Depression and rising incidents of suicide among undergraduates in Nigeria: A survey of Southeast

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Abstract:

Background:Depression, and suicide experiences are prevailing in Nigerian higher institutions of learning. The need to find out their primary causes necessitated this study.

Aims/Objectives: The aims were to investigate the primary factors responsible for depression; and the relationship between the depression and rising incidents of suicide among undergraduates in Southeast Nigerian universities.

Methods: A cross-sectional survey wherein structured questionnaire was used to generate data in 10 public universities was adopted. From a population of 79,751 students, 398 was adopted as sample using Guilford and Flruchter (1973) formula for estimating sample size, while tables, percentage and the Statistical Package for the Social Sciences (SPSS version 20.0) tools were used to dataanalyse.

Results: The results reveal among others that lack of appropriate transportation and accommodation systems; financial brokenness, imposition of textbooks/hand-outs and compulsory sorting, disruption of academic activities; congested academic activities, and incompetency/poor academic performance are the major causes of depression among undergraduates. It further reveals that hopeless,examination failure and major disappointments, which cause depression, lead to suicide among undergraduates in Southeast Nigeria.

Conclusions: Depression is inevitable among undergraduates and has a significant relationship with the rising incidents of suicide in tertiary institutions in the Southeast.

Key Words: *Depression, suicide, undergraduates, Southeast, Nigeria*

Introduction

Suicide and its related predispositions or ideations are prevalent among youths particularly students in higher institutions of learning across the world (American Psychological Association 2011).Suicide refers to any deliberate action that terminates one's life while its predispositions refers to deliberate behaviours with potentially life-threatening consequences such as taking a drug overdose, excessive drinking of alcohol, taking of poison, deliberately crashing a car etc.It is an intentional act predisposed to end one's life in other to end unbearable torture, torments and adverse conditions of life such a person find himself (Kerkhof2004,Shaffer 2008). It is a phenomenon that thrives both in the advanced industrialised and Less Industrialised societies (Andrews & Wilding 2004). According to studies, suicide is more prevalent among powerless groups or those with little chances of improving themselves, young women, people with low socio-economic status, low educational levels, the unemployed, the disabled, the divorced or people experiencing broken relationships, orphans, and those suffering from terminal illnesses (Bertolote, Fleischmann & De-Leo 2004).

Recent development has shown that the phenomenon of suicide is rising among undergraduates in Nigerian higher institutions of learning. For instance, Evelyn Mogekwu - a 26-year-old microbiology student of the Delta State University (DELSU); ChidikeOyeka - a 25-year-old student of Madonna University Okija; TolulopeAbodunrin of the Department of Accountancy, University of Ilorin, Kwara State; Adigun Emmanuel - a 27-year-old final year student of the Faculty of Agriculture at the University of Ilorin; HikmatGbadamosi - a 100-level student of the University of Port Harcourt, Rivers State; KolapoOlowoporoku - an 'extra year' Computer Science student of the ObafemiAwolowo University, Ile-Ife, Osun State; ChukwuemekaAkachi - a final year student of the University of Nigeria, Nsukka; Aisha Omolola - a 300 level student of the Ahmadu Bello University, Zaria; among many others committed suicide between 2017 and 2019.

Scholars attribute this prevalence of suicide to the rising tide of stressful situations and their concomitant product – depression, which occurs in a situation where an individual perceives hopelessness caused by lower ability to survive in the face of challenges (Kariv&Heiman 2005). Depression is a common and ever increasing mental disorder (Adewuya, Ola, Olutayo,

Mapayi&Oginni 2006, Scholten2013, Wallace2010), which is associated with a state of heavy sadness, low spirit, loss of interest or pleasure, feelings of guilt, low self-worth and inferiority complex, unpleasant sleep or appetite, low energy, poor concentration, lack of knowledge or skills, and perceived inability to overcome (American Psychiatric Association 2000). Academic activities are commonly and generally associated with significant levels of stress and depression across the world (Ang&Haun 2006). From Nigeria, the United States of America, Turkey, Ireland, Australian, Iran, Portugal, Germany, and Poland to Bulgaria among others, depression is prevalent in institutions of higher learning. However, research tends to demonstrate that it is more prevalent in females more than males (Aniebue&Onyema 2008,Arslan, Ayranci, Unsal&Arslantas 2009, Collingwood 2010,Mikolajczyk, Maxwell, Naydenova, Meier & El Ansari 2008, Ibrahim, Kelly, Adams&Glazebrook2012).

In these higher institutions of learning, depression is normally generated by such factors or situations as periods of examinations and the subsequent wait for results; financial pressures or brokenness; alterations in the patterns of eating and rest; increased workload and academic pressure; poor or lack of appropriate transportation facilities or system; socio-cultural differences and marginalisation; language incompetency; lack of support from friends and family; unpleasant disruption of academic activities; and campus criminality and violence (Abouserie 1994, Jones, Papadakis, Hogan &Strauman 2009,Dusselier, Dunn, Wang, Shelley & Whalen 2005,Hudd, Dumlao, Erdmann-Sager, Murray, Phan, Soukas&Yokozuka 2000, Ross, Niebling&Heckert 1999,Radcliffe & Lester 2003).Others include socio-demographic factors (such as age, gender, level of education, lower socioeconomic status); stressful and traumatic life events; gender-based violence; addictive and health risk behaviours; low sense of control, and poor academic performance as major factors responsible for the increasing risk of depression among university students (Chen, Wang, Qiu, Yang, Qiao, Yang & Liang 2013,Gelaye, Arnold, Williams, Goshu&Berhane 2009, Ibrahim, Kelly, Adams &Glazebrook 2013, Steptoe, Tsuda, Tanaka & Wardle 2007,Yusoff2013). These experiences are prevalent in Nigerian higher institutions (Adewuya2006).Most of the Nigerian undergraduates are going through excruciating experiences such as sexual harassment, rape and unwanted pregnancy; gangsterism, cultism and violence; anticipated inability to get employment after school; and inability to pay their school fees, purchase essential and imposed textbooks/hand-outs, feed and clothe, cope with the pressure of academic works due to shorter semesters caused by incessant strikes, and obtain good medical care (Eneh1998).

These experiences have led to different levels of depression with significant consequences and implications for these students in higher institutions of learning in terms of academic performance, behaviour, and health (Wechsler, Lee, Kuo& Lee 2000, Ibrahim, Kelly, Adams&Glazebrook2013). The consequences include among others low energy, weight loss, loss of appetite, headaches, fatigue, aches/pain, insomnia, forgetfulness, indecision, restlessness, guilt, hopelessness, anxiety, low self-esteem, self-doubt, poor academic performance, withdrawal from study, suicide attempts, lower life satisfaction, sleeplessness, and intrusive thoughts (Paschali&Tsitsas 2010,Busari2012).

It is clear from the literature that little or no attention has been devoted to investigating the major factors that are generating depression among undergraduates in Nigerian higher institutions of learning. Further, there is scarcity or none existing literature on the relationship between the prevailing levels of depression and rising rate of suicide in Nigerian higher institutions of learning. This investigation attempts to fill these gaps. Thus, it seeks to find answers to the following questions:

a. What are the major factors responsible for the prevalence of depression among undergraduates in Nigerian universities?
b. Is there any relationship between depression and the rising rate of suicide among undergraduates in Nigerian universities?

Materials and Methods

The materials used in this paper were generated from two sources, namely: primary and secondary sources. In the primary source, data was generated through survey by using structured questionnaire to elicit responses from target sample. In the secondary source, relevant and accessible publications on the topic of investigation such as textbooks, journals, unpublished materials, monographs, conference and workshop papers, and internet materials were consulted, for data.

Research Design

In search of answers to the research question, a cross-sectional survey research design was used. It is a considered and appropriate design for describing a population that is fairly large(Uzoagulu 1998,Kelinger1999).

Area for Study

The area for the study consisted of all the public universities in the South East Nigeria. The area is made up of five states, namely: Abia, Anambra, Ebonyi, Enugu, and Imo with 10

public universities, that is, one state and one federal university each. These universities are Abia State University, Uturu (ABSU); Michael Okpara University of Agriculture, Umudike (MOUA); Chief ChukwuemekaOdumuegwuOjukwu University, Igbariam (COOU); NnamdiAzikiwe University, Awka (NAU); Ebonyi State University, Abakaliki (EBSU); Federal University, Ndufu-Alike (FUN); Enugu State University of Science and Technology, Enugu (ESUT); University of Nigeria (UNN); Federal University of Technology, Owerri (FUTO); and Imo State University, Owerri (IMSU).

Population of the Study

The population of the study consisted of all registered regular undergraduate students in all the 10 universities, which according to records in their Students' Affairs Department has a total of 79,751. This consists of 45, 597 males and 34, 154 females.

Sample and Sampling Technique

With the aid of Guilford and Flruchter (1973) formula for estimating sample size, 398 was adopted as the study sample. The sample was evenly divided into 10 areas of the study wherein 39 respondents were randomly chosen from each of the 10 universities leaving a leftover of 8. Intentionally, examination period and students' medical centres were adopted as the investigation environment due usual pressure, stress, depression, and its treatment being experienced by undergraduates during the time. The medical centre was considered more appropriate environment for data collection because students admitted there are from diverse departments/faculty.

Instrument for Data Collection

A researcher-constructed questionnaire, which consists of two sections, namely A (socio-demographic data questions) and B (questions designed to generate answers for research questions) was used as instrument for data collection. The questionnaire was structured in a five likert scale format of Strongly Agree, Agree, No Opinion, Disagree, and Strongly Disagree.

Validity and reliability of the instrument

The face validity of the instrument was established through the expert judgments of five health related experts (2 lecturers, 1 Psychologist, I medical Doctor, and a Nurse from Enugu State University of Science and Technology Teaching Hospital, Enugu). The questionnaire

items were modified as suggested by the validators. Further, the reliability of the instrument was established through test re-test method wherein 10 copies of the questionnaires were administered to similar respondents and setting at University of Nigeria teaching Hospital Enugu. After an interval of two weeks, the questionnaires were re-administered and the two set of responses obtained correlated using the Pearson Product Moment Correlation (r) and a co-efficient of reliability of 0.95 was obtained. This was good for the study.

Methods of Data Analysis

Responses to questions were converted into raw scores and put into frequency tables. They were analysed using tables, simple percentage mechanism and the statistical package for the Social Sciences (SPSS version 20.0). The means (x), standard deviations (SD), and statistical differences of the scores were computed and used in answering research questions. Variation in statistical calculation of responses is significant @ .05 levels.

Results

Socio-demographic Information of Respondents

Table 1 reveals that out of 390 respondents, 204 are males (52.3%), 186 females (47.7%), while their age brackets indicate that 162 respondents i.e. 41.5% fall between 18-22 years; 228 respondents i.e. 58.5% fall within the age bracket of 23-27 years, while 327 respondents i.e. 83.8% are Igbos, 43 respondents (11.0%) are from Yoruba, and 20 respondents (5.2%) are from Hausa. Therefore, the characteristics of the respondents relate with the key questions that this investigation seeks answers to, such as the impact of Socio-cultural differences, marginalisation, and language competence on depression. Similarly, the sample's gender ratio of 52.3%: 47.7% signifies gender inclusiveness and applicability of the findings made therein. Thus, the sample is highly objective for the present study.

Analysis of responses to questions

Research Question 1: What are the major factors responsible for the prevalence of depression among undergraduates in Nigerian universities?

The results of SPSS Univeriate analysis of responses to No. 1 statement in table 2, which sought to find out if poor or lack of appropriate transportation system and problem of good hostel accommodation are major sources of depression reveal a grand mean of 4.26 representing 'Agreed' in our likert scale, a standard deviation of .337 whose sig. difference of .023 < .05 confidence interval were not subject of modification.

However, analysis of responses to No.2 statement in table 2, which sought to find out if socio-cultural differences and marginalisation in school are major sources of depression, reveals a grand mean of 2.12 representing 'Disagreed' in our likert scale with a standard deviation of .211 whose sig. difference of .000 < .05 confidence intervals were not subject of modification. Thus, socio-cultural differences and marginalisation do not contribute to undergraduate depression.

Similar analysis of responses to No.3 statement, which sought to find out if financial pressures or brokenness, lack of support and cares, imposition of textbooks/hand-outs, compulsory sorting, and anticipated inability to get employment after school are major causes of depression reveals a grand mean of 4.21 representing 'Agreed' in our likert scale with a standard deviation of .100 whose sig. difference of .000 < .05 confidence intervals were not subject of modification. Therefore, they are primary sources of depression among undergraduates.

Further, analysis of responses to no 4 statement reveals that majority of the respondents agreed (i.e. a grand mean of 4.41) with no sig. difference (i.e. .004 < .05) that unpleasant disruption of academic activities; unchecked gender-based violence, criminality, cultism and violence are also major sources of depression.

Analysis of responses to No 5 in table 2 also reveals that majority of the respondents agreed (i.e. a grand mean of 4.18) with no sig. difference (i.e. .004< .05) that increased workload and congested academic activities such as classes; assignments; practical/practices and exams generate depression in them.

Equally, analysis of responses to No 6 statement, which holds that language incompetency, poor reading and comprehending ability, low sense of control, and poor academic performance are primary sources of depression among undergraduates, reveals a grand mean of 4.42 representing 'Agreed' in our likert scale with a standard deviation of 1.221 whose sig. difference of .000 confidence intervals were not subject of modification. However, majority of the respondents (i.e. a grand mean of 2.81 with a standard deviation of 2.104 whose sig difference of .000 is not subject of modification) 'disagreed' that addictive and health risk behaviours such as drugs, drunkenness are major sources of depression among them.

Therefore, poor or lack of appropriate transportation system and problem of good hostel accommodation; financial pressures or brokenness, lack of support and cares, imposition of textbooks/hand-outs, compulsory sorting, and anticipated inability to get employment after school; unpleasant disruption of academic activities; unchecked gender-based violence, criminality, cultism and violence; workload and congested academic activities such as classes; assignments; practical/practices and exams; and language incompetency, poor reading and comprehending ability, low sense of control, and poor academic performance are the major causes of depression among undergraduates in Nigerian higher institutions of learning.

Research Question 2: Is there any relationship between depression and the rising rate of suicide among undergraduates in Nigerian universities?

The results of SPSS analysis of responses to responses to No.8 statement in table 2, which sought to find out if students always attempt to kill themselves when they feel that life was hopeless, reveals a grand mean of 4.21 representing 'Agreed' in our likert scale with a standard deviation of .100 whose sig. difference of .000 confidence intervals were not subject of modification. Therefore, perceived hopelessness leads to suicide among undergraduates.

The result of analysis of responses to Statement No. 9, which holds that students feel like killing themself anytime they perceive that they are a carriers of any terminal sickness such as aids reveals the same statistic with No. 8 above. By implication, terminal disease infection leads to suicide among undergraduates in Nigeria.

Similar results were obtained in SPSS analysis of responses to statements Nos. 10 & 11, which sought to find out if students feel like killing themselves whenever they fail examinations or encounter a major disappointment in the school; and opt for suicide as strategy for solving difficult or impossible problems. Each of the analysis reveals a grand mean of 4.14, which represents 'Agreed' in our likert scale measure with a standard deviation of 1.007 whose pairwise comparism exhibit a sig. difference of .000 < .05 confidence interval were not subject of modification. Thus, there is a relationship between examination failure, major disappointment in the school, choice of suicide as strategy for solving difficult or impossible problems, and the prevailing suicide attempts and actual suicide among Nigerian undergraduates.

However, majority of the respondents (i.e. a grand mean of 2. 81 representing 'Disagreed' in our likert scale and whose sig. difference of .006 < .05 confidence interval were not subject of modification) hold that the absence of psychiatric or psychotherapy services in the university to take care of depressed students makes one to contemplate of committing suicide to end the pains and scourge of depression, is false.

Therefore, if factors that generate depression such as hopeless, infection withterminal sickness such as aids, examination failure, and major disappointments lead undergraduates to contemplate suicide and/or actually commit suicide, there is a relationship between depression and the rising rate of suicide among undergraduates in Southeast Nigerian universities.

Discussion

Fundamentally, this study observed that poor or lack of appropriate transportation system and problem of good hostel accommodation; financial pressures or brokenness, lack of support and cares, imposition of textbooks/hand-outs, compulsory sorting, and anticipated inability to get employment after school; unpleasant disruption of academic activities; unchecked gender-based violence, criminality, cultism and violence; workload and congested academic activities such as classes; assignments; practical/practices and exams; and language incompetency, poor reading and comprehending ability, low sense of control, and poor academic performance are the major causes of depression among undergraduates in Nigerian higher institutions of learning. This finding partially collaborates earlier findings made by researchers (Ibrahim, Kelly &Glazebrook 2012,Terasaki, Gelaye, Berhane& Williams 2009) using other universities in Africa and none African universities (Ibrahim, Kelly, Adams&Glazebrook2013). The prevalence of the imposition of textbooks/hand-outs, compulsory sorting, anticipated inability to get employment after school, unpleasant disruption of academic activities,andworkload and congested academic activities in higher institutions of learning is a Nigerian plague and specifically apply to Southeast due to low level of development, poor remuneration of staff and hardship, political marginalisation of Easterners in Nigeria, and incessant strikes. It is necessary to observe here that as the presence and influences of these forces are not abating, depression among undergraduates is a certainty.

The implication of this assertion for the future of tertiary education in Southeast – Nigeria is that the establishment of appropriate institutional framework and mechanisms for reducing

and treating depression is required urgently. The need for the establishment of such framework and mechanisms has earlier by been identified by researchers (Obidigbo 2019), and should be considered by stakeholders and policy makers in the education industry with dispatch.

Further, this study also observed thathopeless, infection with terminal sickness such as aids, examination failure, and major disappointments, which are forces that generate depression, lead undergraduates to contemplate suicide and/or actually commit suicide in higher institutions of learning. Previous studies equally observed that depression leads to a number of health related challenges (Yusoff, 2013,Andrews &Lewinsohn2002), suicide ideations and actual suicide (Adams 2008,Amazeen 2005,Bertolote, Fleischmann & De-Leo. 2004). Therefore, since depression among undergraduates in Southeast – Nigeria is guaranteed because of the certainty of factors that cause it; then the rising rate suicide among them is at its infantry stage.

Availability of data and materials: The data and materials use for this work are not products or obtained from any data base

Data deposition: Data used in this work was not generated from any database but from fieldwork as contained already in the paper.

Statement Regarding Ethical Approval:All procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national) and with the Helsinki Declaration of 1975, as revised in 2000.

Informed Consent: Informed consent was obtained from all the respondents before questionnaires were distributed to them. No private information about the individual respondents was included in the article.

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Tables

Table 1: Socio-demographic data of Respondents

s/n	States	Sch.	total	Gender		Age in years			Tribe		
				Male	Female	18-22	23-27	28&above	Igbo	Yoruba	Hausa
1	Abia	ABSU	39	23	16	12	27	nil	35	4	nil
		MOUA	39	21	18	14	25	nil	29	5	5
2	Anambra	COOU	39	17	22	10	29	nil	36	3	nil
		NAU	39	20	19	17	22	nil	31	8	nil
3	Ebonyi	EBSU	39	16	23	9	30	nil	37	nil	2
		FUN	39	19	20	16	23	nil	29	7	3
4	Enugu	ESUT	39	25	14	19	20	nil	34	4	1

		UNN	39	21	18	24	15	nil	30	6	3
5	Imo	IMSU	39	18	21	21	18	nil	36	3	nil
		FUTO	39	24	15	20	19	nil	30	3	6
	Total		**10**	**390**	**204**	**186**	**162**	**228**	**nil**	**327**	**43**	**20**

Source: Field Work, 2019

Table 2: Results of SPSS Analyses of responses to questions

S/n	Research questions	Grand Mean	Stand. Deviat.	Standard Error	Tests of Between-Subjects Effects	Sig.	Pairwise Comparisons
*Research Question 1: What are the major factors responsible for the prevalence of depression among undergraduates in Nigerian universities?*
1	Poor or lack of appropriate transportation system and problem of good hostel accommodation are major sources of depression	4.26	.337	.013	174.052	.023	@ 95% confidence Interval, no adjustments
2	Socio-cultural differences and marginalisation in school leads are sources of depression to you	2.12	.211	1. 226	818.111	.000	@ 95% confidence Interval, no adjustments
3	Financial pressures or brokenness, lack of support and cares, imposition of textbooks/ hand-outs, compulsory sorting, and anticipated	4.21	.100	.159	222.003	.000	@ 95% confidence Interval, no

	inability to get employment after school have led to depression in your school life						adjustme nts
4	Unpleasant disruption of academic activities, unchecked gender-based violence, criminality, cultism and violence in school are major sources of depression for you	4.41	.018	. 016	662.122	.004	@ 95% confiden ce Interval, no adjustme nts
5	Increased workload and Congested academic activities such as classes, assignments, practical/practices and exams generate depression in you	4.18	.752	.012	1001.237	.004	@ 95% confiden ce Interval, no adjustme nts
6	Language incompetency, poor reading and comprehending ability, low sense of control, and poor academic performance generate depression in your school life	4.42	1.221	.019	1522.007	.000	@ 95% confiden ce Interval, no adjustme nts
7	Addictive and health risk behaviours such	2.81	2.104	.024	136. 334	.006	@ 95% confiden

	as drugs, drunkenness causes depression					ce Interval, no adjustments

Research Question 2: Is there any relationship between depression and the rising rate of suicide among undergraduates in Nigerian universities?

8	You always attempt to kill yourself when you feel that life was hopeless	4.21	.100	.159	222.003	.000	@ 95% confidence Interval, no adjustments
9	You feel like killing yourself anytime you perceive that you are a carrier of any terminal sickness such as aids	4.42	1.221	.019	1522.007	.000	@ 95% confidence Interval, no adjustments
10	You felt like killing yourself whenever you fail examinations or met a major disappointment in the school	4.14	1.007	.138	875.009	.000	@ 95% confidence Interval, no adjustments
11	You seriously fell like killing yourself when you are depressed as a way of way of solving difficult or impossible	4.14	1.007	.138	875.009	.000	@ 95% confidence Interval, no

	problems					adjustments
12	The absence of psychiatric or psychotherapy services in the university to take care of depressed students makes one to contemplate of committing suicide to end the pains and scourge of depression	2.81	2.104	.024	136. 334	.006	@ 95% confidence Interval, no adjustments

Source: SPSS analysis of responses to questions