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## THE DEMOGRAPHIC FACTORS INFLUENCING THE PREVALENCE AND MANAGEMENT OF DEPRESSION AND SUICIDAL BEHAVIOURS AMONG UNDERGRADUATES IN RIVERS STATE

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### ABSTRACT

*The study investigates the demographic factors influencing the prevalence and management of depression and suicidal behaviours among undergraduates in Rivers State. Descriptive survey research design was used for the study because the research has wide scope. Seven purposes of study, seven research questions and five hypotheses were formulated to give direction to the search for information. The instrument for data collection was a researcher-constructed questionnaire, which assessed depression, suicidal behaviour and management strategies of depression among undergraduate students. The population of the study comprises all undergraduates in the three government-owned universities in Rivers State namely: University of Port Harcourt, Ignatius Ajuru University of Education and Rivers State University. The proportionate stratified random sampling technique was used for the study with a sample of 450 students drawn from the population of undergraduates in the state. The test-retest method was used for ascertaining the reliability and coefficients of 0.82, 0.91 and 0.76 were obtained for the sections on depression, suicidal behaviour and management strategies respectively. Mean, standard deviation and percentages were used to answer the research questions guiding the study while chi-square and independent samples t-test were used to test the hypotheses at 0.05 level of significance. The result from the study showed low prevalence of depression and suicidal behaviour among undergraduate students, with age having a significant influence, while gender does not have any significant influence. Furthermore, the result showed that there was no significant difference between male and female students on the suggested management strategies for addressing depression among undergraduates. Based on the results, it was recommended that there should be functional counselling units in schools with relevant advocacy campaigns conducted to provide students with knowledge and symptoms of depression so that it can be effectively handled.*

**Keywords:** Demographic Factors, Depression, Suicidal Behaviours, Undergraduates.

## Introduction

Depression and suicide constitute a growing health problem globally that is fast claiming the lives of young people. With this situation, it becomes imperative to critically analyze the problem with the goal of addressing it. Beyond cutting short dreams and lives of the future generations, presently is a leading cause of disability globally making it a contributory factor to the overall global burden of disease which more than 264 million people from all ages are suffering from the condition (WHO, 2020).

While various classifications have been used for depression, it is generally acknowledged that it is a common mental disorder that is classified as a mood disorder. It may be described as a persistent sad feeling that interferes with the person's life. It is a disorder that often comes with anger, aggressiveness, irritability, restlessness, worthlessness, emptiness and hopelessness. Individuals suffering from depression experience loss of interest in things they used to like and display lack of concentration in task at hand. It affects how the individual feels, thinks and behaves (Barlow and Durand, 2005).

Depression is a mood disorder that negatively affects how you feel, think and act as a result of past experience thereby causing a persistent feeling of sadness, loss of interest, worthlessness, hopelessness, lowered self-esteem, loss of ability to take pleasure in ordinary activities, loss of appetite as well as problem concentrating.

Depression could be as a result of an emotional, physical or psychological problem. It could also be as a result of genetics, certain medical condition, substance use etc.

Many students in Nigeria are facing painful and excruciating difficulties economically ranging from inability to pay their fees, purchase books for academic purposes, unable to afford good food in school, not privileged to adequate health care facilities, meet up with their daily needs alongside academics while on campus (Eneh, 1998). These difficulties could predispose them to depression and suicidal behaviours.

Suicide is an act of deliberate, voluntary and intentionally killing or taking one's own life. Every year close to 800 000 people take their own life which is one person every 40 seconds (WHO, 2019). Suicide is a global phenomenon and occurs throughout the lifespan. There are possibilities that for every adult who died by suicide there may be many more out their attempting suicide too. Suicide is a painful tragedy to the families, loved ones, communities and even countries and has a negative long lasting effect on the family members left behind. Suicidal behaviour is any deliberate action with potential life-threatening consequences while Suicidal ideations are thoughts, contemplations of suicide and a known risk factor for suicidal attempt, which in turn increases risk for suicidal death.

Depressed people who get adequate support and encouragement from family and loved ones, who find themselves in the company of positive minded people with good social relationship and are privileged to the right health services are likely not to go through suicidal ideation than those isolated from such support. Depression is a common but severe mental disorder usually marked by serious feelings of annoyance, anxiousness and negative thought processes which most students feel and the feelings could last for some days. University students and youths are among groups affected more than the general population. It is a serious public health problem, contributing to the constant increase in prevalence. When untreated, depression might last for a long time and interfere with one's day-to-day activities. As young people represent our nation's future, urgent action is needed to detect the causes/variables moderating depression among undergraduates and for proper handling of depression from its root. Suicidal behaviours can be prevented through knowing the risk factors, be alert to the

signs of depression and other mental disorders, recognize the warning signs for suicide, and intervene before it gets to the point of self destruction.

### **Purpose of the Study**

The purpose of this study was to investigate the demographic factors in the prevalence and management of depression and suicidal behaviour among undergraduates in Rivers State. Specifically, the study sought to:

1. Determine the extent of prevalence of depression among undergraduates in Rivers State.
2. Examine the extent of prevalence of suicidal behaviour among undergraduates in Rivers State.
3. Examine the influence of age in the prevalence of depression among undergraduates in Rivers State.
4. Determine the influence of gender in the prevalence of depression among undergraduates in Rivers State.
5. Determine the influence of age in the prevalence of suicidal behaviour among undergraduates in Rivers State.
6. Examine the influence of gender in the prevalence of suicidal behaviour among undergraduates in Rivers State.
7. Determine the management strategies used in the management of depression and suicidal behaviour among undergraduates in Rivers State.

### **Research Questions**

Based on the above purpose of the study, the following research questions were answered:

1. To what extent is the prevalence of depression among undergraduates in Rivers State?
2. To what extent is the prevalence of suicidal behaviour among undergraduates in Rivers State?
3. To what extent does age influence the prevalence of depression among undergraduates in Rivers State?
4. To what extent does gender influence the prevalence of depression among undergraduates in Rivers State?
5. To what extent does age influence the prevalence of suicidal behaviour among undergraduates in Rivers State?
6. To what extent does gender influence the prevalence of suicidal behaviour among undergraduates in Rivers State?
7. What are the management strategies used in the management of depression and suicidal behaviour among undergraduates in Rivers State?

### **Hypotheses**

The following null hypotheses were tested at 0.05 level of significance to further guide the study:

1. There is no significant influence of age on the prevalence of depression among undergraduates in Rivers State.
2. There is no significant influence of gender in the prevalence of depression among undergraduates in Rivers State.
3. There is no significant influence of age in the prevalence of suicidal behaviour among undergraduates in Rivers State.

4. There is no significant influence of gender in the prevalence of suicidal behaviour among undergraduates in Rivers State.
5. There is no significant difference in the mean ratings of male and female students on the management strategies used in the management of depression and suicidal behaviour among undergraduates in Rivers State.

## **Theoretical Review**

### **Cognitive Theory of Depression by Aaron Beck**

One major cognitive theorist is Aaron Beck. He was a psychiatrist and psychoanalyst who was well known as the father of depression theories and widely regarded by psychologists as the founder of cognitive therapy. According to Borchard (2014), Beck provided a comprehensive analysis on depression which includes: its potential causes, symptoms, and treatments. Aaron Beck in his cognitive theories believed that depression came from wrong and absurd psychological perception, causing an intended meaning altered or misrepresented. In his Symptomatology of depression, Beck describes certain “cognitive manifestations” of depression to include: self negative evaluation, negative perceptions and expectations, self-blame and self-criticism and distortion of body image.

Aaron Beck believes that a person’s reaction to specific emotionally depressed conceptions may partially cause unusual structure or functioning, thus being depressed. Beck calls the readily changing thought processes that occupy people's mind in all life endeavors “unbidden cognition’s automatic thoughts”, which lead to depressive mood if not properly or negatively channeled. Such negative persistent thoughts as: (I am a dullard and never-do-well, cannot pass the examination, my parent and teachers and classmates hate me, I am ugly and nobody likes me, I have no money, my peers hate me). Regularly these negative ideas persist continually even in the face of contrary evidence.

### **The Interpersonal-Psychological Theory of Suicidal Behaviour by Thomas Joiner**

Joiner (2005) was of the view that an individual will not die by suicide except the individual has both the desire and will to die by suicide and have the ability to carry out such act. The theory asserts that when people hold the two specific psychological states which are perceived burdensomeness and a sense of low belongingness or social alienation in their minds simultaneously for too long, they develop the desire for death.

According to Joiner, Self-preservation is a powerful instinct that few can overcome it by force of will. Persons who developed fearlessness of pain, injury and death according to the theory are gotten from repeated painful experiences from the past. Such experiences include self injury, accidental injuries, abusive relationships and front line military officers exposed to pain and injury either to themselves or vicariously are common to develop the desire for suicide and then ability to die by suicide.

## **Methodology**

The sample of the study was 450 undergraduates in Rivers State.

<b>S/N</b>	<b>Institution</b>	<b>Population</b>	<b>Proportion</b>	<b>Sample Required</b>
1	UNIPORT	25698	0.40	181
2	IAUE	16628	0.26	117
3	RSU	21427	0.34	152
	<b>Total</b>	<b>63753</b>	<b>1</b>	<b>450</b>

Based on the analysis done above, the required number of students from UNIPOINT, IAUE, and RSU were 181, 117, and 152 respectively. The sample for the study was determined using the Taro Yemen's formula for the determination of sample size. The formula is represented as follows

Where:

S = Sample size

N = Population Size = 63753

A = Level of significance = 0.05

Substituting the above values into the formula will yield a sample size of

= 397.51  $\approx$  398.

From the obtained number which is the minimum sample size, the researcher decided to increase the sample size to 450 to facilitate a greater generalization of findings. Out of the 450 questionnaire administered, 439 were completely filled by the students for analysis.

### Data Presentation

The answer to the research questions were presented first before the result of the hypotheses testing and was concluded by discussing the results obtained in line with previous research findings from other studies. For determining the different prevalence of depression, a score of less than 24 was considered minimal depression, a score of 25-30 points is categorized as mild depression, a score ranging from 30-45 is categorized as moderate depression, while a score ranging from 45-60 is categorized as severe depression. For suicidal behaviour, a score above 10 is considered suicidal behaviour, while a score below 10 is considered non-suicidal behaviour.

### Research Question One

To what extent is the prevalence of depression among undergraduates in Rivers State?

To determine the extent of depression among undergraduates in Rivers State this question was answered by computing the frequency and percentage of the total number of recorded cases of depression among the undergraduates. The data answering the above research question are contained in Table 1.

**Table 4.1: Prevalence of depression among undergraduates in Rivers State.**

Prevalence of Depression	Frequency	Percentage
Minimal Depression	192	43.7
Mild Depression	170	28.7
Moderate Depression	47	10.7
Severe Depression	30	6.8
Total	439	100

According to the result shown in Table 4.1 which shows the prevalence of depression among undergraduates in Rivers States, it was shown that 192 (43.7%) of the respondents reported minimal depression, with 170 (28.7%) reporting mild depression, while 47 (10.7%) indicated there experience moderate depression, while 30 (6.8%) indicated that they had severe depression. This result showed that there is a low prevalence of depression among undergraduates in Rivers State.

### Research Question Two

To what extent is the prevalence of suicidal behaviour among undergraduates in Rivers State? To determine the extent of suicidal behaviour among the undergraduates in Rivers State this question was answered by computing the frequency and percentage of the total number of recorded cases of suicidal behaviour among the undergraduates. The data answering the above research question are contained in Table 2.

**Table 4.2: Prevalence of suicidal behaviour among undergraduates in Rivers State.**

Prevalence of Suicidal Behaviour	Frequency	Percentage
No Suicidal Behaviour	356	81.1
Suicidal Behaviour	83	18.9
Total	439	100

According to the result shown in Table 4.2 on the prevalence of suicidal behaviour among undergraduates in Rivers State, it was indicated that 356 (81.1%) of the students indicated no suicidal behaviour, while 83 (18.9%) reported suicidal behaviour.

### Research Question Three

To what extent does age influence the prevalence of depression among undergraduates in Rivers State?

To determine the extent age influences depression among undergraduates in Rivers State this question was answered by using means of the responses of the various items in the question. The data answering the above research question are contained in Table 3.

**Table 4.3: Prevalence of depression among undergraduates based on age**

Age (Years)	Minimal Depression	Mild Depression	Moderate Depression	Severe Depression	Total
Below 25	132 (54.1)	75 (30.7)	15 (6.1)	22 (9.0)	244
25-35	53 (31.4)	85 (50.3)	24 (14.2)	7 (4.1)	169
Above 35	7 (26.9)	10 (38.5)	8 (30.8)	1 (3.8)	26
Total	192 (43.7)	170 (38.7)	47 (10.7)	30 (6.8)	439

According to the result displayed in Table 4.3 on the prevalence of depression among undergraduates based on age, it was shown that 132 (54.1%), 75 (30.7%), 15 (6.1%) and 22 (9.0%) of undergraduates below 25 years reported minimal depression, mild depression, moderate depression and severe depression respectively. For those between 25 and 35 years, the result showed that 53 (31.4%), 85 (50.3%), 24 (14.2%), and 7 (4.1%) indicated that they experience minimal depression, mild depression, moderate depression and severe depression respectively. Finally, 7 (26.9%), 10 (38.5%), 8 (30.8%) and 1 (3.8%) of the 26 respondents above 35 years indicated that they experience minimal depression, mild depression, moderate depression and severe depression respectively.

### Research Question Four

To what extent does gender influence the prevalence of depression among undergraduate students in Rivers State?



To determine the extent gender influences depression among undergraduates in Rivers State this question was answered by using means of the responses of the various items in the question. The data answering research question four are contained in Table 4.

**Table 4.4: Prevalence of depression among undergraduates based on gender**

Gender	Minimal Depression	Mild Depression	Moderate Depression	Severe Depression	Total
Female	100 (40.5)	103 (41.7)	27 (10.9)	17 (6.9)	247
Male	92 (47.9)	67 (34.9)	20 (10.4)	13 (6.8)	192
Total	192 (43.7)	170 (38.7)	47 (10.7)	30 (6.8)	439

According to the result shown in Table 4.4 on the prevalence of depression among undergraduate in Rivers State based on gender, it was revealed that 100 (40.5%), 103 (41.7%), 27 (10.9%) and 17 (6.9%) of female students reported that they experience minimal depression, mild depression, moderate depression and severe depression respectively. For male students, it was shown that 92 (47.9%), 67 (34.9%), 20 (10.4%) and 13 (6.8%) of them indicated that they experience minimal depression, mild depression, moderate depression and severe depression respectively.

#### Research Question Five

To what extent does age influence the prevalence of suicidal behaviour among undergraduate students in Rivers State?

To determine the extent age influences suicidal behaviours among undergraduates in Rivers State this question was answered by using means of the responses of the various items in the question. The data answering the above research question are contained in Table 5.

**Table 4.5: Prevalence of suicidal behaviour among undergraduates based on age**

Age (Years)	No Suicidal Behaviour	Suicidal Behaviour	Total
Below 25	195 (79.9)	49 (20.1)	244
25-35	136 (80.5)	33 (19.5)	169
Above 35	25 (96.2)	1 (3.8)	26
Total	356 (81.1)	83 (18.9)	439

Based on the result shown in Table 4.5 on the prevalence of suicidal behaviour among undergraduates based on their age, it was shown that for those below 25 years, 195 (79.9%) reported no suicidal behaviour, while 49 (20.1%) reported that they experience suicidal behaviour. For those between 25-35 years, it was shown that 136 (80.5%) reported that they do not display suicidal behaviour, while 33 (19.5%) of the respondents reported they exhibit suicidal behaviour. Finally, for those above 35 years, 25 (96.2%) reported that they do exhibit suicidal behaviour with only 1 (3.8%) students in this age category indicating that they exhibit suicidal behaviour.

#### Research Question Six

To what extent does gender influence the prevalence of suicidal behaviour among undergraduates in Rivers State?

This question was answered by using means of the responses of the various items in the question. The data answering the above research question are contained in Table 6.

**Table 4.6: Prevalence of suicidal behaviour among undergraduates based on gender**

Gender	No Suicidal Behaviour	Suicidal Behaviour	Total
Female	195 (78.9)	52 (21.1)	247
Male	161 (83.9)	31 (16.1)	192
Total	356 (81.1)	83 (18.9)	439

Based on the result revealed in Table 4.4 on the prevalence of suicidal behaviour among undergraduates based on gender, it was revealed that 195 (78.9%) of the female students reported no suicidal behaviour while 52 (21.1%) indicated that they experience suicidal behaviour. For their male counterpart, 161 (83.9%) reported no suicidal behaviour, while 31 (16.1%) reported engaging in suicidal behaviour.

### Research Question Seven

What are the management strategies used in the management of depression and suicidal behaviour among undergraduates in Rivers State?

This question was answered by using Simple percentages computed in order to answer this question. The data answering the above research question are contained in Table 7.

**Table 4.7: Mean ratings of students on the management strategies used in managing depression and suicidal behaviour among undergraduates.**

S/N	Management Strategies for depression and suicidal behaviour	Mean	SD	Decision
1	Information and education about dangers of known risk factors of depression and suicidal behaviour should be provided	3.19	0.83	Accepted
2	Students going through depression and suicidal behaviour should be made to attend weekly assessment sessions with a social worker, psychologist or psychiatrist	3.12	0.91	Accepted
3	Counselors should conduct face-to-face screening evaluation of students to identify those at risk of depression and plan preventive programmes for them	3.39	0.58	Accepted
4	Students found with dangerous weapons, selling or using hard drugs should be dismissed from the university	2.34	0.73	Rejected
5	Seminars for students on dangers of depression and suicidal thoughts should be organized regularly	2.67	0.83	Accepted
6	Treatment of symptoms of anxiety, drug abuse and depression should be provided by university authorities	2.82	0.77	Accepted
<b>Total</b>		<b>2.88</b>	<b>0.77</b>	

According to the result shown in Table 4.7 on the management strategies for effectively assisting students with depression and suicidal behaviour, it was revealed that item 1 (information and education about dangers of known risk factors of depression and suicidal behaviour should be provided) with a mean rating of 3.19 (SD = 0.83), item 2 (students going through depression and suicidal behaviour should be made to attend weekly assessment sessions with a social worker, psychologist or psychiatrist) with a mean rating of 3.12 (SD = 0.91) was accepted, item 3 (counselors should conduct face-to-face screening evaluation of students to identify those at risk of depression and plan preventive programmes for them) with a mean rating of 3.39 (SD = 0.58) was accepted, item 5 (Seminars for students on



dangers of depression and suicidal thoughts should be organized regularly) with a mean of 2.67 (SD = 0.83), and also item 6 (treatment of symptoms of anxiety, drug abuse and depression should be provided by university authorities) with mean rating of 2.82 (SD = 0.77) was also accepted. From the above mean rating, it was only item 4 (students found with dangerous weapons, selling or using hard drugs should be dismissed from the university) with a mean rating of 2.82 (SD = 0.73) that was not accepted as an effective strategy for managing depression and suicidal behaviour

### Hypothesis One

There is no significant influence of age on the prevalence of depression among undergraduates in Rivers State.

The test of hypothesis 1 was done to determine if the influence of age is significant on the Prevalence of depression among undergraduates in Rivers State

**Table 4.8: Chi-square of the influence of age on the prevalence of depression among undergraduate students**

Age (Years)	Minimal Depression	Mild Depression	Moderate Depression	Severe Depression	Df	X <sup>2</sup>	p-value
Below 25	132 (54.1)	75 (30.7)	15 (6.1)	22 (9.0)	6	43.72	0.000
25-35	53 (31.4)	85 (50.3)	24 (14.2)	7 (4.1)			
Above 35	7 (26.9)	10 (38.5)	8 (30.8)	1 (3.8)			
Total	192 (43.7)	170 (38.7)	47 (10.7)	30 (6.8)			

From the result shown in Table 4.8 on the influence of age on the prevalence of depression among undergraduate students in Rivers State, a chi-square value of 43.72 was obtained with a p-value of 0.000 at 6 degrees of freedom. Since the p-value of 0.000 was less than 0.05, it therefore suggest that age has a significant influence on the prevalence of depression among undergraduate students in Rivers State. The null hypothesis was therefore rejected.

### Hypothesis Two

There is no significant influence of gender in the prevalence of depression among undergraduates in Rivers State.

The test of hypothesis 2 was done to determine if the influence of gender is significant in the Prevalence of depression among undergraduates in Rivers State

**Table 4.9: Chi-square of the influence of gender on the prevalence of depression among undergraduate students**

Gender	Minimal Depression	Mild Depression	Moderate Depression	Severe Depression	Df	X <sup>2</sup>	p-value
Female	100 (40.5)	103 (41.7)	27 (10.9)	17 (6.9)	3	2.68	0.443
Male	92 (47.9)	67 (34.9)	20 (10.4)	13 (6.8)			
Total	192 (43.7)	170 (38.7)	47 (10.7)	30 (6.8)			

According to the displayed result in Table 4.9 on the influence of gender on the prevalence of depression among undergraduate students in Rivers State, a chi-square value of 2.68 was

obtained with a p-value of 0.443 at 6 degrees of freedom. Since the p-value of 0.0443 was greater than 0.05, it therefore suggest that gender does not have any significant influence on the prevalence of depression among undergraduates in Rivers State. The null hypothesis was therefore accepted.

### Hypothesis Three

There is no significant influence of age in the prevalence of suicidal behaviour among undergraduate students in Rivers State.

The test of hypothesis 3 was done to determine if the influence of age is significant in the prevalence of suicidal behaviours among undergraduates in Rivers State.

**Table 4.10: Chi-square of the influence of age on the prevalence of suicidal behaviour among undergraduate students**

Age (Years)	No Suicidal Behaviour	Suicidal Behaviour	Df	X <sup>2</sup>	p-value
Below 25	195 (79.9)	49 (20.1)	2	4.12	0.128
25-35	136 (80.5)	33 (19.5)			
Above 35	25 (96.2)	1 (3.8)			
Total	356 (81.1)	83 (18.9)			

According to the displayed result in Table 4.10 on the influence of age on the prevalence of suicidal behaviour among undergraduate students in Rivers State, a chi-square value of 4.12 was obtained with a p-value of 0.128 at 3 degrees of freedom. Since the p-value of 0.128 was greater than 0.05, it therefore suggest that age does not have any significant influence on the prevalence of suicidal behaviour among undergraduate students in Rivers State. The null hypothesis was therefore accepted.

### Hypothesis Four

There is no significant no influence of gender in the prevalence of suicidal behaviour among undergraduates in Rivers State.

The test of hypothesis 4 was done to determine if the influence of gender is significant in the prevalence of suicidal behaviour among undergraduates in Rivers.

**Table 4.11: Chi-square of the influence of gender on the prevalence of suicidal behaviour among undergraduate students**

Gender	No Suicidal Behaviour	Suicidal Behaviour	Df	X <sup>2</sup>	p-value
Female	195 (78.9)	52 (21.1)	2	1.69	0.193
Male	161 (83.9)	31 (16.1)			
Total	356 (81.1)	83 (18.9)			

Based on the result shown in Table 4.11 on the influence of gender on the prevalence of suicidal behaviour among undergraduate students in Rivers State, a chi-square value of 4.12 was obtained with a p-value of 0.128 at 3 degrees of freedom. Since the p-value of 0.193 was greater than 0.05, it therefore suggest that gender does not have any significant influence on the prevalence of suicidal behaviour among undergraduate students in Rivers State. The null hypothesis was therefore accepted.

### Hypothesis Five

There is no significant difference in the mean ratings of male and female students on the management strategies used in the management of depression and suicidal behaviour among undergraduates in Rivers State.

The test of hypothesis 5 was done to determine if there are no significant difference in the mean ratings of male and female students on the management strategies used in the management of depression and suicidal behaviour among undergraduates in Rivers State.

**Table 4.12: Independent samples t-test of male and female students on management strategies used for depression and suicidal behaviour**

Gender	N	$\bar{X}$	SD	df	t-cal	p-value	Decision
Male	192	2.79	0.75	437	1.31	0.189	Accept Ho <sub>5</sub>
Female	247	2.89	0.82				

According to the result shown in Table 4.12 on male and female students' mean rating on the management strategies used for depression and suicidal behaviour, male students had a mean value of 2.79 (SD = 0.75) while female students had a mean value of 2.89 (SD = 0.82) which when tested with independent samples t-test yielded a t-value of 1.31 at 437 degrees of freedom with a corresponding p-value of 0.189 which was greater than 0.05 significance level guiding the study.

### Summary of Findings

From the analysis of data as shown, the major findings of the study are summarized below:

1. There is a low prevalence of depression among undergraduates with a considerable high level of mild and moderate depression among the students in the study.
2. There is about 18.9% prevalence of suicidal behaviour among undergraduates in Rivers State.
3. The age of students has a significant influence on the prevalence of depression among undergraduates in Rivers State.
4. Gender of students does not have any significant influence on the prevalence of depression among undergraduates in Rivers State.
5. There is no significant influence of age on the prevalence of suicidal behaviour among undergraduates in Rivers State.
6. There is no significant influence of gender on the prevalence of suicidal behaviour among undergraduates in Rivers State.
7. Male and female undergraduates do not have any significant difference on the suggested management strategies for addressing the problem of depression and suicidal behaviour among undergraduates in Rivers State.

### Discussion

#### Prevalence of Depression among Undergraduates

According to the result obtained from the study as shown in Table 4.1, it was indicative that 43.7%, 28.7%, 10.7 and 6.8% of students reported minimal, mild, moderate and severe depression respectively. From this result, it therefore indicates that more students reported minimal depression, with a considerable number reporting mild and moderate depression. Based on this result, it is suggested that in a general population of student, about 6.8 students out of a 100 student is likely to report being severely depressed. This result similar to that

obtained by Murray and Fortinberry (2010) who reported that in most countries, adolescents and youths often reported mild and moderate depression. This result is not surprising, but expected because most students at the undergraduate level often experience a sense of confusion regarding their identity and prospect after school. With this situation, many students might develop depression. In addition, the result might be attributed to the new transition of being in a school environment, where parental and family support is absent and thus loneliness might settle in which might culminate in the experience of divorce. Finally, as the result showed, few students might be experiencing severe depression which is a culmination of severe challenges, with the majority experiencing mild and moderate depression. This confirms the result by Taylor (2012) that majority of people would experience some form of depression in their lifetime and for youths, there is a 25% chance that depression may set in before they finally become adults.

### **Prevalence of Suicidal Behaviour**

According to the result as shown in Table 4.2 on the prevalence of suicidal behaviour, the result showed that there is an 18.9% prevalence rate of suicide among undergraduate students in Rivers State. This result implies that for every 100 students, there is a corresponding 18.9 students that have exhibited some forms of suicidal behaviour. This result is surprising to this researcher and deeply worrisome. According to this result, it is indicative that the students have thought about killing themselves or engaging in other harmful behaviour that could lead to death. This result is similar to that obtained by Prudhomme and Schineider (2016) who found out that there is a higher level of attempted suicide among young people than other people. Similarly, according to the result by Kusher (1999), there is a higher prevalence level of suicidal behaviour among youths because of gender identity problem, difficult relationship with family and peer abuse.

### **Influence of Age on Depression and Suicidal Behaviour among Adolescents**

The result from the study showed that age was a significant factor which influences the prevalence of depression among undergraduates in Rivers State. Based on the result obtained, it was shown that younger people were more likely to be involved with depression when compared to older people. From the result, it was further shown that across all level and severity of depression, those who were below 25 years reported a larger rate of depressor than those who were older. With those above 35 years reporting the least prevalence of depression. This result is surprising and not in line with the expectation of this researcher who believed that older people should experience a higher prevalence of depression compared to younger people because of the challenges of balancing work, family life and educational demands which most young people might not be experiencing.

The result that younger people experience a higher prevalence level than younger people might be due to family dysfunction, peer difficulties, and drug abuse which are shown to contribute to a higher level of depression among young people are obtained by Canino and Roberts (2001) in their study of factors contributing to depression among young people in Spain.

### **Influence of Gender on Depression and Suicidal Behaviour**

According to the result obtained after the analysis of data, it was revealed that gender does not have any significant influence on the prevalence of depression and suicidal behaviour among undergraduates in Rivers State. This result is expected and not surprising because male and female students experience similar environmental conditions as such there is likely not to be significant difference in how they are impacted to experience depression.

The findings of this research is contrary to that obtained by Ganeshvaran and Rajawajaswaren (2000) who said that females have a significantly higher prevalence rate of both depression and suicidal behaviour in Sri Lanka. This result might be attributed to the longitudinal nature of their study. From their research which was conducted over a five year period, females reported twice prevalence level of depression when compared to males.

### **Conclusion**

The major conclusion from the study is that there was a high prevalence rate of mild and moderate depression among undergraduates in Rivers State. Similarly, there was a high prevalence rate of suicidal behaviour among undergraduates in Rivers State. This result was further confirmed to show that there was a significant influence of age on depression prevalence, while gender does not significantly influence depression among undergraduates.

### **Recommendations**

Based on the result obtained, the following recommendations were made:

1. There should be functional counselling units in schools with relevant advocacy campaigns conducted to provide students with knowledge and symptoms of depression so that it can be effectively handled.
2. Students should be encouraged to provide regular feedback on how they feel so that monitoring of their emotional and psychological status can be completed.
3. Counselling services should be provided across all age and gender group in order to facilitate better.
4. Parents should develop a collaborative relationship with the school to enable them provide optimal psychological interventions for their children.
5. Resilience training should be provided for those students who have tendencies for suicidal behaviour. Any attempted self-harm should be closely monitored to prevent a sink into depression and possible depression.

### **Implications for Teaching and Learning**

This study has very serious implications for teaching and learning practice:

First, universities are expected to include topics that will strengthen the theory and practice of counselling in their curriculum, by so doing students will be constantly informed and educated about dangers of known risk factors of depression and suicidal behaviour. Such action will equip the students with the right knowledge in order to equip them with the right skills necessary for handling personal – social problems.

Secondly, the result of the study has implication for counselling practicum because it is during such counselling practicum that students acquire necessary knowledge and skills which is very silent in Nigerian. In addition to counselling practicum, it is necessary to establish counselling units in our different universities in Nigeria and students going through depression and suicidal behaviour should be made to attend weekly assessment sessions with a social worker, psychologist or psychiatrist in the unit. It will serve as a medium for students to acquire more knowledge about the utilization of models for counselling in assisting the clients to resolve their problems.

Finally, the implication of this study for teaching and learning is the need for equipment and facilities necessary for study in the universities. Effective study will minimize most of the problems occurring in our society.

## REFERENCES

- Barlow, D. H & Durand, M. V (2005). *Abnormal psychology: An integrative approach*. Canada Thomson learning Inc.
- Borchard, T. (2014, May 20). Five new theories on the cause of depression. <http://psychcentral.com/blog/archives/2014/10/29/5-new-theories-on-the-cause-of-depression/>
- Canino, G., & Roberts E. Roberts (2001). Suicidal behaviour among Latino youth. *Suicide and Life-Threatening Behaviour* 31, 127-131.
- Eneh, O.C. (1998). *Attitudes of HPE students in Nigerian Universities towards suicide*. Unpublished Ph.D. Thesis, Faculty of Education, Enugu State University of Technology (ESUT), Enugu.
- Ganeshvaran, T., & Rajawajaswaran, R. (2000). Fatal, deliberate, self-harm in Sri Lankan hospital. *British Journal of Public Health*, 93, 179-184.
- Joiner, T.E. (2005). *Why people die by suicide*. Harvard University Press.
- Kusher, H. I. (1999). Women and suicide in historical perspective. *Journal of Women in Culture and Society*, 3, 537-552.
- Murray, B. & Fortinberry, A. (2010, January 15). Depressed facts and statistics. Uplift program. <https://books.google.com.ng/book ISBN=1605423912>.
- Prudhomme, D. S. & Schneider, R. E. (2016). From stressed to best. A proven stress management program. <https://fromstressmodetobestmode>.
- Taylor, S. E. (2012). *Health psychology* (8<sup>th</sup> ed.). McGraw-Hill.
- World Health Organization (2 September 2019). Suicide. <https://www.who.int>
- World Health Organization. (30 January 2020). Depression. <https://www.who.int>



## **QUESTIONNAIRE ON THE DEMOGRAPHIC FACTORS IN THE PREVALENCE AND MANAGEMENT OF DEPRESSION AND SUICIDAL BEHAVIOURS AMONG UNDERGRADUATE STUDENTS IN RIVERS STATE**

### **SECTION A: PERSONAL DATA**

**Instruction:** Please answer these questions by ticking in the appropriate column.

What is your gender? (a) Male [ ] (b) Female [ ]

What is your year of study? (a) 1<sup>st</sup> Year [ ] (b) 2<sup>nd</sup> Year [ ] (c) 3<sup>rd</sup> Year [ ] (d) 4<sup>th</sup> Year [ ] 5<sup>th</sup> Year [ ] (f) 6<sup>th</sup> Year [ ]

### **SECTION B: QUESTIONNAIRE ITEMS**

Below is a list of statements regarding depression and suicidal behaviours. Read each statement carefully and respond by ticking (√) in the column that corresponds to your behaviour. There is no wrong or correct answer to each statement. You are therefore, required to tick honestly according to your behaviour.

#### **Key:**

Hardly Ever = (HE)

Much of the Time = (MT)

Most of the Time = (MT)

All the Time = (AT)

S/N	Items	ME	MT	MT	AT
1	Low, mood, sadness, feeling blue or down, just can't be bothered				
2	Always feeling tearful, unable to laugh and see funny side of things, dejected rejected and being punished by people around				
3	Irritable, losing your temper easily, feeling pissed off, losing it				
4	Sleep difficulties- different from your usual (over the years before you got sick): trouble falling asleep, lying awake on bed				
5	Feeling loss of appetite in both food and any other interesting thing				
6	Feeling decreased interest in: hanging out with friends; being with your best friend; boy/girl friend, doing hobbies				
7	Feeling of staying in-doors, lying on bed, not talking to any family member				
8	Feeling of worthlessness, hopelessness, good for nothing				
9	Feeling of guilt, self-blame, inferiority				
10	Being in a different world; ignoring people and activities, insulting and snubbing people				
11	Feeling tired, low in energy, fatigue				
12	Hard to get motivated or have to be pushed to get things done				
13	Feelings to engage in sexual activities with the same sex or opposite sex				
14	Feeling of being restless, dodging school and school work, church activities, sports and recreations				
15	Trouble concentrating, can't keep your mind on school work, daydreaming when you should be working, hard to focus when reading, getting "tired" with work in school				

#### SECTION B – SUICIDAL BEHAVIOUR SCALE

S/N	Items	ME	MT	MT	AT
1	I have thought of killing kill myself in the past				
2	I have attempted to kill myself in the past				
3	I have expressed words that show that I wish to end it all				
4	I have told someone in the past that my life is worthless				
5	It is likely that I would attempt suicide in the future if things continue this way				

**SECTION C: PREVENTIVE AND MANAGEMENT MEASURES**

<b>S/N</b>	<b>Items</b>	<b>SA</b>	<b>A</b>	<b>D</b>	<b>SD</b>
1	Information and education about dangers of known risk factors of depression and suicidal behaviour should be provided				
2	Students going through depression and suicidal behaviour should be made to attend weekly assessment sessions with a social worker, psychologist or psychiatrist				
3	Counselors should conduct face-to-face screening evaluation of students to identify those at risk and plan preventive programmes for them				
4	Treatment of symptoms of anxiety, drug abuse and depression should be provided by university authorities				
5	Seminars for students on dangers of depression and suicidal thoughts should be organized regularly				
6	Students found with dangerous weapons, selling or using hard drugs should be dismissed from the university				