

SOCIAL PARENTAL FACTORS PREDISPOSING DEPRESSION AMONG UNDERGRADUATES OF PUBLIC UNIVERSITIES IN EDO STATE

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Abstract

This study examines social parental factors predisposing depression among undergraduates of public universities in Edo State. Four objectives as well as research questions and hypotheses were formulated in line with the objectives of the study. The cross sectional survey research design was used in the study. The population consists of 23,798 students in the 2018/2019 academic year. Specifically, 10,204 students were sampled from Ambrose Alli University Ekpoma while 13,594 students from University of Benin respectively. 12 students were randomly selected from 22 departments' respectively. The hypotheses formulated were tested with Descriptive statistics (percentages, cross-tabulations, mean and standard deviation) and inferential statistics (independent sample t- test, Pearson correlation coefficient, and ANOVA using the Statistical Package for Social Sciences (SPSS) version 20.0 software package. The study reveals that there is significant difference in the prevalence of depression among undergraduates students of public Universities in Edo State in their social parental determinant, socio-demographic characteristics of undergraduates of public Universities in Edo State. The study concluded that there is no doubt that mental illness among university student ends with negative consequences on individual, family, and community and recommended among other that Counseling and preventive mental health services should be an essential part of the routine investigation of undergraduate students. Along with this, actions should be taken to encourage the students to seek help on exposure to depression

Keywords: social, parental, depression, undergraduates,

1. INTRODUCTION

Depression just like other forms of mental illnesses is often overlooked or ignored in most societies around the world especially in African societies and Nigeria is not an exemption; several studies has shown that depression is one of the contributors to the global burden predisposing depression among undergraduates of public universities. (Ibrahim, Kelly, Adams & Glazebrook 2012). Depression affects people from all works of life and young people in the university are not excluded.

Naturally, everyone needs a certain amount of pressure to perform at their best. But when pressures exceed a person's ability to cope, the end result is depression. Prolonged depression can set up dis-depression and shut down the ability to cope with ordinary situations causing illnesses. Depression is the wear and tear of our bodies experience as we adjust to our continually changing environment; it has physical and emotional effects and can create positive or negative influence on the individual. As a positive influence, depression can help to compel student for action. As a negative influence, it can result in feelings of distress, rejection, anger, and depression, which in turn can lead to health problems (Berry & York 2011). Depression is inevitable in human life, given the conflict between our needs and the realities of our environment and its relationships. Depression is a common problem of every individual particularly for University students. These students are a special group of people that are enduring a critical transitory period in which they are going from adolescence to adulthood and can be one of the most stressful times in a person's life (Buchanan 2012). For many undergraduate students, university life is a major transition in their lives since they are accorded the chance to decide what to do without the undue influence of their parents. Hence, the students make various decisions regarding all aspects of their lives such as academics, social life, and leisure activities (Chatterjee, Saha, Mukhopadhyay, Misra, Chakraborty & Bhattacharya 2014). Amidst the new found freedom students have to struggle to meet the expectations of their parents which related to their academic performance (The, Ngo, Zulkifli, Vellasamy & Suresh 2015). In addition, society believes that graduating from a high-ranking university is a passport to a good job, high salaries, and high social status (Leppink, Odlaug, Lust, Christenson & Grant 2016). As a result, the students are indirectly subjected to a variety of stressors mainly linked to academic success (Merkouris, Middleton & Karanikola 2014).

A developing body of research points to the role of social parental in influencing depression and disorder among undergraduates of public universities (Ibrahim, Kelly, Adams & Glazebrook, 2013), these interactions factors are relevant to understanding unipolar depressive symptomatology and disorder among undergraduates. With the recognition of depression as a serious and prevalent disorder in youth, there has been a growing interest in the social parental context of unipolar depressive disorder and symptomatology. Although apart of the social parental contribution to depression is attributable to genetic mechanisms, a substantial portion of variance in prediction is unexplained by genetic factors in line with the growing recognition that depressive behavior exists in an interpersonal context (Gelaye, Arnold, Williams, Goshu & Berhane 2009) as increasing attention has been directed toward the role of social parental relationships and interactional processes as factors relevant to understanding depression among university students.

Thus, tackling depression among university students is vital since most lifetime mental disorders commence during the university age, and their mental health has essential ramifications for campus health services in particular and mental health policy-making in general (Chen, Chen,

Sung, Hsieh, Lee & Chang 2015). Put another way, from a public health standpoint, early detection and prevention of mental health problems among young adults in higher education is paramount. (Aghakhani, Nia, Eghtedar, Rahbar, Jasemi & Zadeh 2011) Comprehension of their salient psychological distress, namely depression, and its correlates would enable tailor-made and early screening and intervention programmes to reduce mental health problems in this population. This is integral for their educational performance and triumph in their prospective profession as well as for the national advancement since they are future leaders (Azizi, Khamseh, Rahimi & Barati 2013).

The United States of America Department of Health and Human Services, (2015) stated that depression is a mood disorder marked by sad or anxious feelings that causes worrying symptoms that affect how you feel, think, and handle daily activities, such as learning, eating, or working. To be diagnosed with depression, symptoms must be present for most of the day, almost every day for at least 2 weeks. In their research, they found out that during the university years of many young people is when they experience their first symptoms of depression. The causes for their depression is usually varied; according to Watson (2000) scientists do not know exactly what causes depression, and the cause might be different for each person. A Nigerian study by Adewuya, Ola, Aloba, Mapayi and Oginni (2006) about the wide spread of depression among university students, found that the rate of depression among Nigerian students was only 2.7%. All of these studies cited above suggest that there is a great demand for decreasing the rate of depression globally.

Against this backdrop, this study is carried out to address these severe concerns by examining social parental factors predisposing depression among undergraduates of public universities in Edo State. Specifically, the questions buttressed in this study are (i) what is the prevalence of depression among undergraduates of public Universities in Edo State? (ii) What are the social parental determinant factors for depression among undergraduates of public Universities in Edo State? (iii) Is there any significant difference in experiencing depression across socio-demographic characteristics of undergraduates of public Universities in Edo State? (v) Is there any significant relationship between the experiencing depression and student's academic achievement of undergraduates of public Universities in Edo State?

2. LITERATURE REVIEW AND HYPOTHESES DEVELOPMENT

What is Depression?

Depression is a common mental disorder that presents with depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt or low self-worth, disturbed sleep or appetite, and poor concentration. Moreover, depression often comes with symptoms of anxiety. (Abedini, Davachi, Sahbahi, Mahmoudi Safa 2006) These problems can become chronic or recurrent and

lead to substantial impairments in an individual's ability to take care of his or her everyday responsibilities. At its worst, depression can lead to suicide. Almost 1 million lives are lost yearly due to suicide, which translates to 3000 suicide deaths every day. For every person who completes a suicide, 20 or more may attempt to end his or her life (WHO 2012). There are multiple variations of depression that a person can suffer from, with the most general distinction being depression in people who have or do not have a history of manic episodes.

- Depressive episode involves symptoms such as depressed mood, loss of interest and enjoyment, and increased fatigability. Depending on the number and severity of symptoms, a depressive episode can be categorized as mild, moderate, or severe. An individual with a mild depressive episode will have some difficulty in continuing with ordinary work and social activities, but will probably not cease to function completely. (Aniebue & Onyema 2008). During a severe depressive episode, on the other hand, it is very unlikely that the sufferer will be able to continue with social, work, or domestic activities, except to a very limited extent.

- Bipolar affective disorder typically consists of both manic and depressive episodes separated by periods of normal mood. Manic episodes involve elevated mood and increased energy, resulting in over-activity, pressure of speech and decreased need for sleep. While depression is the leading cause of disability for both males and females, the burden of depression is 50% higher for females than males (WHO 2008). In fact, depression is the leading cause of disease burden for women in both high-income and low- and middle-income countries (WHO 2008). Research in developing countries suggests that maternal depression may be a risk factor for poor growth in young children (Taliaferro, Rienzo, Pigg, Miller & Dodd 2009). This risk factor could mean that maternal mental health in low-income countries may have a substantial influence on growth during childhood, with the effects of depression affecting not only this generation but also the next.

Managing Depression

Depression is a disorder that can be reliably diagnosed and treated in primary care. Preferable treatment options consist of basic psychosocial support combined with antidepressant medication or psychotherapy, such as cognitive behavior therapy, interpersonal psychotherapy or problem-solving treatment. (Arslan, Ayranci, Unsal & Arslantas 2009). Antidepressant medications and brief, structured forms of psychotherapy are effective. Antidepressants can be a very effective form of treatment for moderate-severe depression but are not the first line of treatment for cases of mild or sub-threshold depression. As an adjunct to care by specialists or in primary health care, self-help is an important approach to help people with depression. Innovative approaches involving self-help books or internet-based self-help programs have been shown to help reduce or treat depression in numerous studies in Western countries (Sidana, Kishore Ghosh, Gulati & Anand 2012).

Reducing the Burden of Depression

While the global burden of depression poses a substantial public health challenge, both at the social and economic levels as well as the clinical level, there are a number of well-defined and evidence based strategies that can effectively address or combat this burden. (Sani, Mahfouz, Bani, Alsomily, Alagi, Alsomily, Madkhaly, Madkhali, Hakami, Hakami, Shaqraa & Shaabi 2012). For common mental disorders such as depression being managed in primary care settings, the key interventions are treatment with generic antidepressant drugs and brief psychotherapy. Economic analysis has indicated that treating depression in primary care is feasible, affordable and cost-effective. The prevention of depression is an area that deserves attention. Many prevention programs implemented across the lifespan have provided evidence on the reduction of elevated levels of depressive symptoms. (Reyes-Rodríguez, Rivera-Medina, Cámara-Fuentes, Suárez-Torres & Bernal 2013). Effective community approaches to prevent depression focus on several actions surrounding the strengthening of protective factors and the reduction of risk factors. Examples of strengthening protective factors include school-based programs targeting cognitive, problem-solving and social skills of children and adolescents as well as exercise programs for the elderly. Interventions for parents of children with conduct problems aimed at improving parental psychosocial well-being by information provision and by training in behavioral childrearing strategies may reduce parental depressive symptoms, with improvements in children's outcomes.

Parental Depressive Symptoms and Adolescent Behavior Problems

Although studies have looked at different adolescent age groups as well as different aspects of depression (i.e., onset, chronicity, etc.), in general the research suggests that the presence of parental depressive symptoms are related to poorer outcomes in children. Furthermore, amidst the exploration of a variety of child outcomes regarding parental depressive symptoms, a growing body of literature has emerged that focuses on the relationship between parental depressive symptoms and child internalizing and externalizing behavioral problems (Rathnayake & Ekanayaka 2016; Papazisis 2008; Mulrow, Williams, Gerety, Ramirez, Montiel & Kerber 2005), which will be the focus of the current study. The attention to child behavioral problems may be due to the fact that both internalizing and externalizing behavior problems can have far-reaching effects on children's social, emotional and intellectual development (Kim 2001). For the purposes of the current study, "behavior problems" will refer to both internalizing and externalizing behaviors in children. Internalizing 4 behaviors typically refer to somewhat "inhibited" behaviors, including expressions of anxiety and depression, and externalizing behaviors typically represent more "acting-out" behaviors such as fighting or showing aggression (Nagaraja, Reddy, Ravishankar, Jagadisha & Muninarayana 2015). In one recent study, current maternal depressive symptoms were examined in relation to child externalizing behaviors (mean age = 11.86). Results indicated that higher levels of maternal depressive

symptoms were related to higher levels of child externalizing behaviors as measured by the Child Behavior Checklist (CBCL). Similarly, in a longitudinal study examining both prenatal depressive symptoms and the reoccurrence of maternal depressive symptoms, researchers found that prenatal depressive symptoms were related to Externalizing behaviors and Total Problems, as measured by the CBCL (Nall 2017). Specifically, researchers found that more children whose mothers reported prenatal depressive symptoms scored high on both the Externalizing and Total Problems subscales than children whose mothers did not report such symptoms. In summary, this research makes it clear that parental depressive symptomatology can put children at risk for a variety of behavioral problems during early childhood. Another recent study looked at the unique role of paternal depression on child internalizing and externalizing behaviors by controlling for maternal depression (Peltzer 2003). This study found that paternal depressive symptoms were related to father-child conflict as well as internalizing and externalizing symptoms in children. Furthermore, the authors found that father-child conflict mediated the relationship between paternal depression and child externalizing symptoms above and beyond the effects of the mothers' depressive symptoms and depressive history. Similarly, another study examining internalizing and externalizing behaviors found that high levels of paternal, and maternal, depressive symptoms were related to higher 5 levels of internalizing behaviors in children (Sharma, Wavare, Deshpande, Nigamand & Chandorkar 2011). Also, in a study examining postpartum depression in both mothers and fathers, father postpartum depressive symptoms predicted child internalizing and externalizing problems between child ages two and three, although mother depressive symptoms did not predict either type of behavior problems at that time point (Eller, Aluoja, Vasar & Veldi 2006).

Empirical Review

(Aghakani, et al., 2011) In recent study shows that few studies reported high prevalence of depression among health care students and presence of depressive symptoms over their studying years Many health care providers are diagnosed with major depressive disorder, however prevalence of depressive symptoms among health care students are reported as the start of this disorder, and the symptoms of depression might stay with them throughout their professional years and be developed into major depressive disorder

(Dahlin, Joneborg & Runeson, 2005). Study in United States another study reported a positive screening of depression, 13.8% to 11.4% undergraduate students had depression

(Eisenberg, Gollust, Golberstein & Hefner, 2007). A study in UK reported a prevalence of depression at Cambridge University with percentage from 2.7% to 8.2% of them had depression among the health care students in the campus

(Quince, Wood, Parker & Benson, 2012). In India, a study conducted in New Delhi has shown that the prevalence of depression among health care students who were selected according to the year of study reported 7.6% to 21.6% positive depressive disorder, also it was reported that there is influence of gender, history of depression, family history of mental illnesses, social support, family structure and number of siblings on the incidence of depressive disorder

(Sidana et.al., 2012). Another study conducted in Iran among health care students of Urmia University reported 10.4% to 11.3% prevalence of depression and it was found that there was no relationship between depression and age, gender, education level, duration of education or rank of birth (Aghakani, et.al, 2011). Study in Greece, researchers reported that the prevalence of depression were 60% and 49% among nursing and medical students respectively

Eman , Rufa, Hind, & Fatimah, (2017).Assessment of Depression and Its Contributing Factors among Undergraduate Nursing Students. A descriptive correlation, cross sectional research design was utilized in this study on a convenience sample of 149 nursing students, who gave voluntary consent to participate in the study. The data collection instruments used were a demographic data sheet and Beck's Depression Inventory. Subjects were assured the confidentiality and anonymity of the collected data. The result's revealed 1.3% of the participants experienced extreme depression, 4.7% experienced severe depression, 8.1 % experienced moderate depression, 18.1% experienced mild mood disturbance, and (65.1%) had moderate normal mood. A significant relationship was evident between positive family history of depression or any psychiatric disorder, physical illness, consultation with a psychiatrist and level of depression. Therefore, it is obvious that along with physical health mental health of nursing students should also be given importance based on which the students may reflect and find healthy solutions for their distress.

Sana, Sumbul, Fakhshena, & Mehwish, (2014) study Prevalence and Severity of Depression among Undergraduate Students in Karachi, Pakistan: A Cross Sectional Study. Adopted a Methods of cross-sectional with a total of 408 undergraduate students from both public and private universities in Karachi, Pakistan completed Zung Self-Rating Depression Scale (SDS) questionnaire to appraise the presence and extent of depression among the participants. Their socio demographic characteristics such as age, gender and course of study as well as drug use data were also collected and analyzed. The results was that depression prevalence was 53.43 % (38.07 % for males and 61.00 % for females). A significant disparity in the prevalence of depression across ethnicity was observed. Less than 50 % (n = 163) of the students were satisfied with their duration of degree course work while 111 (27.20 %) participants were not sure about this. The intensity of depression increased with declining satisfaction level (Gamma = 0.264, p = 0.001) which affected the performance and results of students during their studies. A majority of the participants (89 %, n = 358) of our study have never used medicines to alter their mood. The

study concluded by highlighting the importance of understanding the unique strains and mental health effect of university education on undergraduate students, especially female students.

Hypotheses

The following null hypotheses were formulated;

- Ho₁ There is no significant difference in the prevalence of depression among undergraduates of public Universities in Edo State

- Ho₂: There is no significant difference in the social parental determinant factors for depression among undergraduates of public Universities in Edo State

- Ho₃: There is no significant difference in experiencing depression across socio-demographic characteristics of undergraduates of public Universities in Edo State

- Ho₄: There is no significant relationship between the experiencing depression and student's academic achievement of undergraduates of public Universities in Edo State

3. METHODOLOGY

Research Approach

This study follows a cross sectional survey research design approach to establish the relationship between social parental factors predisposing depression among undergraduates of public Universities in Edo State

Population and sample

The population for the study is made up 23,798 students from all the public Universities in Edo State which are Ambrose Alli University Ekpoma (AAU), in Esan Central Local Government Area, Edo University in Esako East Local Government Area and University of Benin (Uniben) Ovia North East Local Government Area in 2019/2020 academic session.

Specifically, 10,204 students were sampled from Ambrose Alli University Ekpoma while 13,594 students from University of Benin respectively. 12 students were randomly selected from 22 departments' respectively. Finally, a total pooled of 528 students from the 10 colleges/institutes/schools that was sampled. The students were in their academic program from year 1 to year 5 in their study. However, among the 528 distributed questionnaires, data collectors could collect 343 properly filled questionnaires representing 64.96%. The rest 175 questionnaires representing 35.04% were discarded for incompleteness. Due to this, the study

analysis was done based on the response of 343 study participants. Simple random sampling was used to recruit students from each colleges/institutes/schools.

Questionnaire distribution

The questionnaire has four sections where the first section collects data on students' socio demographic characteristics. This includes, living residential (within /off campus), perceived social support, monthly income of the family, academic achievement and perceived parenting style. The second section of the questionnaire was the adoption of Sana, Sumbul, Fakhsheena, & Mehwish, (2014) Zung Self-Rating Depression Scale (SDS) questionnaire to appraise the presence and extent of depression among the participants Undergraduates in year 1 to year 5 were designed to assess the students' perceived academic depression and reactions to depression. There are 45 items arranged on a Likert response format (1=never true to 5=always true) that assessed five categories of academic depression (frustrations, conflicts, pressures, changes, and self-imposed), and four categories describing reactions to depressor (physiological, emotional, behavioral, and cognitive). The items were summed for each subsection to get a total score in all nine categories. A higher score was indicative of greater depression and reactions to depression. Internal consistency estimates ranged from 0.69 to 0.82 on the nine categories of depression. Finally, data on academic achievement were collected. To measure undergraduate students' academic achievement, Grade Point Average (GPAs) of students in their year (s) of study in University in the previous semester was referred in 2019/20 academic year.

Date analysis technique

The collected data were analyzed descriptively to determine respondents' depression level and the source(s) of depression. Descriptive statistics (percentages, cross-tabulations, mean and standard deviation) and inferential statistics (independent sample t- test, Pearson correlation coefficient, and ANOVA) were used to see the effect of socio-demographic variables on students' depression level. Correspondingly, the qualitative data were also analyzed. All data were analyzed using Statistical Package for Social Science (SPSS) for window version 20.

4. ESTIMATION RESULTS AND DISCUSSION OF FINDINGS

Data Analysis and results

The data collected were analyses as show in the tables

Table 1: Socio-demographic characteristic of the respondents (University)

Demographic variable	Categories		Frequency	Percentage (%)
University	AAU		153	44.6
	UNIBEN		190	55.4

Total			343	100
	Mean	SD	Minimum	Maximum
	20.22	1.411	18	25

Source: SPSS window version 20

Ambrose Alli University Ekpoma (AAU) and University of Benin (UNIBEN).

As is presented from Table 1, out of the total three hundred forty three students, 153 (44.6%) were from Ambrose Alli University Ekpoma (AAU) and 190 (55.4%) were from University of Benin (UNIBEN). Besides, the mean age of students was 20.22 (SD = 1.411) where the minimum and maximum ages were 18 and 25 respectively.

Table 2: Socio-demographic characteristic of the respondents (Year of study)

Variables	Frequency	Total	%
Year of study	AAU UNIBEN	153 190	
Year 1	AAU (34) UNIBEN (86)	120	35
Year 2	AAU (23) UNIBEN (46)	69	20.1
Year 3	AAU (33) UNIBEN (51)	84	24.5
Year 4	AAU (11) UNIBEN (31)	42	12.2
Year 5	AAU (13) UNIBEN (15)	28	8.2

Source: SPSS window version 20

Regarding students' year of study as shown in table 2 above in the Universities, all the respondents, almost 120 (35%) were first year; 69 (20.1%) were second year; 84 (35.5%) were third year; 42(12.2%) were fourth year and 28 (8.2%) were fifth year students.

Table 3: Socio-demographic characteristic of the respondents (Residential)

Variables	Frequency	Total	%
Residential	AAU UNIBEN		
Within Campus	53 72	125	36.4
Off Campus	114 104	218	63.6
Total		343	100

Source: SPSS window version 20

With regard to the residential as show in table 3 above of respondents, 125 (36.4%) were from within campus and 218 (63.6%) were from off campus respectively.

Table 4: Socio-demographic characteristic of the respondents (Perceived social support)

Variables	Frequency		Total	%
	AAU	UNIBEN		
Perceived social support	AAU	UNIBEN		
No social support	AAU (40)	UNIBEN (74)	114	33.2
A little bit social support	AAU (21)	UNIBEN (39)	60	17.5
Good social support	AAU (40)	UNIBEN (80)	120	35.0
Very Good social Support	AAU (15)	UNIBEN (34)	49	14.3
Total			343	100

Source: SPSS window version 20

From table 4 above, the students perceived that parents' support their children in different level. Accordingly, 120 (35.0%), 114 (33.2%), 60 (17.5%) and 49 (14.5%) of respondents perceived that they had good social support, No social support, a little bit social support, and very good social support respectively.

Table 5: Socio-demographic characteristic of the respondents (Monthly income of the family)

Variables	Frequency		Total	%
	AAU	UNIBEN		
Monthly income of the family	AAU	UNIBEN		
Lower (less than 1999 birr)	AAU (79)	UNIBEN (51)	130	37.9
Middle (2000-5000 birr)	AAU (114)	UNIBEN (57)	171	49.9
Higher (greater than 5001birr)	AAU (10)	UNIBEN (32)	42	12.2
Total			343	100

Source: SPSS window version 20

Table 5 above shows students' parent income, 130 (37.9%) of students' parent monthly income were considered as lower income group. Majority of them 171 (49.9%) were perceived as middle-income groups followed by 42 (12.2 %) higher income groups respectively.

Table 6. Prevalence of depression among undergraduate students

Variables	Frequency		Total	%
	AAU	UNIBEN		
Depression level	AAU	UNIBEN		
Minimal Depression (30-49 Score)	AAU (20)	UNIBEN (51)	71	20.7
Mild Depression (50-80 Score)	AAU (60)	UNIBEN (58)	118	34.4

Moderate Depression (81-105 Score)	AAU (37) UNIBEN (33)	70	20.4
Severe Depression (106-150 Score)	AAU (49) UNIBEN (35)	84	24.5
Total		343	100

Source: SPSS window version 20

As shown from Table 6, out of 343 respondents, 71(20.7%), 118 (34.4%), 70 (20.4%), and 84 (24.5%) of students had found to be minimal, mild, moderate and severe level of depression respectively. For this reason, the general lifetime prevalence of depression was 24.5%. More specifically, fear of academic failure, fear of family disappointment on the result of students, lack of motivation and personal relationship were highly reported symptom of depression among AAU AND UNIBEN Universities students.

Table 7. Comparisons of depression across students' residential

Variables	Categories	Frequency	M	SD	t-test	p-value
University	AAU	153	82.09	19.25	-4.134	0.000
	UNIBEN	190	74.28	15.75		
Residential		AAU UNIBEN				
	Within campus	AAU (53) UNIBEN (72)	61.54	10.382	-17.656	0.000
	Off campus	AAU 114 UNIBEN 104	87.07	14.121		

Source: SPSS window version 20

According to crosstab result, even higher prevalence of depression was found among students who live off campus, than those living within campus.

Table 8: Determinant factors for depression among students in the universities

Variables	%	Variables	%
Academic Overload	90.3	Acculturation	55.4
Projects Or Assignments	88.3	Relationship with Opposite Sex	49.9
Political Situation of Country	87.4	Lack of Entertainment In The University	46.6
Financial Strain	86.8	Lack of Family Support	42.2
High Family Expectations	84.2	Difficulty with the Journey Back Home	37.9
Study Skill Problem	83.9	Inability to Socialize With Peers	35
Being Alone	82.2	Adjustment With Roommate	31.3
Procrastination	79.3	Family Problems	30.6

Living Away from Home	78.7	Time Management Problem	24.5
Difficulty Reading Materials	76	Lack of Personal interest in their Department	20.1
Language Barrier	63.6		

Source: SPSS window version 20

Table 8 above shows determinant factors for depression among students in the universities, in this study, among 343 respondents; most of them reported many determinant factors that trigger students' level of depression. List of reasons: academic overload (90.3%), projects or assignments timings and deadlines (88.3%), political situation of country (87.4%), financial strain (86.8%), high family expectations (84.2%), study skill problem (83.9%), being alone (82.2%), procrastination (79.3%), living away from home (78.7%), difficulty reading materials (76%), language barrier (63.6%), acculturation (55.4%), relationship with opposite sex (49.9%), lack of entertainment in the University (46.6%), lack of family support (42.2%), difficulty with the journey back home (37.9%), inability to socialize with peers (35%), adjustment with roommate (31.3%), family problems (30.6%), time management problem (24.5%), and lack of personal interest in their department (20.1%) were frequently reported source of depression among University students respectively.

Table 9. ANOVA result of students' depression based on year of study, perceived social support, income of the family and perceived parenting style.

Variables	Categories	Frequency	M	SD	F	p-value
Year of study		AAU UNIBEN				
	Year 1	(34) (86)	93.76	15.84		
	Year 2	(23) (46)	77.63	17.13		
	Year 3	(33) (51)	72.30	19.67	12.052	.000
	Year 4	(11) (31)	76.48	15.67		
	Year 5	(13) (15)	76.00	11.01		
Monthly income of the family		AAU UNIBEN				
	Lower (less than 1999 birr)	(79) (51)	76.21	17.73		
	Middle (2000-5000 birr)	(114) (57)	80.14	18.17	3.423	0.340
	Higher (greater than 5001birr)	(10) (32)	73.31	15.43		
Perceived social support		AAU UNIBEN				
	No social support	(40) (74)	94.78	11.48		
	A little bit	(21) (39)	77.63	9.02	100.659	0.000

	social support					
	Good social support	(40)	(80)	67.21	12.71	
	Very Good social Support	(15)	(34)	68.73	16.77	
Perceived parenting style		AAU	UNIBEN			
	Negligent	19	10	83.51	16.45	
	Permissive	31	42	81.19	12.77	45.881
	Authoritarian	47	88	86.56	15.61	
	Authoritative	50	66	64.69	15.47	

Source: SPSS window version 20

The above table shows the comparisons of students' depression level across year of study, perceived social support, income of the family and perceived parenting style. The mean stress score of first year students (M=93.76, SD=15.84) was higher than second year (M=77.63, SD=17.13), fourth year (M=76.48, SD=15.67), fifth year (M=76, SD=11.01) and third year students (M=72.30, SD=19.67). The difference was statistically significant ($F(4, 337) = 12.052, p < 0.05$). Furthermore, the Bonferroni post hoc multiple comparisons result shows that first year students reported highly significant mean difference on depression symptoms as compared to second year ($p < 0.05$), third year ($p < 0.05$), fourth year ($p < 0.05$) and fifth year students ($p < 0.05$). On the other hand, second year students had no mean difference on depression as compared to third year ($p > 0.05$) and fifth year students ($p > 0.05$). As it is shown, statistical significant mean differences were not observed in experiencing depression across respondents' monthly family income ($F(2, 340) = 3.423, p > 0.05$). However, the mean depression score of respondents with middle family income (M=80.14, SD=18.17) was higher than respondents with lower monthly family income (M=76.21, SD=17.73) and respondents with higher family income (M=73.31, SD=15.43). Moreover, students' perceived social support had significant effect on students' depression symptoms ($F(3, 338) = 100.659, p < 0.05$). Furthermore, Bonferroni post hoc multiple comparisons revealed that respondents with no perceived social support demonstrated significant mean difference on depression as compared with respondents with a little bit ($p < 0.05$), good ($p < 0.05$) and very good ($p < 0.05$) social support. The mean depression score of respondents with no perceived social support (M=94.78, SD=11.48) was higher than respondents with a little bit social support (M=77.63, SD=9.02), very good social support (M=68.73, SD=16.77) and good social support (M=67.21, SD=12.71). Additionally, statistical significant mean differences were observed on perceived parenting style of the respondents in experiencing depression symptoms ($F(3, 339) = 45.881, p < 0.05$).

To investigate further, the Bonferroni post hoc multiple comparisons result shows that respondents with authoritative parenting style reported highly significant mean difference on depression symptoms as compared to respondents with permissive ($p < 0.05$) and negligent ($p <$

0.05) parenting style. On the other hand, respondents with authoritarian parenting style had no mean difference on depression as compared to respondents with permissive ($p > 0.05$) and negligent ($p > 0.05$) parenting style. The mean depression score of respondents with authoritarian parents ($M=86.56$, $SD=15.61$) was higher than respondents with negligent parents ($M=83.51$, $SD=16.45$), permissive parents ($M=81.19$, $SD=12.77$) and authoritative parenting style ($M=64.69$, $SD=15.47$).

Table 10. Correlation between depression and academic achievement of respondents.

Variables		Academic achievement
Depression level	Pearson correlation	-0.694**
	Sig.(2-tailed)	0.000
	N	343

Source: SPSS window version 20

For correlations between depression and academic achievement table 10 shows us that depression was shown to be significantly correlated to academic achievement ($r = - 0.694$, $p < 0.05$).The relationship between depression and academic achievement was negative and moderate. This result indicates that when the students' level of depression increases, their academic achievement declines.

Discussion of Findings

The discussion is based on the findings of the four hypotheses for the study. Hypothesis one confirms that the general lifetime prevalence of depression was 24.5%. This finding is similar to that of the study conducted by Merkouris, et al. (2014) who found that the prevalence of stress in Ethiopia medical students was 52.4% and that of Abdulghani (2008) who also found that the prevalence of stress in Saudi Arabia was 57%.

Another cross-sectional study conducted by Bayram and Bilgel (2008) on 1617 university students aged between 17 and 26 years in Turkey found that depression levels was 27%. This variation has been explained to be due to cultural differences, differences in the healthcare system, and differences in the population and the tools used in the study. The finding of the existing study revealed that academic overload, projects or assignments timings and deadlines, political situation of country, financial strain, high family expectations, study skill problem, being alone, procrastination, living away from home, difficulty reading materials, language barrier, acculturation, relationship with opposite sex, lack of entertainment in the University, lack of family support, difficulty with the journey back home, inability to socialize with peers, adjustment with roommate, family problems, time management problem, and lack of personal interest in their department were frequently reported causes of stress in the University

respectively. These findings agree with the outcome of other studies (Romeo, Sta, Maria, Estanislo & Rodriguez 2013; Leppink, et al., 2016). These finding illustrated that college students were prone to depression due to the transitional nature of College/University life, feeling of loneliness, sleepiness, low social support, nervousness and worrying of their result, making new friends, adjusting to a new city, and many other unexpected changes.

In the present study, the mean stress score of first year students was higher than second year, forth year, fifth year, and third year students. The difference was a statistically significant. The highest prevalence of depression was observed in first year students. This was because first year students started living in a new environment away from their family. This finding was in agreement with results of various studies (Yusoff, Abdul Rahim, Baba, Ismail, Mat & Esa 2013; Rathnayake et al., 2016). The finding of first-year undergraduate students having high depression level contradicts with the past research conducted by Hysenbegasi, Hass, & Rowland (2005) who found that the final-year students were found to be the most depressful group among the undergraduate students. The possible explanations could be due to gradual adjustment to the learning environment and usually low failure rates in later years of the courses. The current finding shows that statistical significant mean differences were not observed in experiencing depression across respondents' monthly family income. However, the mean depression score of respondents with middle family income was higher than respondents with lower and higher monthly family income. This result was contradicted with a study of Gelaye, et al. (2009) who found that there are significant associations between family income per-month with depression. Besides, Abdallah & Gabr (2014) also claimed that there was a significant relation between depression and average family monthly income.

Furthermore, the finding of the present study revealed that undergraduates' perceived social support had a significant effect on depression. Hence, students with no perceived social support demonstrated a significantly higher level of depression. This finding was similar with that of Ahmed, Riaz & Ramzan (2013) who found that social support was found to buffer depression.

This finding reveled that a statistically significant mean differences were observed in experiencing depression across perceived parenting style of the respondents. The mean depression score of respondents with authoritarian parents was higher than respondents with negligent, permissive and authoritative parenting style.

The result was consistent with Tajularipin, Aminuddin, Vizata & Saifuddin (2009) who found that parenting style was factors that influence students' depression.

In the present study, there was a significant association between depression and students' academic achievement, but with negative correlation, indicating that when the level of depression increases, academic performance decreases which supports findings from previous

study of Cheung, Wong, Wong, Law, Ng, Tong, Wong, Ng & Yip (2016) who found that depression affects students' academic achievement. Hence, studies over the years have demonstrated that poor academic performance of student and depression was significantly correlated (Sani et al., 2012; Ahmed et al., 2013).

5 CONCLUSION AND RECOMMENDATIONS

The general life time prevalence of depression was 24.5%. More specifically, fear of academic failure, fear of family disappointment on the result of students, lack of motivation and personal relationship were highly reported symptom of depression among Ambrose Alli University students and University of Benin students. According to crosstab result, even higher prevalence of depression were found among students who live off campus, students with authoritarian parenting style, students with no perceived social support, among first students. Likewise, academic overload, projects or assignments timings and deadlines, political situation of country, financial strain, high family expectations, study skill problem, being alone, procrastination, living away from home, difficulty reading materials, language barrier, acculturation, relationship with opposite sex, lack of entertainment in the university, lack of family support, difficulty with the journey back home, inability to socialize with peers, adjustment with roommate, family problems, time management problem, and lack of personal interest in their department were frequently reported causes of depression in both University respectively.

It is recommended that all stakeholders should put their hand on the deck to ensure that more counselling and preventive mental health services should be an essential part of the routine investigation of undergraduate students. Along with this, actions should be taken to encourage the students to seek help on exposure to depression. Thus, administrators, academicians, and healthcare providers of the university can play a significant role in developing collaborative, multidimensional, and culturally sensitive preventive mental health programs to create a helpful academic context that promotes students' psychosocial wellbeing, improves their productivity, and enhances their success. To avoid the source of depression, the University management should be flexible in order to give attention for the interest of their students and not to make too much boring and tighten academic schedules. Also, mental health professionals like psychologists, social workers and psychiatrists shall give consecutive training on life skill, depression management, and adaptive coping mechanism.

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