



DEPRESSION AMONG STUDENTS OF UNIVERSITY OF PORT HARCOURT AND FEDERAL COLLEGE OF EDUCATION OMOKU

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ABSTRACT

After respiratory and heart conditions, depression is a prevalent health issue. It is crippling and negatively affects student's academic achievement, interpersonal functioning, mental health, anatomy, neurology, and emotions. The purpose of this study was to assess the coping mechanisms, depression, and suicidality of students at Federal College of Education (Technical) Omoku and the University of Port Harcourt. In order to assess depression among university of Port Harcourt and Federal College of Education (Technical) Omoku, the study also aims to ascertain the association between depression and socio-demographic characteristics, including age, sex, religion, marital status, educational attainment, and number of children. Students from the University of Port Harcourt and Federal College of Education (Technical) Omoku were asked to complete a questionnaire in order to gauge their suicidal thoughts and feelings as well as their coping mechanisms. Two hundred undergraduate students from FCE (T) Omoku and university of Port Harcourt participated in a cross-sectional study. A standardized, self-administered questionnaire was used to gather data. The findings demonstrated a substantial correlation ($P < 0.001$) between depression and socio-demographic characteristics, including age, gender, marital status, religion, and number of children. The study observed that both FCE (T) and University of Port Harcourt had less than 50% suicidality based on suicidality screening. According to the study's findings, 20.0% (40) of the participants said they wished they were dead or that they were better off dead. 58 people, or 29.0% of the respondents, expressed a desire to hurt themselves. Of the responders, 37.0% (74) had received suicide education. Of the responders, 56 people, or 28.0%, have a plan to commit suicide. Additionally, 84 individuals, or 42.0%, reported having attempted suicide. The prevalence of depression among university of Port Harcourt and FCE(T) Omoku students was slightly below average, as well as their suicidality and screening strategy. This study recommends that depression screening services on campus should be established. There should be proper mental health intervention programs to tackle the problem. Knowledge gained from this study will be useful to the Neuroanatomist, Medical researchers, and University management for advocacy purposes.

Keyword: *Depression, Students, Social- Demographic Characteristics*

Depression is a serious mental disorder that is common and caused by a combination of genetic, social, psychological, and environmental variables. At an alarming rate, depression is spreading around the world [3]. Depressive disorders, which are associated with substantial disability, comorbidity, poor quality of life, and high mortality, are the most pressing public health concerns. There are effects on social and cultural life, learning, economic activity, and people's ability to participate in their communities [13]. Depressed young individuals are also more likely to commit suicide or attempt suicide.

7,079,815 people, or 3.9% of the nation's population, suffer from depression, according to a 2019 World Health Organization (WHO) research. Since Nigeria was ranked as the 30th country with a high suicidal tendency in a 2018 WHO assessment, this high degree of depression has been associated with high suicide rates [2]. Numerous studies in Nigeria ([9], [5], [6]) and other countries have examined depression in general outpatients [11]. According to [1], some reported prevalence alone, while others included its related variables along with other psychiatric morbidities. In Nigerian private general medical practices, prevalence rates vary from 11.7% to 34.4% [8].

A major medical condition that causes significant morbidity and disability is major depressive disorder. The brain underpinnings of depression remain poorly understood despite decades of research. There are a number of noticeable neuromorphological changes between depressed and non-depressed patients. Since multiple aspects of the disease (such as age of onset or hereditary involvement) can influence which sections of the brain are implicated, more accurate localization is still difficult [10]. The size of the hippocampus is directly impacted by the duration of untreated depression. The central nervous system (CNS) includes the brain, which is the body's control system. It regulates respiration, movement, personality, and other vital life functions and attaches to the spine. The body's most intricate organ is this one. Three pounds is the average weight of an adult brain. Neural tissue makes up the organ known as the brain. It isn't a muscle. The brain is composed of three primary parts: the brain stem, cerebellum, and cerebrum. Each of these is composed of multiple components and has a distinct purpose.

[6] Looked into the relationship between anxiety and depression and academic performance. According to the study, there was no gender difference in the prevalence of anxiety or depression, which was 59.2 and 58%, respectively. Anxiety and depression were negatively correlated with the National Medical Unified Examination (NMUE) score. Even after controlling for other important variables using multiple regressions, this link persisted. Even though those with higher levels of anxiety or depression also had lower NMUE scores, this connection does not prove causation. The alarmingly high rate of anxiety and despair (roughly two-thirds of the participants) may endanger students' health and have a detrimental effect on the quality of care they will provide as future medical professionals.

[14] Looked at the effects of COVID-19 on students' everyday lives, particularly in terms of their academic and personal lives. Based on Lazarus' cognitive appraisal theory of stress, the authors examined how COVID-19-

related family and academic stress affected students' depression levels and, in turn, their academic performance. A modified questionnaire with a five-point Likert scale was used to gather data from undergraduate and graduate students using the non-probability convenience sampling technique. Their study investigated the relationship between stress, depression, and academic achievement during COVID-19 using structural equation modeling. Was established that family and school stress greatly contributes to students' depression, which has a detrimental impact on their learning outcomes and academic performance, Parents, teachers, and other stakeholders who are worried about their kids' education and performance can benefit greatly from the information this study offers.

A mental illness called depression results in enduring feelings of melancholy, emptiness, and loss of joy. It is not the same as the mood swings that people frequently encounter in their daily lives. According to the American Psychiatric Association, depression is a prevalent yet dangerous medical condition that has an adverse effect on a person's thoughts, behavior, and emotions. It can significantly affect a person's capacity to carry out daily tasks. It is not surprising that there are a lot of misconceptions about depression given how prevalent it is. Because of this stigma, many people who suffer from depression choose to blame their feelings on themselves. Instead of acknowledging the severity of the condition, they frequently explain their behaviors—which are influenced by their mental health—using erroneous shorthand terms (Sadra, 2022).

Aims

This paper aims to evaluate depression, suicidality intention, and coping strategy among students, at the University of Port Harcourt and Federal College of Education (Technical) Omoku Rivers State.

MATERIALS

In 2024, a cross-sectional descriptive study was carried out at the FCE (T) College of Education in Omoku, River State, Nigeria, and the University of Port Harcourt. In 11 of the 24 departments, the College of Education Omoku offers programs leading to a Bachelor of Education degree through an association with the University of Nigeria. There are three campuses of the University of Port Harcourt: the main campus in Abuja Park and the Choba campus and Delta Park in Port Harcourt. The university offers undergraduate and graduate courses in a wide range of specializations.

Methodology

Chi Square

In this research work we adopt method of Chi-Square test with the formula written as:

$$\chi^2 = \frac{\sum(O-E)^2}{E} \quad (1)$$

Were χ^2 is the test statistics, Σ is the summation, O is the observed frequencies and E is the expected frequencies.

SAMPLE SIZE:

For the study, 320 questionnaires were employed as the sample size. The number of students per faculty needed for the study was calculated using the proportionate allocation approach. The students who received the surveys were chosen by simple random sampling until the required sample size was reached.

Data Collection:

Structured, self-administered questionnaires containing both closed-ended and open-ended items were used to gather data. There are four categories and 61 questions in the survey: The sociodemographic profile of the respondents (age, sex, religion, marital status, university education level, and number of children) is covered in Section 1. Section 2: Using Beck's depression inventory to test for depression. Section 3: Suicidality screening; the depression inventory was self-scored, with a score range of 0–3. Section 4: Coping Access, the The Brief-COPE is a 28-item self-report test that assesses both successful and unsuccessful coping mechanisms for stressful life experiences. Scores on the following three subscales were used to identify a person's primary coping styles: Dysfunctional coping techniques, problem-focused coping, and emotion-focused coping.

Results

Basic Statistics

Out of the three hundred twenty questionnaires (320) that were administered to respondents, two hundred (200) questionnaires were retrieved and found usable giving a percentage response rate of 62.5%. However, we will focus on the 200 questionnaires that were able to retrieve. The results indicated that the highest 49.5% (99) were female, followed by males with the frequency of 46% (92) respondents while 4.5% (9) were hiding their identities.

The frequency of the results showed that the age grouping of the 200 respondents retrieved, 55.0% (110) were within age group of (21-30) years, 36.0% (72) were in group of (32-40) years, 7.5% (15) were also within the (41-50) years, and 1.0% (2) were within the group of (51-60) years, while 0.5 % (1) was above 60 years.

Frequency and percentage of the religion of the respondents, 76.5% (153) were Christian, 12.5% (25) were Islam, 10% (20) were Traditionist and 1.0% (2) was others.

Presentation of Statistical Test Among the respondents using (Gender, Age, Religion, Number of children and marital status)

Table 1; Presentation of Chi-Square Test among the respondents on (Gender, Age, Religion, Number of children, and marital status)

| | Gender | What is your age Group? | What is your religion? | How many children do you have? | What is your marital status? |
|-------------|---------------------|-------------------------|------------------------|--------------------------------|------------------------------|
| Chi-Square | 75.190 ^a | 153.160 ^b | 288.760 ^b | 126.760 ^b | 70.810 ^a |
| Df | 2 | 3 | 3 | 3 | 2 |
| Asymp. Sig. | .000 | .000 | .000 | .000 | .000 |

The results from Table 1 showed the test degree of association among the respondent's depression and socio-demographic variables. The above results confirmed the null hypothesis; H_1 : Claims that there is significant no difference among the respondents. Since the computed probability (0.000) is less than the probability of the significant level (0.05), that is $(0.000) < (0.05)$, we accept the null hypothesis test and conclude that there is significant no difference between depression and socio-demographic factors ((Gender, $P=0.0000$), (Age, $P=0.00$), (Religion, $P=0.000$), (Number of children, $P=0.000$), and (Marital Status, $P=0.000$)).

Presentation of Chi-Square Test among the respondents on screening for suicidal

Table 2: Presentation of Chi-Square Test among the respondents on screening for suicidal

| | Think that you would be better off dead or wish you were dead? | Want to harm yourself? | Think about suicide. | Have a suicide plan? | In your lifetime, Did you ever make a suicide attempt? |
|-------------|--|------------------------|----------------------|----------------------|--|
| Chi-Square | 336.080 ^a | 151.210 ^b | 219.120 ^a | 156.430 ^b | 104.230 ^b |
| Df | 2 | 2 | 3 | 2 | 2 |
| Asymp. Sig. | .000 | .000 | .000 | .000 | .000 |

The results from Table 2 showed the test degree of association among the respondent's depression on screening for suicidality variables. The above results confirmed the null hypothesis; H_1 : Claims that there is a significant difference between the respondent's depression on suicidal attempts of university students in uniport and FCE(T) Omoku. Since the computed probability (0.000) is less than the probability of the significant level

(0.05), that is $(0.000) < (0.05)$, we accept the null hypothesis test and concluded that there is significant difference among the respondents for the suicidal attempt of university students in uniport and FCE(T) Omoku.

Presentation of Friedman Test on Assessing coping for depression factors among the respondents

Table 3: Test Statistics

| Test Statistics | |
|-----------------|--------|
| N | 200 |
| Chi-Square | 71.807 |
| Df | 27 |
| Asymp. Sig. | .000 |

a. Friedman Test

Table 3; shows the test degree of relationship among the respondent's depression on assessing coping variables. The above results confirmed the null hypothesis; H_1 : Claims that there is a significant difference among the respondents on coping for depression variables. Since the computed probability (0.000) is less than the probability of the significant level (0.05), that is $(0.000) < (0.05)$, we accept the null hypothesis test and conclude that there is a significant difference among the respondents on coping and assessing depression factors.

Summary

A number of socio-demographic characteristics have been linked to depression, a prevalent health issue that ranks third after respiratory and cardiac conditions. It is a prevalent health issue among college students. It is crippling and negatively affects students' academic performance, emotional, interpersonal, physiologic, neurophysiologic, and psychosocial functioning. The current study was carried out to evaluate the prevalence of depression and its related factors among Uniport and FCE(T), Omoku students, as there is a dearth of knowledge in this area in Nigerian higher education institutions, specifically in River State. 200 undergraduate students from FCE (T) Omoku and Uniport participated in a cross-sectional study. A standardized, self-administered questionnaire was used to gather data, and IBM's Statistical Packages for Social Sciences, version 20.0, was used for analysis. Descriptive statistics were used to describe the collected data, and the usefulness of the outcome variable was assessed using the Chi-Square, Friedman, and Kendall's Wall methods of analysis. This study demonstrated a significant difference between depression and socio-demographic characteristics (gender, $P=0.0000$), age, $P=0.00$, religion, $P=0.000$, number of children, $P=0.000$, and marital status, $P=0.000$), in contrast to other similar university-based studies. Based on screening for suicidality, the study showed that both uniport and FCE (T) had $> 50\%$ suicidality. The result showed that 20.0% (40) of the respondents wished they were better off dead or wished they were dead. 29.0% (58) of the respondents wished to harm their selves.

37.0% (74) of the respondents had been taught about suicide. 28.0% (56) of the respondents have a suicide plan. And, 42.0% (84) of the respondents have made a suicide attempt. The study also confirmed the null hypothesis; H1: Which claims that there is a significant difference among the respondents on screening for depression variables.

The current investigation discovered a strong correlation between socio-demographic characteristics and depression. Suicidality was marginally below average, and test results for screening with depression variables showed significant variation among responders. Reference data on depression among students at Federal College of Education (Technical) Omoku and the University of Port Harcourt have been made available by this study. For advocacy purposes, neuroanatomists, medical researchers, and university administration will find value in the knowledge gathered from this study. We suggest that in order to address the issue, depression screening services should be established on campus, appropriate mental health intervention programs should be designed, and preventive and curative services in the study area should target students of all socio-demographic profiles.

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