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PERCEIVED CAUSES OF DEPRESSION AMONG UNDERGRADUATES OF UNIVERSITIES IN KWARA STATE, NIGERIA

AMINU, Hammed Popoola¹, Prof. YAHAYA, Lasiele Alabi², ADIGUN, Akeem Ayodeji³, AMINULLAHI, Salman Alawaye (Ph.D)⁴ and ADIO, Abdulgafar Alafara⁵

Correspondence Author's Address: ¹Department of Educational Psychology and Counselling, Faculty of Education, ABU, Zaria;

²Department of Counsellor Education, University of Ilorin, Ilorin

³Department of Educational Psychology and Counselling, Faculty of Education, ABU, Zaria

⁴Counselling and Human Development Centre, University of Ilorin, Ilorin

⁵Department of Educational Psychology and Counselling, Faculty of Education, ABU, Zaria

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ABSTRACT

Depression is unarguably a global burden which is characterized by persistent sadness, difficulties in eating, sleeping and lack of concentration on a task among other feelings. Depression can be caused by a number of factors that can be broadly categorized under biological, psychological and social factors. This study, therefore, examined; "causes of depression among undergraduates of universities in Kwara State". Descriptive design of a survey type was adopted for the study and multi-stage sampling procedure which comprised purposive, proportional, stratified and simple random sampling techniques were adopted to select a total number of 600 undergraduates from the two selected universities in Kwara State. " Causes of Depression Questionnaire (CDQ)", was used to gather relevant data for the study. Upon the analysis for reliability test, the instrument yielded 0.72 test-retest reliability coefficient. Frequency counts and percentages were used to present the respondents' demographic data. The null hypotheses formulated were analysed using t-test and Analysis of Variance (ANOVA) at .05 level of significance. The findings of the study therefore, revealed that brain malfunction (brain chemical imbalance), negative thinking patterns, heredity, sexual disorder and death of the loved ones were the leading causes of depression among the undergraduates' students of universities in Kwara State. The hypotheses tested revealed no significant difference in the causes of depression among undergraduates of universities in Kwara State on basis of gender, religious affiliation and level of their study. Based on the findings, it was recommended that workshops and seminars, among other enlightenment programmes, should be regularly organised by the concerned authorities for the undergraduates' students on depression and its management strategies. Counsellors should promptly diagnose patients for depression and provide adequate intervention to help the depressed ones among students.

KEYWORDS: Depression, Causes, Undergraduates, Counselling, Kwara State

INTRODUCTION

Depression is a psychological disorder that is characterised by persistent sadness and difficulties in eating, sleeping and concentrating on a task (Akume, Igbo & Saawua, 2008). It is one of the most encountered emotional challenges that human-beings had ever experienced in history. Adeoye and Yusuf (2011) stressed that depression is a common illness among human beings regardless of their age, colour and background. It is a significant disease that is recognised in almost all the culture of the world. Although the dominant symptoms may vary from place to place and culture to culture due to social stigma and divergent cultural factors. In African societies especially, superstitious believes (such as belief in evil spirits, witchcraft and the likes) have correlation with mental disorder like depression. Depression is not by any means connected to insanity or madness neither that the condition can develop to it (insanity or madness). However, all forms of depressive illness can be effectively managed by professionals (Donnella, 2003). Despite this fact, a regrettable number of students leave schools each year without completing their academic programmes due to one form of mental disorder or the other, such as depression and anxiety (Stecker, 2004). According to Peltezer, Pengpid and Olasupo (2013), about 25.5% of university students in Nigeria, have moderate to severe depression and about 7% of them have severe depression. Depression is indeed a common mental disorder. Adeoye and Yusuf (2011) affirmed that 1 out of every 5 women and 1 out of every 10 men has depression episode at a point in time in their life. Depression was ranked as the third leading causes of the global disease burden in 2004 with 4.3% of the total burden and it is estimated that by the year 2020 it would move to the second place and consequently move to the first place the year 2030 with 6.2% of the total disease burden (Ivbijaro, 2012).

Different types of depression have different causes. However, bio-psycho-social model proposes that biological, psychological and social factors are the factors that play a leading role in the causes of depression. People with depression typically have too little or too much certain brain chemical called "neurotransmitters" such as serotonin, depomine and neropinephrine. Changes in these brain chemicals according to Robertson and Primeau (2009), contribute immensely to depression in an individual. An approximately 30 neurotransmitters have been identified and the contemporary researchers have discovered associations between clinical depression and the three major neurotransmitters that is; serotonin, neropinephrine and dopamine. Faulty neurotransmitters cause depression and this cause is aligned to biological factor.

Various aspect of human personality and its development have appeared to be integral contributory factors to the occurrence and the persistent of depression in an individual (Henderson, Andrew & Hall, 2000). However, the consensus agreement on the underlying pre-condition for the development of depression is negative emotionality. Depression is linked with various experienced adversities, faulty thinking patterns and early childhood experiences and feeling of hopelessness among other psychological factors.

There are many social factors that can be responsible for depressive mood in human beings. These factors at times are interchangeably used as environmental factors in some literature (Donnella, 2003). Social factors like poverty, isolation and discrimination, death of a close relation, family disturbances and loss of job among other stressful social life events have been linked with depression (Rapheal, 2000). It is important to recognise that nearly every individual can be depressed by certain events, however, most people get over their depression within days or weeks while others do not (Black Dog Institute, 2012).

Donnella (2003) argued that no single cause that can be absolutely responsible for the development of depression in an individual. However, the predisposition to developing depression is a question of diathesis and stressors relationship as proposed by diathesis-stress model for psychological disorder which suggested that some people possess an enduring vulnerability factor (a diathesis) which, when coupled with a proximal (recent stressor) it would result in a psychological disorder such as depression (Davila, Bradbury & Finchman, 1998).

STATEMENT OF THE PROBLEM

Students throughout the world have been adversely affected by depression with evident negative effects on their academic, social and emotional life (Muhammad, Bayeti & Salehi, 2009). Previous studies have suggested a high rate of psychological morbidity among students of tertiary institutions especially those who study in university with anxiety and depression being the most encountered emotional disorders (Nerdrum, Rustoen & Ronnestad, 2006). Globally, over 350 million people have been affected by the pandemic of depression (WHO, 2012), it is stressed further that depression accounted for loss in any known organization than any other form of mental disorder.

Al-Busaidi, Bharagava, Al-Ismaily, Al-Lawati, Al-Kindu, Al-Shafae and Al-Maniri (2011) carried out a study on the prevalence of depression symptoms among university students in Oman. They discovered in their study depression was common among university students and that poor sleep was highly reported among depressive subjects. Muhammed, Bayeti and Salehi (2009) also worked on depression prevalence and related factors among Iranian university students. Their study revealed that depression was prevalent among students. They maintained further that it was more prevalent among medical students than other students in the university and that the female students were more at risk. To the best knowledge of the researchers, there is gap yet to be filled because none of the aforementioned studies examined perceived causes of depression among undergraduates of universities in Kwara State. This study therefore, fills this gap by investigating into the perceived causes of depression among undergraduates of universities in Kwara State, Nigeria.

Research Questions

The following research questions were raised based on the statement of the problem:

- 1) What are the perceived causes of depression among undergraduates of universities in Kwara State, Nigeria?

Research Hypotheses

Ho1: There is no significant difference in the perceived causes of depression among undergraduates of universities in Kwara State, Nigeria on the basis of religious affiliation.

Ho2: There is no significant difference in the perceived causes of depression among undergraduates of universities in Kwara State, Nigeria on the basis of level of study.

METHODOLOGY

The research design adopted for this study is descriptive survey. The population of the study comprised undergraduates of universities in Kwara State. The target population consisted of undergraduates of University of Ilorin, Ilorin and Kwara State University, Malate. However, the study's target population is 38, 828. Out of this figure, University of Ilorin has 34,000 undergraduates population, and Kwara State University (KWASU) has 4,828. The researchers adopted multi-stage sampling technique to select the respondents.

At stage 1, purposive sampling technique was used to select purposively two public universities among all the 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) undergraduates 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 as 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. However, the addition of representatives of the two Universities gives thus; $(526 + 74) = 600$. 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.

Questionnaire tagged "Causes of Depression Questionnaires (CDQ) was used to gather relevant data. The questionnaire consists of 2 sections that is; A and B. Section A: focused on the demographic data of the respondents while Section B: consisted of twenty (20) relevant items that sought information on the causes of depression as viewed the respondents. The researchers used Four Point Likert-Type Rating Scale format to score each item on the instrument after being answered by the respondents. The rating was in the following order: Strongly Agree (SA), Agree (A), Disagree (D), Strongly Disagree (SD). To establish the validity this instrument, drafted copies were submitted to five seasoned lecturers in the Department of Counsellor Education for vetting and necessary corrections. Consequently, the

corrected copies were presented and it was adjudged suitable for the study. The questionnaire was administered on 30 undergraduates from University of Ilorin, who possessed similar characteristic of the population but not part of the study. After a period of four weeks, the same instrument was re-administered on the same set of students. The two sets of scores obtained were correlated using Pearson Product Moment Correlation (PPMC) statistics. The value obtained was 0.78 at 0.05 level of significance. Thus, the instrument was reliable for the study.

RESULTS

The data obtained were analysed using frequency counts and percentage, mean rank order for descriptive data while Analysis of Variance (ANOVA) statistics was used to test the null hypotheses generated.

Table 1: Distribution of Respondents Based on Religious Affiliations and Level of Study

S/N	Variables	Frequency	Percentages (%)
1.	Religious Affiliation		
	Christianity	217	36.2
	Islam	302	50.0
	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

Table 1 presents the distribution of respondents based on religious affiliation and level of education. The total number of respondents who participated in this study was 600 both male and female. 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.

Research Question 1: What are the perceived causes of depression among undergraduates of universities in Kwara State, Nigeria?

Table 2: Mean and Rank Order of Perceived Causes of Depression among Undergraduates of Universities in Kwara State, Nigeria

S/No	Items	Mean	Rank
1	Brain chemical imbalance (malfunction of brain)	3.24	1st
2	Negative thinking patterns	3.18	2nd
3	Heredity	3.13	3rd
19	Sexual disorder	3.11	4th
4	Death of loved ones	3.08	5th
12	Problems in adjusting to new environment	3.07	6th
11	Financial difficulties	3.06	7th
9	Rejection by peer group	3.04	8th
16	Self-guilt	3.01	9th
18	Much of academic work load	2.99	10th
5	Chronic diseases	2.99	10th
6	Disappointment in relationships	2.98	12th
8	Long standing stresses	2.98	12th
7	Examination anxiety	2.96	14th
13	Poor family relationship	2.96	14th
20	Effect of past trauma	2.92	16th
17	Academic failure	2.90	17th
10	Social avoidance	2.78	18th
15	Sexual abuse	2.76	19th
14	Hostile weather condition	2.75	20th

The table 2 shows the mean and rank order of items on the perceived causes of depression among undergraduates of universities in Kwara State, Nigeria. There are twenty items altogether on the questionnaire. Item 1 with a mean score of 3.24 which stated that "brain chemical imbalance (that is, malfunction of the brain)" was ranked first. Item 2 with a mean score of 3.18 and the statement "negative thinking patterns" was ranked second on the rank table, while item 3 with a mean score of 3.13 which stated that "heredity" was ranked third respectively. On the other hand, items 10 with a mean score 2.78, item 15 with a mean score 2.76, and 14 with mean a score of 2.75 were ranked 18th, 19th and 20th. The items indicated social avoidance, sexual abuse and hostile weather condition.

Hypotheses Testing

HO₁: There is no significant difference in the perceived causes of depression among undergraduates of universities in Kwara State, Nigeria on the basis of religious affiliation.

Table 3: Analysis of Variance (ANOVA) comparing the perception of the causes of depression among undergraduates of universities in Kwara State on the basis of religious affiliation

Source	Df	SS	Means Square	Cal. F-ratio	Crit. F-ratio
Between Group	2	176.475	88.237		
Within Group	597	65168.885	109.161	0.81	3.00
Total	599	65345.360			

Table 3 shows that the calculated F-ratio of 0.81 is less than the critical F-ratio of 3.00. This means that there is no significant difference in the causes of depression as perceived by undergraduates of Universities in Kwara State based on religious affiliation. Thus, the hypothesis is accepted.

HO₂: There is no significant difference in the perceived causes of depression among undergraduates of universities in Kwara State, Nigeria on the basis of level of study.

Table 4: Analysis of Variance (ANOVA) comparing the perception of the causes of depression among undergraduates of universities in Kwara State on the basis of level of study

Source	Df	SS	Means Square	Cal. F-ratio	Crit. F-ratio
Between Group	5	407.143	81.429		
Within Group	597	64938.217	109.324	0.75	2.21
Total	599	65345.360			

Table 4 shows that the calculated F-ratio of 0.75 is less than the critical F-ratio of 2.21. This means that there is no significant difference in the causes of depression as perceived by undergraduates of Universities in Kwara State based on level of study. Thus, the hypothesis is accepted.

DISCUSSION OF FINDINGS

The findings of the study revealed that brain chemical imbalance (that is, malfunction of the brain), negative thinking patterns, heredity, sexual disorder and death of loved ones were the major causes of depression among undergraduates of universities in Kwara States. Perception of the respondents must have been shaped by their environmental experiences such as death of close relation, reactions of people towards person with brain defect, ridiculous remark on people with an obvious sexual inability (for instance, impotence), and one whose behaviour is in contrast with societal expectations. This implies that all these are common phenomena that exist in the immediate environment. The findings are in support of the findings of Stark, Hargrave, Hersh, Michelle and Herren (2008) which noted that depression is caused by disturbances in cognition, neuro-chemical and environmental functioning, as well as deficits in critical emotion regulation skills. according to Beck (1967), negative thoughts in the

form of the cognitive triad cause one to be vulnerable to developing clinical depression. Hamman (1991) also noted that clinical and empirical literature, have reported that depression runs in families. So, genetic dispositions are factors in children developing depression. The effect of this may be devastating because studies have shown that children with a depressed parent experience increased psychiatric problems in comparison to other children, increased physical health problems and more maladaptive social functioning.

The finding of hypothesis one revealed that there was no significant difference in the perceived causes depression among undergraduates of universities in Kwara State on the basis of religious affiliation. This means that religious differences does not bring about disparity in the perception of the respondents in regards to the causes of depression. So, students from different religious affiliation unanimously agreed to the identified causes of depression. This finding was in support of the finding of Putnam (2000) whose findings have reported similar thing in the past by maintaining that all forms of religions make people substantially exhibit good social contacts and become more active in their civic responsibilities.

Hypothesis two finding showed that there was no significant difference in the perceived causes depression among undergraduates of universities in Kwara State on the basis of level of study. This implies that respondents at lower, middle or upper educational levels are in support of the identified causes of depression among undergraduates of universities. This finding was in contrast with the finding of Ang and Haun (2006) whose studies showed that level of study leads to increase in depressive experience of students.

CONCLUSION

The results of the study make the researchers to conclude that brain chemical imbalance or malfunctioning of the brain, negative or faulty thinking patterns, heredity, sexual disorder condition and death of loved ones or close relations are the major causes of depression. It is also concluded that religious affiliation and level of study of undergraduate students did not have significant difference in the causes of depression.

Implications for Counselling Practices

Counselling is a talking therapy and its therapeutic success depends largely on the genuineness and empathic understanding of counsellor. Counsellors have a lot to offer in terms of assisting individual students that are feeling depressive through the application of appropriate counselling skills and techniques such as social skills training, cognitive restructuring, modelling and behaviour rehearsal training. This would go a long way in helping them to gain control over their maladaptive thinking patterns, hereditary challenges, sexual disorder stresses and sad moods that follow period of bereavement or loss of a close relation such as a breadwinner, a caring husband or wife and so on.

RECOMMENDATIONS

Based on the findings of this study, it was recommended among other that:

1. Students should be trained on how to monitor their negative thoughts processes, known their heredity status and seek for counselling assistance on their personal social challenges.
2. Counsellors should help students who are bereaved recently to cope adequately under the pressing situation.
3. More awareness must be created among students on various predisposing factors to depression such as malfunctioning of the brain, negative thinking patterns, heredity or family history, sexual disorder condition and death of the loved ones and how to overcome the challenges.

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