perceived family support. The implication of this finding is that support from the family could form a protective factor associated with wellness of an individual. That is, undergraduates with a supportive family were less likely to be depressive and less likely to harbor lethal self-harmful thoughts. Active family support could function as a defense against psychosocial maladjustment of the students (Mikulincer & Shaver, 2015; Sokratous et al., 2014).

4. Conclusion and Recommendations

The findings concluded that perceived family support and past history of depression are the antecedents associated with depression among undergraduates. Also, there is a correlation between the depressive experiences (history of depression) that a student has had in the past and support from the individual's family (perceived family support). The study recommends that universities' management should enact policies that encourage family supports for the students. Furthermore, advocacy campaign on family support for undergraduates in higher education should be launched among the parents' forum in the universities. In

addition, functional counseling centres need to be established and managed by professional counsellors and advisors in all institutions so as to give help to students battling with varied psychological issues in order to avoid the prevalence and high level of depression among the universities' undergraduates. Moreover, workshops on effective parenting should be organized periodically for parents with the intent of promoting the importance of a positive and caring attitude to their children. The study further recommends periodic workshops for students on how to develop psychosocial skills and emotional competencies in handling daunting issues as these could have a significant impact on health, academic success, and general wellbeing.

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