



Prevalence of Depressive Disorders among Adolescent Students in Oshimili South Local Government Area of Delta State, Nigeria

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Abstract. This study investigated the prevalence of depressive disorders among the adolescent students in the selected area of the study. It also investigated the various types of depressive disorders among the adolescent students. Three research questions were raised and three corresponding hypotheses were formulated and tested at 0.05 alpha level of significant. One hundred and twenty-three (123) subjects were randomly selected for the study. Modified Beck Depression Inventory (MBDI) was adapted as the research instrument. The reliability of the instrument was 0.86 having used Cronbach's alpha statistics which suggested that the items have relatively high internal consistency; t-test and ANOVA statistics were used to test the hypotheses. The result of the analysis showed that two hypotheses were retained, while one hypothesis was not retained, an indication that depressive disorders rate among the adolescent students based on mode of separation of parents was high. Psychological techniques for reduction of the rate of severity among the adolescent students were proffered; recommendations and suggestions for further studies were also made.

Keywords: Prevalence, Depressive Disorders, Adolescent Students, Secondary School

1. Introduction

The fact that adolescence period falls into the transition era from childhood into adulthood often puts the youngsters in a dilemma of how to meet the society's expectations; many have turned armed raider and many have been associated with other social unexpected behaviours that have resulted into

depressive disorders. The World Health Organisation (WHO) has been issuing warnings about the pathology for years, given that it affects over 300 million people (children, adolescents and adults) all over the world and is characterized by high risk of suicide; the most common cause of death in these aged (15 and 29) WHO (2017). Prevalence is the widespread or occurrence of something that exists at a particular place among certain age bracket.

National Institute for Mental Health-NIMH (2012) defined depressive disorders as condition marked by feelings of worthlessness, dejection and worry; conditions that are generally associated with being "stuck" in the mood of sadness grief; that depressive disorders are not just weaknesses, character flaws or dizziness; they are serious psychological problems or conditions with strong biological components similar to that of heart disease or diabetes. NIMH (2012) revealed that depressed people may feel sad, empty, hopeless, worthless, guilty, irritable and restless. They may lose interest in activities that once were pleasurable, experience loss of appetite or overeating, or problems concentrating, remembering details or making decision and may contemplate suicide.

Adolescent students are those learners between the age of 12 and 21 years: most literatures suggest that this is the period when physical growth is nearly completed. The beginning of adolescent student has no specific age limit but in physical, social, and biological terms: a person is legally adolescent student at the aforementioned age. Meanwhile secondary school is the second tier in academic ladder therefore secondary school lies between the first tier (primary school) and

the third tier (tertiary education). Consequently, understanding the relationship between depressive disorders and well-being of adolescent students is not only of theoretical importance but may also have implication for devising psychotherapy interventions directed at the negative effects of the psychological disorder on their developmental outcomes.

National Institute for Mental Health-NIMH (2012) enumerated the educational implications of depressive disorders among adolescent students to include; negative school related outcomes, poor grades, lack of persistence in the face of academic challenges and decreased classroom participation. NIMH outlined various types of depressive disorders ranging from major depressive disorder, atypical disorder, chronic depressive disorder, bipolar I&II, seasonal depressive disorder, psychotic depressive disorder and substance induced depressive disorder among others. The concerned of this paper was on atypical depressive disorder, chronic depressive disorder; substance induced depressive disorder, and major depressive disorder. Atypical depressive disorder is a subtype of major depressive disorder that involves several specific symptoms such as restless that is noticeable, problem with concentration, depressed mood almost every day among others. It results from impaired function of the brain circuits that regulate another (Pariante, 2017). Chronic depressive disorder is cause by abnormal functioning in the brain circuits or nerve cell pathways that connect different brains region. The symptoms are same as atypical depressive disorder (Narbona, 2014). Substance induced depressive disorder is the form of depressive disorder caused by the use of or abuse of substance such as drugs, alcohol or exposure to toxins. The symptoms include; significant disturbance in mood, difficulty in functioning at home, school or other important areas (Siverton, 2014). Major depressive disorder is the severity of some depressive disorder that are normal such as breakup of a long-term relationship, death of a loved one, doing badly on a test among others; the depth of such behaviour and the length of time it lasts is the hallmark of major depressive disorder (Bowlby, 2010; Koul and Freud, 2009; Passer and Smith, 2007). The symptoms include impaired concentration, and indecisiveness, restlessness or feeling slowed down, feeling of worthlessness or guilt almost every day among others.

Throughout history there have been many different explanatory theories of depressive disorder; biological and psychological theories are the ones which have mainly tried to explain the origin of the mental disorder. Biological theories have from a variety of different perspectives, postulated that depressive disorder may occur due to noradrenalin deficit

(Narbona, 2014), endocrine disorders and sleep related disorder (Siverton, 2014; Pariante, 2017), alternative in brain structure (Whittle, 2014).

Psychological theories have attempted to explain depressive disorder on the basis of psychoanalysis and more specifically in terms of attachment theories (Begelow, 2018), interpersonal theory (Milord, 2014) and sociocultural models (Loreazo-Blanco, 2012; Chang, 2013; Reeves, 2014).

Passer and Smith (2007) upheld that depressive disorders happen when individuals imagine that bad measures will occur and that there is nothing, they can do to stop them or cope with them. Accordingly, they submitted that lingering and extreme depressive disorder occurs as a consequence of undesirable attribution of failure that are delicate (“It’s my entire fault”), constant (“I’ll always be this way”), and overall (“I ‘m a total loser”). Therefore, people who attribute undesirable events in their lives to issues such as low intelligence, physical repulsiveness or an unlovable personality tend to accept as true that their personal defects will render them helpless to avoid undesirable events in the future and sense of helplessness places them at significantly greater risk for depressive disorders.

Personality based vulnerability theorist such as psychoanalysts Koul and Freud (2009) held that early painful losses create defenselessness for later depressive disorders by way of prompting inconsolable anger process that becomes part of the person’s disposition. Persons who experienced the death of a loved one during childhood are prone to increased risk of later depressive disorder (Bowlby, 2010).

Kerbow (2012) upheld that school location refers to site of schools while some schools are located in urban areas others are located in the rural areas, and semi-urban zones. In urban centres, the distance between the schools and students’ home is much, some students change schools to reduce the distance that they always cover before getting to their schools which often a time place the students in a depressive grouse.

1.1 Statement of the Problem

Understanding the relationship between depressive disorders and academic enactment is not only of theoretical importance but may also have implication for devising counselling intervention directed at the negative effects of psychological distress such as depressive disorders on adolescent students learning outcomes. Investigation studies have established

significant difference in academic issues of adolescent students with depressive disorders as a result of these adolescent students' inability to read and comprehend what has been taught. Further evidence suggested that adolescent students' school performance can suffer due to poor concentration, low self-esteem and maladaptive attributions of academic occasioned by depressive disorders

Of much concern in this study is prevalence of depressive disorders among adolescent students which has not been analytically investigated properly in Nigeria; only skeletal work has been done in this area in this part of the world; consequently, this study seeks to fill the gap.

1.2 Purpose of the Study

The purpose of the study was to investigate the prevalence of depressive disorders among adolescent students.

Specifically, the paper:

- investigated the various types of prevalence of depressive disorders among adolescent students
- ascertained the proportion of prevalence of depressive disorders among adolescent students
- identified appropriate counselling techniques for handling depressive disorders among adolescent students.

1.3 Research Questions

Five research questions were raised to guide the study:

- Is there a prevalence of depressive disorders among adolescent students in SSII?
- Is there a difference in prevalence of depressive disorders among adolescent students in SSII by sex?
- Is there a difference in prevalence of depressive disorders among adolescent students in SSII by location?
- Is there a difference in prevalence of depressive disorders of adolescent students in SSII whose parents have separated due to divorce, death, or working at different places?

1.4 Hypotheses

Three hypotheses were formulated for the study:

- There is no significant difference in prevalence of depressive disorders among adolescent students in SSII by sex
- There is no significant difference in prevalence of depressive disorders among adolescent students in SSII by location.
- There is no significant difference in prevalence of depressive disorders of adolescent students whose parents have separated due to divorce, death or working at different location

2. Research Methodology

The study adopted survey research design in which a group of people is studied by collecting and analyzing data from representative of the entire group. The population for the study consists of all secondary school adolescent students SSII in Oshimili South Local Government Area. Asaba, in Delta North Senatorial District; there were 7 registered secondary schools at the time of this study. The sample of the study was 123 adolescent students selected from two co-educational secondary schools through stratified random sampling technique.

2.1 Instrument

The instrument of the study was a Modified Beck's Depression Inventory; it has two sections. Section A consists of questions eliciting personal information from the adolescent students. Section B was Modified Beck's Depression Inventory; it contained a 30-item statements which was designed to measure the presence and degree of depressive disorders among adolescent students. Each of the 30 items of the MBDI attempts to assess attitude which appears to be specific to the depressed and which are consistent with descriptions of the depressive syndrome contained in the psychiatric literature. The statement is rank ordered and weighted to reflect the range of severity of the symptoms from 0 to maximum of 3. The MBDI was in six (6) sub-sections designed to measure each of the hypotheses stated.

2.2 Validity and Reliability of Instrument

The instrument was validated by measurement and evaluation expert from the comments and recommendations, some of the items were modified and re-worded. Using the Cronbach's Alpha method of establishing reliability, the MBDI yielded a coefficient of 0.86.

2.3 Data Collection and Method of Data Analysis

Before administering the questionnaires, the researcher and the trained research assistants sought the permission of the school principals and thereafter met the respondents in their various classes and administered the questionnaires on the subject male

and female adolescent students. The trained research assistants ensured that the respondents filled the questionnaires and certified that they were returned. Descriptive statistics, t-test and ANOVA were used to analysis the data gathered.

3. Presentation of Results

The results of the study based on the raised research questions were presented below.

Research Question 1: Is there a prevalence of depressive disorders among adolescent students in SSII?

Table 1: Descriptive statistics of prevalence of depressive disorder among adolescent students in SSII

Depressive disorders types	Frequency	Percentage frequency
Atypical depressive disorder	16	13.0%
Chronic depressive disorder	18	14.6%
Substance induced depressive disorder	38	30.9%
Major depressive disorder	51	41.5%

Source: Field work

The data in table 1 showed that out of one hundred and twenty-three respondents 16 accounted for 13.0% of atypical depressive disorder, 18 accounted for 14.6% of chronic depressive disorder, 38 accounted for 30.9% of substance induced depressive disorder and 51 accounted for 41.5% of major depressive disorder. In a sample of one hundred and twenty-three 30.9% and 41.9% showed cases of high depressive disorder among adolescent students in SSII.

Test of the hypotheses formulated were showed below:

Hypothesis I: There is no significance difference in prevalence of depressive disorder among adolescent students in SSII by sex

Table 2: t-test of prevalence of depressive disorders among adolescent students in SSII by sex

Sex	N	Mean	Std. Dev.	t	Sig.
Male	62	30.24	12.77	-.402	.688
Female	61	31.26	15.28		

$\alpha=.05$

The data in table II showed a t value of -.402 and a p value of .688 testing at an alpha level of .05: consequently, p value was greater than the alpha level; p value > t value. Thus, the null hypothesis which states that there is no significant difference in prevalence of depressive disorder among adolescent students in SSII by sex was retained.

Hypothesis II: There is no significant difference in prevalence of depressive disorders among adolescent students in SSII due to mode of separation of parents.

Table 3: t-test of prevalence of depressive disorders among adolescent students in SSII due to mode of separation of parents

Mode of separation of parents	N	Mean	Std. Dev.	t	Sig
Divorce	61	38.27	13.64	7.355	.000
Death	62	23.05	9.43		

$\alpha=.05$

The data in table III showed a t value 7.355 and a p value of .000 testing at an alpha level of .05.

Consequently, p value was less than the alpha level, thus, the null hypothesis which states that there is no significant difference in prevalence of depressive disorders among adolescent students in SSII due to mode of separation of parents was rejected; therefore, there is a significant difference.

Hypothesis III: There is no significant difference in prevalence of depressive disorders of adolescent students in SSII by location (rural, semi-urban, and urban).

Table 4: ANOVA on prevalence of depressive disorders of adolescent students in SSII by location (rural, semi-urban, and urban)

	Sum of Squares	df	Mean Square	F	Sig
Between Groups	153.132	2	76.566		
Within Groups	4473.168	27	165.673	.462	.635
Total	4626.300	29			

$\alpha=.05$

The data in table IV showed an F value of .462 and p value of .635 testing at an alpha level of .05; consequently, the p value was greater than the alpha level; thus, the null hypothesis which states that there is no significant difference in prevalence of depressive disorders of adolescent students in SSII by location was retained. The groups were adolescent students in rural location, adolescent students in semi-urban location, and adolescent students in urban location; since the variables were more than two Analysis of Variance (ANOVA) was used for the statistical calculation.

4. Discussion of Findings

The descriptive statistics of prevalence of depressive disorder among adolescent students in SSII showed that out of one hundred and twenty-three respondents 16 accounted for 13.0% atypical depressive disorder, 18 accounted for 14.6% of chronic depressive disorder, 38 accounted for 30.9% of substance induced depressive disorder and 51 accounted for 41.5% major depressive disorder. In a sample of one hundred and twenty-three 30.9% and 41.9% showed cases of high depressive disorder among adolescent students in SSII.

Table II of the t-test of prevalence of depressive disorders among adolescent students in SSII by sex, showed a t value of -.402 and a p value of .688 tested at an alpha level of .05; p value was greater than alpha level; therefore, null hypothesis was retained. Table III of the t-test of prevalence of depressive disorders among adolescent students in SSII due to mode of separation of parents showed a t value 7.355 and a p value of .000 tested at an alpha level of .05; p value was less than the alpha level; thus, the null hypothesis was rejected. This was supported by (Bowlby, 2010; Koul and Freud, 2009; Passer and Smith, 2007). Table iv showed an F value of .462 and p value of .635 tested at an alpha level of .05; p value was greater than the alpha level; thus, the null hypothesis was retained.

5. Conclusion

Based on the findings of the study, it is evident that prevalence of substance induced depressive disorder and major depressive disorder among the adolescent students were high; consequently, the purpose of the

study was justified and counselling intervention is paramount.

6. Recommendations

Based on the findings, we recommend the following:

- That interventions that are psychologically based should be design; such as self-management/ self-control technique, which are provision of information about depressive disorders and taught skills to help adolescent students reduce the severity so as to function very well in their academic and other life issues
- That most secondary schools do not have Counselling Psychologists; therefore, Counselling Services should be made available to help out students who are in need.
- That problem solving therapy should be adopted in counselling sessions; the aim of the therapy is to enhance clients' personal adjustment to their problems and stress using effective, cognitive, and behavioural strategies.

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