

**PERCEIVED FACTORS LEADING TO DEPRESSION AMONG
UNIVERSITY STUDENTS IN FACULTY OF EDUCATION IN
UNIVERSITY OF BENIN, BENIN CITY, EDO STATE.**

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**DEPARTMENT OF HEALTH, SAFETY AND
ENVIROMENTAL EDUCATION
FACULTY OF EDUCATION
UNIVERSITY OF BENIN
BENIN CITY**

JULY, 2021

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**A RESEARCH PROJECT SUBMITTED TO THE
DEPARTMENT OF HEALTH, SAFETY AND
ENVIRONMENTAL EDUCATION, FACULTY OF
EDUCATION, UNIVERSITY OF BENIN, BENIN CITY, EDO
STATE, IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE AWARD OF BACHELOR
DEGREE B.Sc.(ED.) IN HEALTH EDUCATION, UNIVERSITY
OF BENIN.**

JULY, 2021

CERTIFICATION

We, the undersigned, certify that this project was carried out by MUONANU CHIBUGO INNOCENTIA with the matriculation number EDU1603485 of the Department of Health, Safety and Environmental Education, Faculty of Education in partial fulfillment for the requirement of the award of Bachelor of science (ED.) Degree in Health Education

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DEDICATION

This project work is dedicated to God Almighty who has been the source of my strength, wisdom, knowledge, understanding and good health. To Him alone be all the Glory.

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ABSTRACT

The main purpose of this research work was to assess the perceived factors leading to depression among university students using the Faculty of Education of the University of Benin as a case study.

This research work discussed the causes of depression among university students and how it affects their academic life. It also looks at how students understand and define the concept of depression since research evidence points to the fact that arriving at a consensual definition for depression can be difficult due to the varying experiences among individuals influencing its definition. Population 8,668 students, random select 296 students. Descriptive survey research design was adopted.

The research questions were tested by administering 100 copies of (20) item questionnaire to undergraduates of the Faculty of Education, University of Benin.

The data generated were analyzed using percentages and the findings discussed. The result of the study revealed that there are various factors that leads to depression among university students of the University of Benin.

Following the findings, the researcher puts forth some recommendations which when faithfully implemented will bring about general improvement with respect to the focus of this research. Counseling centers on university campuses need to be very proactive, easily approachable to all students, get help-lines where students can get in contact with a counselor without necessarily approaching the counseling unit to help students who feel very shy and intimidated.

Students who fail their exams or do not achieve their academic goal should be encouraged to seek for guidance.

CHAPTER ONE

INTRODUCTION

Background of the Study

Depression just like other forms of mental illnesses is often overlooked or ignored in most societies around the world especially in African societies; though studies show that depression is one of the contributors to the global burden of disease which affects people in most societies across the world and according to Ibrahim, Kelly, Adams and Glazebrook (2012) it is ranked third after cardiac and respiratory diseases as a major cause of disability and premature death. The findings of a survey conducted by the World Mental Health for the WHO (2012) in 17 countries showed that an average of about 1 in 20 people reported having an episode of depression in 2011. Depression affects people from all walks of life and young people in the university are no exception. For instance, Ibrahim et al. (2012) in their study observed that depression is a serious health problem among university students' population. Adewuya Ola, Olutayo, Mapayi and Oginni (2006) also pointed out that depression is a common disorder among university students. Researches done by some college counseling centers in some parts of the world revealed that depression was one of the most common problems among university students. Thus, studies by Erdur-Baker, Aberson, Borrow and Draper (2006) and Green, Lowry and Kopta (2003) highlighted that

depression accounted for 39% of problems among students, a rate higher than anxiety, problems with romantic relationships, and the self-esteem of students. Further, according to Collingwood (2016), a combined anxiety disorder and depression affected about 16% of undergraduates in the University of Michigan in 2007, with thoughts of suicide among 2% of these students. Students are therefore particularly vulnerable to depression with rates at 14% in a study at Dublin, Ireland.

Moreover, Sarokhani et al. (2013) in another study on depression among university students revealed that depression is a widespread issue and continues to increase in the university student population. In addition, one study by Ustun and Kessler (2002) stated that the rate of depression was from 10% to 40% among university students in Turkey. A Nigerian study by Adewuya et al. (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. The National Institute of Mental Health in the US (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 Garret and Heidi (2000) scientists do not know exactly what causes depression, and the cause might be different for each person. However, some studies have observed that there are some common causes of depression among students like the socio-economic level of a student. For instance, a large cross-national (from 23 countries) study by Steptoe et al. (2007) on the relationship between the cause of depression and socio-economic background of university students showed that family and personal income level, and family wealth, contributed to depression in students. That is, the financial problems of students and their families have a negative impact on students. Similarly, a study conducted by Ibrahim et al. (2012) in Egypt on the relationship between socio-economic status and depression among undergraduate students found out that the socio-economic background of students associated negatively with the causes of depression. The study concluded that students from families with a low level of income have a tendency towards depression. Undergraduate students who participated in this study also mentioned socio-economic level as one of the causes of their depression.

As stated by the US National Institute of Mental Health (2015), depression affects how you feel, think, and handle daily activities, such as learning or working. It is very obvious that in the life of a university student one has academic goals, obligations and expectations like performing well academically, study and do all academic

assignments and most of all being named among honorary students; all of these constitutes in making up the academic life of a student. Depression has a very great impact on academic performance, academic satisfaction and academic achievement. A Turkish study by Bostanci et al. (2005) found that depressed students have a poorer academic performance compared to students who are not depressed. Another study by Wechsler, Lee, Kuo and Lee (2000) reported that students with symptoms of depression achieve lower grades and are less active in the classroom relative to students who do not have these symptoms. The findings shown points to the fact that depression is a serious problem that requires psychological support for the majority of students; but most of the time, depression among students normally go untreated due to stigma attached to depression or going to see a counselor, unavailability of counseling centers or counselors that are properly equipped to handle the situation adequately and the lack of knowledge on depression among people. It is against this backdrop that the study on which this article is based sought to explore students understanding and definition of depression, the causes of depression among university students. Furthermore, depression can also affect their physical and mental health as it has been associated with acute infectious illness, suicidal ideation and suicide.

Statement of the Problem

Historically, there has been no constant philosophical perspective about depression. Depression has been condemned and glorified throughout the ages. The argument

continues even today. According to Eneh (2009), many Nigerian university students face some excruciating economic difficulties such as inability to pay their school fees, purchase essential textbooks for their courses, feed and clothe themselves or cope with academic work, and obtain good medical care while on campus. These unaccomplished needs among others may culminate in suicidal behaviours (Eneh, 2009). These suicidal behaviours such as completed suicides, attempted suicides, suicidal ideation, and indirect self-destructive behaviours (such as alcoholism, substance abuse, possession of lethal weapons, cultism, sex abuse, and armed robbery) by students in our universities constitute significant public health concerns. In addition, Merian, 1763 cited in World Health Organization (WHO) [2007] posits that suicide was neither a crime nor a sin. However, irrespective of the types of suicide, the problem of suicide is most critical among adolescents and youths whereby many of them die from suicide than from cancer, heart disease, AIDS, or Stroke. Despite the WHO vigorous involvement in campaigning to bring the public health burden and impact of suicide to the attention of governments, policy makers and public through the collation and dissemination of statistics, and the development of preventive programmes, the situation seems to be on the increase in recent times and makes this study apt. Worldwide, depression is one of the leading causes of death, especially in the 15-30years old age group. Therefore, this study seeks to examine the perceived factors leading to depression among students in university of Benin, Nigeria. The

question therefore arises as to whether there are cases of suicidal behaviors among university students.

Research Questions

What is the prevalence of depression among university of Benin students?

What are the causes of suicide attempts among University of Benin students?

What is the impact of depression on the family and society of university of Benin students?

What are the preventive measures that are adopted against depression among university of Benin students?

Research Hypothesis

There is no significant relationship between university environment and depression amongst university students of faculty of education in university of Benin.

Purpose of the Study

The study attempts to find out the perceived factors leading to depression among university students in faculty of education of the University of Benin. Also, if there is a correlation between depression, academic performance and the health of students.

Significance of the Study

The finding of this study, after it has well been disseminated will create an awareness on what depression is, its causes and its effect on academic performance of students.

Scope and Limitation of the Study

The study is restricted to the perceived factors leading to depression among university of Benin students.

Limitation of the Study

Financial constraint: Insufficient fund tends to impede the efficiency of the researcher in sourcing for the relevant materials, literature or information and in the process of data collection (internet, questionnaire and interview)

Time constraint: The researcher will simultaneously engage in this study with other academic work. This consequently will cut down on the time devoted for the research work.

Definition of Terms

Depression is a state of feeling sad. A serious medical condition in which a person feels very sad, hopeless, and unimportant and often is unable to live in a normal way.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

This chapter presents a review of literature to the study of perceived factors leading to depression among university students. Thus, the literature will be reviewed under the following headings:

- Meaning and Nature of depression
- Psychological and psycho-social aspect of depression
- Coping Mechanism and Self-efficacy
- Stress prevention and Resilience-building
- Signs and symptoms of depression
- Some common misconception about Depression
- Summary of related literature reviewed

Meaning and Nature of Depression

Depression is a serious, debilitating, and commonly occurring mental illness characterized by sad mood and/or loss of interest or pleasure in previously enjoyed activities. Depression makes it more difficult for individuals to complete everyday

activities, increases disability rates, and decreases workplace productivity. Depression also commonly occurs with other medical and psychological conditions and often contributes to increased healthcare costs.

Depression is one of the most common health problems for university students (Lyubomirsky et al., 2003; Vredenburg et al.,1988). Depression is considered as a multi-problematic disorder that leads to impairment in inter-personal, social, and occupational functioning (Sadock and Kaplan, 2007). The basic characteristic of depression is a loss of positive affect which manifests itself in a range of symptoms, including sleep disturbance, lack of self-care, poor concentration, anxiety and lack of interest in everyday experiences (NICE, 2009).

The cost of affective disorders can be particularly high in young people because they represent the future of any community, its hope and potential leaders (El-Gendawy et al., 2005). Depression in this early life stage can lead to an accumulation of negative consequences through adult life through its impact on career prospects and social relationships (Denise et al., 1996; Aalto-Setälä et al.,2001). Depression has been linked to poorer academic achievements (Hysenbegasi et al., 2005), relationship instability (Whitton and Whisman, 2010), suicidal thoughts and attempts (Jeon,2011) and poorer work performance (Harvey et al., 2011). There are many factors that might increase students' vulnerability to depression. These factors include changes in life style resulting in sleep and eating disturbances, financial stressors, family relationship

alterations, academic worries and preoccupation with post-graduation life (NIMH, 2003).

The mental health of university students has been a growing concern in recent years (Milojevich and Lukowski, 2016). Various studies have demonstrated the high frequency of psychological symptoms associated with this stage of education (Blanco et al., 2008; Kim et al., 2015), with stress being one of the psychosocial problems that have become prevalent (Deasy et al., 2014; American College Health Association, 2018; Gustems-Carnicer et al., 2019). In their daily lives, university students have to face a wide variety of demands, both academic and non-academic, that could affect their well-being. Academic demands include adaptation to a new context, overwork, insufficient time to do their academic tasks, preparation for and doing of exams, and the pressure to perform (Beiter et al., 2015; Vizoso and Arias, 2016; Erschens et al., 2018; Webber et al., 2019). Non-academic demands include change of where they live; the need to create new social relationships; conflicts with partners, family, or friends; money worries; and concerns about future work (Howard et al., 2006; Galatzer-Levy et al., 2012; DeRosier et al., 2013; Beiter et al., 2015). Stress can bring with it significant harm to the student's academic performance (e.g., reduced ability to pay attention or to memorize, less dedication to study, and more absences from class) (Chou et al., 2011; Turner et al., 2015), as well as to the student's physical and psychological health (e.g., substance abuse, insomnia, anxiety, and physical and

emotional exhaustion) (Waqas et al., 2015; Schönfeld et al., 2016). These harmful effects have triggered interest in the identification of individual psychological resources that could be protective factors against the inherent stressors of the university context (Tavolacci et al., 2013). These resources would modulate the relationship between the potential threats and the stress response, encouraging better psychological adjustment (Leiva-Bianchi et al., 2012).

Everyone feels sad or low sometimes, but these feelings usually pass with a little time. Depression (also called major depressive disorder or clinical depression) is different. It can cause severe symptoms that affect how you feel, think, and handle daily activities, such as sleeping, eating, or working. It is an illness that can affect anyone—regardless of age, race, income, culture, or education. Research suggests that genetic, biological, environmental, and psychological factors play a role in depression.

Depression may occur with other mental disorders and other illnesses, such as diabetes, cancer, heart disease, and chronic pain. Depression can make these conditions worse, and vice versa. Sometimes medications taken for these illnesses cause side effects that contribute to depression symptoms.

Understanding of Depression: Most of the studies and literatures reviewed defined the concept of depression as a mood disorder marked by a long period of sadness, inactivity, difficulty in thinking and concentration, significant increase or decrease in

appetite and time spent in sleeping, feelings of dejection and hopelessness, and sometimes suicidal tendencies. A report written by the World Mental Health and published by the WHO in 2012 viewed depression as a common mental disorder that presents itself with depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt or low self-worth, disturbed sleep or appetite, and poor concentration. This study found out that a greater number of the students understood depression as a long period of sadness which lasts for days, weeks or months where they feel so hopeless and worthless they tend to isolate themselves from their peers.

Long Period of Sadness: It was observed that majority of the students understood the concept as an instance where one feels so sad for a long period of time. This feeling of sadness include crying for no particular reason, feeling so down nothing cheers you up, feeling anxious and this state of being unhappy could last for days, weeks and even months. A level 400 Political Science student, Akua recounted on this saying; “In my opinion depression is a long period of unhappiness where you despair and cry a lot and this feeling lasts for days and weeks”. Another level 400 Religious Studies student, Kofi also stated; “Depression is a serious mental illness typically marked by sad or anxious feelings. You occasionally feel sad or anxious, but these emotions usually pass quickly; within a couple of days. But for depression these emotions last for a long time, it is much more than just being “a little down” or “feeling blue”.

Hopeless and Worthless Feeling: Other students also understood the concept of depression as hopelessness and worthlessness, thus defined depression as a feeling of hopelessness and a feeling of low self-worth, they argued that depression is when you easily despair and do not have any meaning for life and want to give up entirely on life. A level 300 Sociology student, Amma indicated this;“Depression is a mental illness with feelings of guilt, low self-worth, and this feeling of hopelessness where you feel there is no light at the end of the tunnel”.Isolation: A few students understood depression in the form of isolation. They argued that depression is the feeling of having less interest in the company of people or even friends; one easily isolates themselves from people. In other words, instances where an individual does not find joy in the company of others and has a lot of mood swings whilst being in the company of others, they isolate themselves from people so much that they sometimes scream at people who try to get close to them.

Students Experience with Depression

Per most literatures that were reviewed, individuals who experience depression show certain signs and symptoms. People’s experiences differ from one person to the next, according to the United States National Institute of Mental Health (2015) people who experience depression do not all have the same symptoms. The severity, frequency and duration of symptoms will vary depending on the individual. In this study, it was

found that majority of the participants identified their experiences with Loneliness, Suicidal Tendencies.

Loss of Appetite and Anger and Frustration Loneliness: Loneliness affects many people especially those who isolate themselves but depression can make one feel so lonely it does not really matter if there are people around them or not. Majority of the respondents explained that they felt so lonely and left out when they were depressed. A level 400 French student, Kwadwo recounted his experience saying; “My experience with depression, I felt so lonely like the world was against me, Nobody cared about me, I used to cry a lot in my pillow at night” Another student also recounted his experience by focusing on his social relationships; “My experience with depression, I felt so lonely that even when I was with friends I would isolate myself, it did not really matter the number of friends I was with I always felt alone and left out” Suicidal Thoughts: Some of the participants expressed their experience by emphasizing on suicidal thoughts like stabbing oneself, poisoning themselves, cutting their wrists and even hanging themselves. It was revealed that, depression made them feel like giving up on life since they deemed it meaningless and so not worth it. Akosua, a female level 400 Political Science student actually confessed on how she almost took her own life; “I was so depressed I did not know what I was doing till I heard a scream, I actually had a knife in my hand trying to stab myself. I was just crying. Nothing seemed to make sense, life was not worth living”. This finding is in line with an

observation made by the Irish Association of Suicidology (2016) that people suffering from depression often show distorted thinking. Everything looks bleak to them, and they hold extremely negative views about themselves, their situation, and the future. Trapped in their pessimism, they obsess over their problems and blow them out of proportion. Feeling hopeless and helpless, they may start to see suicide as their only way out.

Loss of Appetite: Few participants also added that through their experience with depression, they lost their appetite; they did not feel like eating. It was observed that their depression made them starve themselves sometimes and some actually lost a lot of weight due to this. Frank, a level 300 Social Work student said he was so depressed he started starving himself, he added that he could go the whole day without taking in anything just water. He became so skinny and has now developed stomach ulcer.

Anger and Frustration: Anger and frustration was how some of the participants also described their experience with depression. They got angry over little matters that under any circumstance would not be described as an issue, they were so confused and frustrated by what was going on in their lives that they sometimes took their frustrations out on others.

Causes of Depression among University Students: According to the US National Institute of Mental Health (2015), there is no known single cause of depression, some scientist believed that some peoples genes may make them more likely to get

depressed, while others believed stressful life events were the cause of depression. But Garret & Heidi (2000) stated that the most important fact to know is that the cause of depression is different for each person. In this present study, most students stated, loss of a loved one, financial crisis, and unmet expectations in academic work.

Loss of a Loved One: It was observed that a greater number of the students revealed that the loss of a loved one through death was one of the major causes for their depression. The loss of that loved one, that special person, the people who meant so much to them, who was so close to them, their mother, father, brother, sister, a cousin, a friend left their world crumbling down. According to Nall (2017), losing a loved one can generate intense feeling of grief. For some people, this grief can lead to depression or make those who are already feeling depressed much worse. This was how a level 300 Sociology student, Felicity expressed what caused her depression; I lost a very good and close friend of mine. We went to a beach party organized by some friends she really did not want to go but I persuaded her and she agreed. She drowned that day, I was so devastated, I started to think; what if I had not persuaded her, what if I listened to her and we all stayed at home? I felt it was my fault because I was in so much grief that it led to depression.

Financial Crisis: Most of the students also revealed that when they go through serious financial crisis while on campus it makes them depressed. They also held the view that when their parents go through serious financial crisis it really affects them and this

leads them to getting depressed. It was also observed that, when their parents are going through this financial crisis and for weeks and months they have not sent them any money, just thinking about what to eat, the pressure to buy lecturers' handout leads them to be depressed. Moses a level 400 Geography student recounted on this saying; I was so depressed when my family was going through serious financial crisis and we were not getting help from anywhere, I almost deferred in third year it was that bad. I do not even know how I pulled through.

Unmet Expectations in Academic Work: A few students revealed that failing in their exams be it mid semester exams or the end of semester exams can make one depressed. They shared how sometimes getting certain grades for a paper you really studied hard for can be really disappointing and end up breaking you which may lead to them being very depressed. According to them, studying very hard for your academic work and having very high expectations that all your hard work would pay but you end getting certain grades or worse you fail so miserably can leave one so distraught and even give up entirely. Michael, a level 200 Social Work student remembered being so depressed because he had failed one of his mid-semester exam, he had studied so hard for the mid-semester exam that semester and when the results came in he just could not imagine the type of grades he was getting. It left him being so confused, just kept asking himself what he did wrong.

What are the different types of depression?

Two common forms of depression are:

Major depression, which includes symptoms of depression most of the time for at least 2 weeks that typically interfere with one's ability to work, sleep, study, and eat.

Persistent depressive disorder (dysthymia), which often includes less severe symptoms of depression that last much longer, typically for at least 2 years

Other forms of depression include:

Perinatal depression, which occurs when a woman experiences major depression during pregnancy or after delivery (postpartum depression)

Seasonal affective disorder, which comes and goes with the seasons, typically starting in late fall and early winter and going away during spring and summer

Depression with symptoms of psychosis, which is a severe form of depression where a person experiences psychosis symptoms, such as delusions (disturbing, false fixed beliefs) or hallucinations (hearing or seeing things that others do not see or hear).

Individuals diagnosed with bipolar disorder (formerly called manic depression or manic-depressive illness) also experience depression

How depression is classified

It's common to feel down from time to time, but depression is a separate condition that should be treated with care. Aside from causing a general feeling of sadness, depression is known for causing feelings of hopelessness that do not seem to go away.

The term “depression” has become common in mainstream society. But depression is a more nuanced subject than popular usage may suggest. For one, not all cases of depression are the same. There are varying classifications of depression, and each can affect your life in different ways.

Depression may be classified as:

- Mild
- Moderate
- Severe, also called “major”

The exact classification is based on many factors. These include the types of symptoms you experience, their severity, and how often they occur. Certain types of depression can also cause a temporary spike in the severity of symptoms.

Keep reading to learn more about the different classifications of depression and how they may be treated.

Mild depression

Mild depression involves more than just feeling blue temporarily. Your symptoms can go on for days and are noticeable enough to interfere with your usual activities.

Mild depression may cause:

- Irritability or anger
- Hopelessness
- Feelings of guilt and despair
- Self-loathing
- A loss of interest in activities you once enjoyed
- Difficulties concentrating at work
- A lack of motivation
- A sudden disinterest in socializing
- Aches and pains with seemingly no direct cause
- Daytime sleepiness and fatigue
- Insomnia

- Appetite changes
- Weight changes
- Reckless behavior, such as abuse of alcohol and drugs, or gambling

If your symptoms persist for most of the day, on an average of four days a week for two years, you would most likely be diagnosed with persistent depressive disorder. This condition is also referred to as dysthymia.

Though mild depression is noticeable, its the most difficult to diagnose. Its easy to dismiss the symptoms and avoid discussing them with your doctor

MODERATE DEPRESSION

In terms of symptomatic severity, moderate depression is the next level up from mild cases. Moderate and mild depression share similar symptoms, additionally, moderate depression may cause:

- Problems with self-esteem
- Reduced productivity
- Feelings of worthlessness
- Increased sensitivities

- Excessive worrying

The greatest difference is that the symptoms of moderate depression are severe enough to cause problems at home and work. You may also find significant difficulties in your social life.

Moderate depression is easier to diagnose than mild cases because the symptoms significantly impact your daily life. The key to a diagnosis, though, is to make sure you talk to your doctor about the symptoms you are experiencing.

SEVERE MAJOR DEPRESSION

Severe (major) depression is classified as having the symptoms of mild to moderate depression, but the symptoms are severe and noticeable, even to your loved ones.

Episodes of major depression last an average of six months or longer. Sometimes severe depression can go away after a while, but it can also be recurrent for some people.

Diagnosis is especially crucial in severe depression, and it may even be time-sensitive.

Major forms of depression may also cause:

- Delusions

- Feelings of stupor
- Hallucinations
- Suicidal thoughts or behaviors

Severe depression requires medical treatment as soon as possible. Your doctor will likely recommend an SSRI and some form of talk therapy.

PSYCHOLOGICAL ASPECT OF DEPRESSION

Psychological Aspects of Depression: Toward a Cognitive-interpersonal Integration

Lan H. Gotlib, Constance L. Hammen Wiley, 1995 Depression is by far the most common of psychiatric disorders, accounting for 75% of all psychiatric hospitalizations. Each year more than 100 million people worldwide develop clinically recognizable depression, an incidence ten times greater than that of schizophrenia. Furthermore, during the course of a lifetime, it is estimated that 25% of the general population will experience at least one debilitating episode of depression. In addition to the enormous economic costs of this disorder in terms of lowered productivity, job absenteeism, and permanent withdrawal from the work force, there is also inestimable social damage: grief and pain, marital and family conflict, physical illness and death.

Depression is more than just sadness. People with depression may experience a lack of interest and pleasure in daily activities, significant weight loss or gain, insomnia or excessive sleeping, lack of energy, inability to concentrate, feelings of worthlessness or excessive guilt and recurrent thoughts of death or suicide.

Depression is the most common mental disorder. Fortunately, depression is treatable. A combination of therapy and antidepressant medication can help ensure recovery.

PSYCHOSOCIAL ASPECTS OF DEPRESSION

R. B Jarrett and J Clin Psychiatry. 1990 June. The psychosocial aspects of depression are considered with respect to psychological factors (i.e., thinking, personality, coping style) and social factors (i.e., family, relationships, employment, life events).

COPING

Coping means to invest one's own conscious effort, to solve personal and interpersonal problems, in order to try to master, minimize or tolerate stress and conflict.

The psychological coping mechanisms are commonly termed coping strategies or coping skills. The term coping generally refers to adaptive (constructive) coping strategies, that is, strategies which reduce stress. In contrast, other coping strategies may be coined as maladaptive, if they increase stress. Maladaptive coping is therefore

also described, based on its outcome, as non-coping. Furthermore, the term coping generally refers to reactive coping, i.e. the coping response which follows the stressor. This differs from proactive coping, in which a coping response aims to neutralize a future stressor. Subconscious or unconscious strategies (e.g. defense mechanisms) are generally excluded from the area of coping.

The effectiveness of the coping effort depends on the type of stress, the individual, and the circumstances. Coping responses are partly controlled by personality (habitual traits), but also partly by the social environment, particularly the nature of the stressful environment.

COPING MECHANISM

Lazarus and Folkman (1984) thought of stress as an interactive process between the person and their surroundings, in which the influence of stressful events on physical and psychological well-being is determined by coping. From this widely accepted transactional approach, coping would come to be defined by cognitive and behavioral efforts employed in response to external or internal demands that the individual deems to be threats to their well-being.

Despite the documentation of more than 400 coping strategies (Skinner et al., 2003), they are generally categorized into two broad types (for a complete categorization, see Zimmer-Gembeck and Skinner, 2016): approach (also called active) strategies and

evasive (or disengagement) strategies. Approach strategies involve cognitive and behavioral mechanisms aimed at making an active response to the stressor, directly changing the problem (primary control) or the negative emotions associated with it (secondary control). This category includes strategies such as planning, taking specific action, seeking support (instrumental and emotional), positive reappraisal of the situation, or acceptance. Evasive strategies are those which involve cognitive and behavioral mechanisms used to evade the stressful situation, such as distraction, denial, and wishful thinking. Based on this classification, there is a broad consensus that approach strategies are related to good academic, physical, and psychological adjustment (Clarke, 2006; Syed and Seiffge-Krenke, 2015; Gustems-Carnicer et al., 2019), whereas evasive strategies usually mean maladaptive consequences for the students (Tavolacci et al., 2013; Deasy et al., 2014; Skinner et al., 2016; Tran and Lumley, 2019).

Types of Coping Strategies

Hundreds of coping strategies have been identified. Classification of these strategies into a broader architecture has not been agreed upon. Researchers try to group coping responses rationally, empirically by factor analysis, or through a blend of both techniques. In the early days, Folkman and Lazarus 1984 split the coping strategies into four groups, namely problem-focused, emotion-focused, support-seeking, and meaning-making coping. Weiten 2008 has identified four types of coping strategies

appraisal-focused (adaptive cognitive), problem-focused (adaptive behavioral), emotion-focused, and occupation-focused coping. Billings and Moos 1981 added avoidance coping as one of the emotion-focused coping. Some scholars have questioned the psychometric validity of forced categorization as those strategies are not independent to each other. Besides, in reality, people can adopt multiple coping strategies simultaneously.

Typically, people use a mixture of several coping strategies, which may change over time. All these strategies can prove useful, but some claim that those using problem-focused coping strategies will adjust better to life. Problem-focused coping mechanisms may allow an individual greater perceived control over their problem, whereas emotion-focused coping may sometimes lead to a reduction in perceived control (maladaptive coping).

Lazarus "notes the connection between his idea of 'defensive reappraisals' or cognitive coping and Freud's concept of 'ego-defenses'", coping strategies thus overlapping with a person's defense mechanisms.

Appraisal-Focused Coping Strategies

Appraisal-focused (adaptive cognitive) strategies occur when the person modifies the way they think, for example: employing denial, or distancing oneself from the problem. People may alter the way they think about a problem by altering their goals and values,

such as by seeing the humor in a situation: "some have suggested that humor may play a greater role as a stress moderator among women than men".

Adaptive Behavioral Coping Strategies

People using problem-focused strategies try to deal with the cause of their problem. They do this by finding out information on the problem and learning new skills to manage the problem. Problem-focused coping is aimed at changing or eliminating the source of the stress. The three problem-focused coping strategies identified by Folkman and Lazarus are: taking control, information seeking, and evaluating the pros and cons. However, problem-focused coping may not be necessarily adaptive, especially in the uncontrollable case that one cannot make the problem go away.

Emotion-Focused Coping Strategies

- Emotion-focused strategies involve:
- releasing pent-up emotions
- distracting oneself
- managing hostile feelings
- meditating
- mindfulness practices

- using systematic relaxation procedures.

Emotion-focused coping "is oriented toward managing the emotions that accompany the perception of stress". The five emotion-focused coping strategies identified by Folkman and Lazarus are:

- disclaiming
- escape-avoidance
- accepting responsibility or blame
- exercising self-control, and
- positive re-appraisal.

Emotion-focused coping is a mechanism to alleviate distress by minimizing, reducing, or preventing, the emotional components of a stressor. This mechanism can be applied through a variety of ways, such as:

- seeking social support
- reappraising the stressor in a positive light
- accepting responsibility
- using avoidance

- exercising self-control
- distancing

The focus of this coping mechanism is to change the meaning of the stressor or transfer attention away from it. For example, re-appraising tries to find a more positive meaning of the cause of the stress in order to reduce the emotional component of the stressor. Avoidance of the emotional distress will distract from the negative feelings associated with the stressor. Emotion-focused coping is well suited for stressors that seem uncontrollable (ex. a terminal illness diagnosis, or the loss of a loved one). Some mechanisms of emotion focused coping, such as distancing or avoidance, can have alleviating outcomes for a short period of time, however they can be detrimental when used over an extended period. Positive emotion-focused mechanisms, such as seeking social support, and positive re-appraisal, are associated with beneficial outcomes. Emotional approach coping is one form of emotion-focused coping in which emotional expression and processing is used to adaptively manage a response to a stressor. Other examples include relaxation training through deep breathing, meditation, yoga, music and art therapy, and aromatherapy, as well as grounding, which uses physical sensations or mental distractions to refocus from the stressor to present.

Reactive and Proactive Coping

Most coping is reactive in that the coping is in response to stressors. Anticipating and reacting to a future stressor is known as proactive coping or future-oriented coping. Anticipation is when one reduces the stress of some difficult challenge by anticipating what it will be like and preparing for how one is going to cope with it.

Social Coping

Social coping recognizes that individuals are bedded within a social environment, which can be stressful, but also is the source of coping resources, such as seeking social support from others.

Humor

Humor used as a positive coping strategy may have useful benefits in relation to mental health and well-being. By having a humorous outlook on life, stressful experiences can be and are often minimized. This coping method corresponds with positive emotional states and is known to be an indicator of mental health. Physiological processes are also influenced within the exercise of humor. For example, laughing may reduce muscle tension, increase the flow of oxygen to the blood, exercise the cardiovascular region, and produce endorphins in the body. Using humor in coping while processing through feelings can vary depending on life circumstance and individual humor styles. In regards to grief and loss in life occurrences, it has been

found that genuine laughs/smiles when speaking about the loss predicted later adjustment and evoked more positive responses from other people. A person of the deceased family member may resort to making jokes of when the deceased person used to give unwanted "wet willies" (term used for when a person sticks their finger inside their mouth then inserts the finger into another person's ear) to any unwilling participant. A person might also find comedic relief with others around irrational possible outcomes for the deceased funeral service. It is also possible that humor would be used by people to feel a sense of control over a more powerless situation and used as way to temporarily escape a feeling of helplessness. Exercised humor can be a sign of positive adjustment as well as drawing support and interaction from others around the loss.

Negative Techniques (Maladaptive Coping or Non-Coping)

Whereas adaptive coping strategies improve functioning, a maladaptive coping technique (also termed non-coping) will just reduce symptoms while maintaining or strengthening the stressor. Maladaptive techniques are only effective as a short-term rather than long-term coping process.

Examples of maladaptive behavior strategies include dissociation, sensitization, safety behaviors, anxious avoidance, rationalization and escape (including self-medication).

These coping strategies interfere with the person's ability to unlearn, or break apart, the paired association between the situation and the associated anxiety symptoms. These are maladaptive strategies as they serve to maintain the disorder.

Dissociation is the ability of the mind to separate and compartmentalize thoughts, memories, and emotions. This is often associated with post traumatic stress syndrome.

Sensitization is when a person seeks to learn about, rehearse, and/or anticipate fearful events in a protective effort to prevent these events from occurring in the first place.

Safety behaviors are demonstrated when individuals with anxiety disorders come to rely on something, or someone, as a means of coping with their excessive anxiety.

Rationalization is the practice of attempting to use reasoning to minimise the severity of an incident, or avoid approaching it in ways that could cause psychological trauma or stress. It most commonly manifests in the form of making excuses for the behavior of the person engaging in the rationalization, or others involved in the situation the person is attempting to rationalize.

Anxious avoidance is when a person avoids anxiety provoking situations by all means. This is the most common method. Escape is closely related to avoidance. This technique is often demonstrated by people who experience panic attacks or have phobias. These people want to flee the situation at the first sign of anxiety.

Coping with Depression as a Student

Individuals are able to cope with their depression differently; students are no different. They are able to find certain things in their immediate surroundings or engage in certain activities and develop certain innate skills to be able to cope with depression without necessarily needing medication treatment or even traditional psychotherapy. Since most students attested to the fact they do not like to visit the counseling centers and the clinical psychologist in the university they find ways to deal with their depression on their own. From the literature reviewed, most researchers and authors do not state a lot of things about how students are able to cope on their own .

Hanging out and Talking with Friends/Close Relatives: A greater number of students revealed that when they are depressed they are able to cope on their own by hanging out with friends and share certain experiences with their friends who are able to guide them and even make them laugh. Hanging out with friends help them to be able to release certain tensions and conflicts they have within them that makes them depressed and sharing what they are going through with their friends helps to get things off them, even hearing the experiences of their friends' calms things down for them. Some also argued that it is not only their friends but when they talk with relatives and pastors they help them to cope with their depression. Amma, a Level 400 Political Science student had this to say; "I was so depressed I did not want to talk with my friends. I felt they would not understand what I was going through, but I was able

to cope with my depression when I spoke to my Catholic Parish Priest, he was the only one I trusted and felt really confident with. I talk to him anytime I feel so depressed and that is how I am able to cope with depression".

Engaging in Entertaining Activities: Students also revealed that they cope with their depression by engaging in certain activities they deem entertaining like listening to music, watching movies or funny videos, playing video games or even engaging in actual sports like football. They argued that when they engage in these activities they are able to take their minds off whatever is making them depressed. Kwadwo, a Level 300 English Language student said that whenever he is depressed he watches some comedy or action movies just to take his mind off things or more less forget about things. He sometimes listens to music; it could be gospel, hip-hop or any motivational song. He stated that it makes him forget about his feelings or how he feels about himself sometimes; he says some of the songs he listens to have strong and inspirational messages about life and self-worth. Hanging out with oneself or Being Alone: A few students also expressed that when they feel depressed they really like to be with themselves, thus, they are able to cope by finding a quiet and serene environment just to be with themselves to think things through and express their emotions freely by crying or screaming, throwing things around and throw a few tantrums. They argued that, sometimes being with themselves helps them to resolve their inner conflicts and also think clearly and view things from a different perspective.

Self-Efficacy

Expectations of self-efficacy are a central element of the social cognitive theory proposed by Bandura (1997). This construct is about a person's beliefs about their ability to mobilize courses of action needed to achieve desired personal goals. It is, therefore, a fundamental psychological resource for exercising control over events in one's life (Wood and Bandura, 1989). In fact, self-efficacy is considered a powerful motivational, cognitive, and affective determinant of student behavior, with significant influence on their involvement, effort, persistence, self-regulation, and achievement (Schunk and Pajares, 2010; Honicke and Broadbent, 2016; Ritchie, 2016; Zumbrunn et al., 2019). These characteristics make self-efficacy an important variable in controlling stress (Bandura et al., 2003; Sahin and Çetin, 2017; Lanin et al., 2019), and it is a protection factor against the impact of day-to-day stressors at university (Freire et al., 2019; Schönfeld et al., 2019).

Although self-efficacy has commonly been characterized as an expectation that is strongly linked to a specific task or situation, various studies have demonstrated the existence of a more generalized belief—that is, general self-efficacy—around perceived competence in the face of a broad range of demands (Scholz et al., 2002; Feldman et al., 2015; Volz et al., 2019).

Stress Prevention and Resilience

Although many techniques have traditionally been developed to deal with the consequences of stress, considerable research has also been conducted on the prevention of stress, a subject closely related to psychological resilience-building. A number of self-help approaches to stress-prevention and resilience-building have been developed, drawing mainly on the theory and practice of cognitive-behavioral therapy.

In today's modern world, many people are able to find the right way of relieving stress for themselves. Whether seeking help, or on their own, oftentimes the solution is simpler than believed. Taking time to go on a walk, practicing breathing, drawing, and other forms of recreational and leisure activities are seen to be helpful. Other practices are also available, and depending on the individual, will prove to be beneficial; for example, acupuncture.

Acupuncture is a form of alternative medicine and a key component of traditional Chinese medicine (TCM) in which thin needles are inserted into the body. Acupuncture is a pseudoscience, the theories and practices of TCM are not based on scientific knowledge, and it has been characterized as quackery. There is a range of acupuncture variants which originated in different philosophies, and techniques vary depending on the country in which it is performed, but can be divided into two main foundational philosophical applications and approaches, the first being the modern

standardized form called eight principal TCM and the second an older system that is based on the ancient Taoist Wuxing or better known as the five elements or phases in the West. Acupuncture is most often used to attempt pain relief, though acupuncturists say that it can also be used for a wide range of other conditions. Acupuncture is generally used only in combination with other forms of treatment.

Signs and Symptoms of Depression

Common symptoms of depression include:

- Persistent sad, anxious, or “empty” mood
- Feelings of hopelessness or pessimism
- Feelings of irritability, frustration, or restlessness
- Feelings of guilt, worthlessness, or helplessness
- Loss of interest or pleasure in hobbies or activities
- Decreased energy, fatigue, or being “slowed down”
- Difficulty concentrating, remembering, or making decisions
- Difficulty sleeping, early morning awakening, or oversleeping

- Changes in appetite or unplanned weight changes
- Aches or pains, headaches, cramps, or digestive problems without a clear physical cause and that do not ease even with treatment
- Suicide attempts or thoughts of death or suicide.

Misconceptions about Depression

The cause, presentation, occurrence, course, and treatment of depression is typically thought to differ across the lifespan. As a result, there are many common misconceptions about depression.

Myth 1: Depression is all in your head.

Depression is a psychological, social, and biological disorder. It's chronic and takes treatment to manage. Someone who is depressed can't just shut it off or "suck it up." The general public only sees the emotional side of depression like acting out or not acting like yourself. If we took time to realize that depression is a condition that causes physical issues as well, maybe we would see that depression is a real disease that takes time and treatment to manage.

Myth 2: Depression is only brought on by a traumatic event.

A life event, like the loss of a loved one, triggers feelings of sadness, loneliness and emptiness in everyone. However, those who deal with depression are more likely to experience those feelings for long periods of time and more frequently. A traumatic event does not cause depression; it only heightens an already existing issue in someone who deals with depression.

Myth 3: Medication is the only way to manage depression.

Medication is only one type of depression treatment. Therapy is another option, and research shows that cognitive behavioral therapy (CBT) is especially effective in helping people with depression.

Therapy

Therapy includes talking one-on-one with a licensed therapist that listens and guides you to find your own answers. Therapy can also occur in groups or couples.

Therapists work to identify the things in your life that affect your depression and help you to understand how to improve those issues.

A medical professional will discuss the various depression treatment options available. This treatment could be a combination of medication and therapy. Generally, the combination of antidepressant medication and CBT are most effective in treating

depression. Many people have to try different combinations of treatment before they find one that works.

Myth 4: Dealing with depression is a normal part of life.

Those who deal with depression do not have to fight it alone. You can get help, and we encourage it. Its possible to manage your depression. Depression is also not a normal part of getting older. Even though your life goes through many changes, being depressed is not something with which you have to live.

Myth 5: If you have a family member with depression, you will have it, too.

While there is a genetic component in depression, research shows it's slight. Of people who have a relative who deals with depression, only 10 to 15 percent will also develop depression. Those who have family members with depression may have a better understanding of the signs and might be more sensitive to changes in their own behavior and emotions.

Myth 6: Everyone experiences depression in the same way.

People who experience depression may have physical differences in their brains than the average person. These differences do not always act the same way in everyone's brain. The changes in the brain, plus hormone changes, can influence the severity of moods, thoughts, and physical issues.

Myth 7: Only women get depressed.

Its not that there is not any depression in men, its just that men don't talk about it as often as women. In the U.S., four times as many men die by suicide than women. Some men believe that talking about their emotions is silly or pathetic. Some men avoid treatments for depression in fear that they will no longer appear masculine or strong. Some signs of depression in men are different than in women. Along with the signs above, here are other symptoms of depression:

Signs of Depression in Men

- Feeling angry
- Loss of interest in pleasurable activities, like sex
- Feeling fatigued
- Not able to remember details
- Overeating or not wanting to eat at all
- Thoughts of suicide or suicide attempts
- Aches, pains, headaches, cramps
- Inability to meet daily responsibilities

- Signs of Depression in Women
- Feeling guilty
- Loss of interest in favorite activities
- Feeling fatigued
- Not able to remember details
- Overeating or not wanting to eat at all
- Thoughts of suicide or suicide attempts
- Aches, pains, headaches, cramps

Myth 8: Depression is the same as being sad.

Feeling down and being depressed are two different things. Depression can be brought on by feelings of sadness, but feeling down doesn't last as long as an episode of depression. Depression can last from a few weeks to an entire year. Unlike sadness, depression usually doesn't go away on its own. People with depression have many other emotions other than feeling sad. They can feel anxious, tense, empty and experience other negative emotions. Depression also does not go away with time or encouragement from friends and loved ones like sadness does.

Myth 9: Depression is not a big deal.

Clinical depression is a serious condition that causes those who suffer from it to withdraw from loved ones, take dangerous risks or even start conflicts with others. It requires treatment to manage and overcome. The fact that depression can lead directly to thoughts or actions of a suicidal nature make depression a very big deal.

Myth 10: Depression is a weakness.

Depression does not discriminate. You do not decide to become depressed. The only reason depression is viewed as a weakness is that society has stigmatized the condition. Depression is a biological and psychological condition that has nothing to do with how strong you are.

Misconceptions about Depression in Older Adulthood

It is often mistakenly believed that depression in the elderly is:

More often caused by psychological factors – It is assumed that depression in the elderly is more likely to be caused by psychological factors, such as feeling lonely or worried about death or dying. In actuality, psychological factors may be protective against depression for older populations. Older adults report higher levels of well-being and lower levels of negative emotions like sadness compared to middle aged

adults. Instead, depression in the elderly may be attributable to age-related biological factors like structural and functional changes in the brain, heart, and immune system.

Experience different symptoms; Older adults are thought to more commonly experience the bodily symptoms associated with depression, such as changes in appetite, sleep, and energy level and body aches and pains. While there are some studies that suggest elderly individuals are more likely to report these types of symptoms, the evidence is neither clear nor consistent across studies. Depressive symptoms generally present similarly in younger and older adults.

More common: Many believe that depression occurs more often among older adults. The rate of depression is significantly lower in older adults compared to younger and middle-aged adults, which suggests that depression is less likely to occur as individual's age. While the rate of depression is elevated in elderly individuals who reside in long-term care facilities such as nursing homes and hospice care, this is a small subgroup (6.4%) that is not representative of older adults.

More difficult to treat: It has been suggested that it is harder to treat depression in the elderly. For the most part, this is a myth. Older adults respond to psychotherapy and electroconvulsive therapy at a rate that is similar to younger and middle-aged adults. While there is some evidence that the elderly may be less likely to respond to

antidepressant medication, depression in older adults does not generally appear to be more difficult to treat.

Worse course and outcomes; Older adults are more likely to die due to suicide than their younger counterparts. This, coupled with the fact that depression seems to be associated with worse trajectory for elderly individuals begins to explain the gravity of the situation. Older adults are likely to experience another episode of depression sooner than their younger and middle-aged counterparts. This relationship may be due to the presence of more medical problems, severe depression, or previous depressive episodes as the individual ages.

Summary of Related Literature Reviewed

The review of literature on the assessment of perceived factors leading to depression among university students has been revealing and informative.

Depression is a common health problem among university students. It is debilitating and has a detrimental impact on students psychosocial, emotional, interpersonal functioning and academic performance.

University students are a special segment of the society at a specific developmental milestone that bridges a critical transitory period from adolescence to adulthood. This transitional period embraces a very important process like endocrine surge, emotional

turmoil, and identity development which can lead to crises, which include self-doubt, social withdrawal, loneliness, lowered self-esteem.

CHAPTER THREE

RESEARCH METHODOLOGY

This chapter explains the method and procedures adopted for the study. The following sub-headings will be considered.

- Research Design
- Population of the Study
- Sample and sampling Technique
- Research Instrument
- Validity of the Instrument
- Administration of the Instrument
- Method of Data Analysis

Research Design

A descriptive survey research design was adopted for this study. The method was adopted because it can be used to study a large population at a relatively lower cost and lesser time. It can also bring out the expected information needed in the study.

Population of the Study

The population of the study comprises of eight thousand six hundred and sixty eight (8668) students' of the eight (8) departments of the faculty of Education, University of Benin.

S/N	DEPARTMENT	NUMBER OF STUDENTS
1	Curriculum and instructional technology (CIT)	1504
2	Department of educational foundations(DEF)	1865
3	Department of educational management (DEM)	1764
4	Vocational and technical education (VTE)	935
5	Adult and non-formal education (ADT)	1022
6	Human kinetics and sports education (HKS)	776
7	Environmental and health education (HSE)	510
8	EECP	292
Total:		8668

Sample and Sampling Technique

The sample consists of two hundred and ninety four respondents who were selected as 10% from the departments of VTE, CIT and HSE through random sampling techniques.

DEPARTMENTS	SAMPLE COLLECTED
CIT	150
VTE	93
HSE	51
TOTAL:	294

Research Instrument

Questionnaire is the major instrument use in the study. A self-designed questionnaire was used for data collection. It was divided into two sections, A and B. Section A covers the bio-data of the respondents. It has six (6) items which are Age, Sex, Students level, Students department, Religion status and Marital Status. While section B is made up of items which are aimed at finding out relevant information that will help in testing the research questions raised for the study.

Validity of the Instrument

To determine the validity of the Instrument, drafted copy was given to my supervisor and other lecturers in the department. Their comments, suggestion and modification were used to design the final copy of the study.

Reliability of the Instrument

To ensure the reliability of the study, the Instrument was administered twice on two different occasions by carrying out test retest reliability. The responses was collected, collared and correlated, using Pearson Product Moment Statistics to determine the reliability index of 0.72.

Method of Data Collection

The researcher distributed the questionnaires to respondents (students) of faculty of education in university of Benin.

Method of Data Analysis

To analyze data collected, descriptive statistics was employed using tables and simple percentage in rating responses from the respondents.

CHAPTER FOUR

DATA ANALYSIS AND DISCUSSION OF RESULTS

This chapter presents data analysis and findings of the study. The information gathered from computed questionnaire by the respondents has been used to answer the research questions raised and tested on the issue of the perceived factors leading to depression among university students in university of Benin, Benin city, Edo state.

- Age Distribution of the students
- Sex Distribution of Respondents
- Students Level Distribution
- Religious Distribution of the students
- Marital Status Distribution of Respondents
- Research Question 1
- Research Question 2
- Research Question 3
- Research Question 4
- Discussion of Findings

AGE DISTRIBUTION OF THE STUDENTS

Table 4.1

Age (yrs.)	Frequency	Percent (%)
Less than 20years	84	25.6
21 – 25 years	178	60.7
26years and above	35	13.7
Total	294	100

Source: Researcher's fieldwork, 2021

A greater proportion of the subjects were between the ages of 21– 25 year,60.7%) followed by those in the age bracket of less than 20years(25.6%) while those whose ages were 26years and above were just (13.7%) as shown in table4.1

SEX DISTRIBUTION OF THE STUDENTS

Table 4.2

Sex	Frequency	Percent (%)
Male	115	39.2
Female	179	60.8
Total	294	100

Source: Researcher's fieldwork, 2021

The compartmentalization of the gender of respondents show that female students constituted 60.8% of the sample while males in the sample were 39.2% as shown in table 2. It means that the female constitute majority of the total respondents.

STUDENTS LEVEL DISTRIBUTION

Table 4.3

Level	Frequency	Percent (%)
100	26	9.5
200	57	14.5
300	67	15.5
400	144	49.9

Source: Researcher’s fieldwork, 2021

The respondents (students) are between one hundred level (100 Level) to four hundred level(400 Level), but the four hundred level students (fourth year) formed the bulk of the subjects used for the study (49.9%), the group with the smallest number of participants is one hundred level students (9.5%) as shown in table 4.3.

RELIGIOUS DISTRIBUTION OF THE STUDENTS

Table 4.4

Religion	Frequency	Percent (%)
Christian	175	59.9
Muslim	114	39.0
Others	5	1.1
Total	294	100

Source: Researcher's fieldwork, 2021

Majority of the respondents practice Christianity (59.9%), followed by Muslim (39.0%) and just (1.1%) practice African traditional religion as shown in table 4.4.

MARITAL STATUS DISTRIBUTION OF TH RESPONDENTS

Table 4.5

Marital Status	Frequency	Percent (%)
Single	175	59.9
Married	119	40.1
Total	294	100

Source: Researcher's fieldwork, 2021

Table 4.5 shows the marital status of the respondents, 59.9% of the total respondents are single while 40.1% of the total respondents are married. It can be concluded that majority of the respondents are married.

RESEARCH QUESTION 1:

What is the prevalence of depression among university of Benin students?

Table 4.6

S/N	ITEMS	A	SA	D	SD
1	Expectations in academic work and poor academic performance Leads to severe depression among university of Benin students	13 (13%)	70 (70%)	10 (10%)	7 (7%)
2	Low self-esteem leads to moderately severe depressive behavior in university of Benin students	20 (20%)	30 (30%)	151) (15%)	35 (35%)
3	Imbalance in brain chemistry or poor nutrition leads to mild depression among university of Benin students	24 (24%)	27 (27%)	19 (19%)	30 (30%)
4	Lack of financial needs is a major factor that leads to moderate depression among university of Benin students	11 (11%)	80 (80%)	7 (7%)	2 (2%)
5	Loss of loved ones leads to mild depressive behavior in university of Benin students	15 (15%)	40 (40%)	6 (6%)	3 (3%)
	Average	17	51.75	12.75	18.5

Table 4.6 reveals that 13% of the respondents agreed that Expectations in academic work and poor academic performance Leads to severe depression among university of Benin students, 70% of the respondents strongly agreed, while 10% and 7% disagreed and strongly disagreed respectively. In item two, 20% and 30% of the respondents agreed and strongly agreed that Low self-esteem leads to moderately _severe depressive behavior in university of Benin students, while 15% and 35% respondents disagreed and strongly disagreed respectively. In item three 24% and 27% of the respondents agreed and strongly agreed that Imbalance in brain chemistry or poor nutrition leads to mild depression among university of Benin students , while 19% and 30% disagreed and strongly disagreed respectively.

In item four 11% and 80% of the respondents agreed and strongly agreed that Lack of financial needs is a major factor that leads to moderate depression among university of Benin students, while 7% and 2%, disagreed and strongly disagreed respectively. In item five 15% and 40% of the respondents agreed and strongly agreed that Loss of loved ones leads to mild depressive behavior in university of Benin students, while 6% and 3% disagreed and strongly disagreed respectively.

RESEARCH QUESTION 2:

What are the causes of suicide attempt among university of Benin Students?

Table 4.7

S/N	ITEMS	A	SA	D	SD
6	Poor social support leads to suicide ideology among university of Benin students.	25 (25%)	43 (43%)	19 (19%)	11 (11%)
7	Psychological distress is a risk factor for both suicidal thoughts and suicidal attempt among university of Benin students	20 (20%)	45 (45%)	15 (15%)	20 (20%)
8	Family history of suicide attempt affects the behavioral ideology of university of Benin students towards suicide attempt	26 (26%)	44 (44%)	19 (19%)	11 (11%)
9	Adaption to the new lifestyle of university environment contribute to depressive behavior toward suicide attempt in university of Benin students	28 (28%)	50 (50%)	8 (8%)	14 (14%)
10	Intake of alcohol and drug abuse can worsen thoughts of suicide among university of Benin students and make you feel reckless or impulsive enough to act on your thoughts	12 (12%)	30 (30%)	5 (5%)	35 (35%)
	Average	24.75	45.5	15.25	16

Source: Researcher's fieldwork, 2021

Table 4.7 shows that 25% of the respondents agreed that Poor social support leads to suicide ideology among university of Benin students, 43% of the respondents strongly agreed, while 19% and 11% of the respondents disagreed and strongly disagreed

respectively. In item seven 20% of the respondents agreed that Psychological distress is a risk factor for both suicidal thoughts and suicidal attempt among university of Benin students, 45 strongly agreed, while 15% and 20% disagreed and strongly disagreed respectively. In item eight, 26% of the respondents agreed that Family history of suicide attempt affects the behavioral ideology of university of Benin students towards suicide attempt, 44% strongly agreed while 19% and 11% disagreed and strongly disagreed respectively. In item nine, 28% of the respondents agreed that Adaption to the new lifestyle of university environment contribute to depressive behavior toward suicide attempt in university of Benin students, 50% strongly agreed, while 8% and 14% disagreed and strongly disagreed respectively. In item ten, 12% of the respondents agreed that intake of alcohol and drug abuse can worsen thoughts of suicide among university of Benin students and make you feel reckless or impulsive enough to act on your thoughts, 30% strongly agreed while 5% and 35% disagreed and strongly disagreed respectively.

RESEARCH QUESTION 3:

What is the impact of depression so the family and society of university of Benin students?

Table 4.8

S/N	ITEMS	A	SA	D	SD
11	Relationship between the stressful, busier lives of today's society leads to the rise of depression among university of Benin students	10 (10%)	11 (11%)	28 (28%)	51 (51%)
12	Socio_demographic factors e.g Sex, age is a major depressive disorder in university of Benin students	15 (15%)	49 (49%)	34 (39%)	2 (2%)
13	Neglected by loved ones and family members engage university of Benin students into depressive behavior	9 (9%)	52 (52%)	36 (36%)	3 (3%)
14	Parents less interaction or in more negative ways contribute to depressive behavior among university of Benin students	7 (7%)	2 (2%)	42 (42%)	49 (49%)
15	social isolation leads to depression among university of Benin students	15 (15%)	55 (55%)	9 (9%)	3 (3%)
	Average	10.25	28.5	35	26.25

Source: Researcher's fieldwork, 2021

Table 4.8 item eleven shows that 10% of the respondents agreed that Relationship between the stressful, busier lives of today's society leads to the rise of depression among university of Benin students, 11% of the respondents strongly agreed while 28% and 51% of the respondents disagreed and strongly disagreed respectively. In item twelve, 15% of the respondents agreed that Socio_demographic factors e.g Sex, age is a major depressive disorder in university of Benin students 49% strongly agreed while 34% and 2% disagreed and strongly disagreed respectively. In item thirteen, 9% of the respondents agreed that Neglected by loved ones and family members engage university of Benin students into depressive behavior, 52% strongly agreed while 36% and 3% disagreed and strongly disagreed respectively. In item fourteen, 7% of the respondents agreed that Parents less interaction or in more negative ways contribute to depressive behavior among university of Benin students, 2% strongly agreed, while 42% and 49% disagreed and strongly disagreed respectively. In item fifteen 15% of the respondents agreed that social isolation leads to depression among university of Benin students, 55% strongly agreed, while 9% and 3% disagreed and strongly disagreed respectively.

RESEARCH QUESTION 4:

What are the preventive measures that are adopted against depression among university of Benin students?

Table 4.9

S/N	ITEMS	A	SA	D	SD
16	Introduction to guidance counseling in school enables university of Benin students to manage depressive behavior.	12 (12%)	7 (7%)	32 (32%)	49 (49%)
17	Getting enough sleep, eating a healthy diet and practicing regular self-care activities such as exercise, meditation and yoga prevents depression among university of Benin students	9 (9%)	3 (3%)	33 (33%)	55 (55%)
18	Engaging in entertaining activities is the one of major preventive measures adopted by university of Benin students.	26 (26%)	11 (11%)	19 (19%)	44 (44%)
19	Hanging out and talking to closed friends/relatives is one of the preventive ways adopted by university of Benin students towards depressive disorder	16 (16%)	46 (46%)	36 (36%)	08 (08%)
20	Avoidance of alcohol and recreational drugs prevent depressive behavior among university of Benin students	15 (15%)	12 (12%)	20 (20%)	30 (30%)
	Average	15.75	16.75	28.5	39

Source: Researcher’s fieldwork, 2021

Table 4.9 12% of the respondents agreed that Introduction to guidance counselling in school enables university of Benin students to manage depressive behavior, 7% of the respondents strongly agreed, while 32% and 49% of the respondents disagreed and strongly disagreed respectively. In item seventeen 9% of the respondents agreed that

Getting enough sleep, eating a healthy diet and practicing regular self-care activities such as exercise, meditation and yoga prevents depression among university of Benin students, 3% strongly agreed, while 33% and 55% disagreed and strongly disagreed respectively. In item eighteen 26% of the respondents agreed that Engaging in entertaining activities is the one of major preventive measures adopted by university of Benin students 11% strongly agreed while 19% and 44% disagreed and strongly disagreed respectively. In item nineteen 16% of the respondents agreed that Hanging out and talking to close friends/relatives is one of the preventive ways adopted by university of Benin students towards depressive disorder, 46% strongly agreed while 30% and 8% disagreed and strongly disagreed respectively. In item twenty 15% of the respondents agreed that Avoidance of alcohol and recreational drugs prevent depressive behavior among university of Benin students, 12% strongly agreed, while 20% and 30% disagreed and strongly disagreed respectively.

Discussion of the Findings

Two hundred and ninety four students from three departments were randomly selected to participate in this study. Majority of the respondents are Christians followed by Muslim and African traditional religion respectively. Majority of the respondents were young people within the age group of 20-25 years which is in line with the findings of Nevadomsky (1985) and in contrast with findings from the study conducted by Otiena (2009) and Odejide (2000) which reported mean age of most respondents (depression)

to be about 18 years respectively. The study also revealed that a higher proportion of respondents were Female students.

The result of this study further reveals that in table 4.6 research question 1 which state, What is the prevalence of depression among university of Benin students majority of the respondents strongly agreed that the total prevalence is 51.75 based on the mild, moderate and sever depressive disorder.

Secondly the findings in table 4.7 which state, what are the causes of suicide attempt among university of Benin students shows that majority of the respondents strongly disagreed that there various factors that to suicide among university of Benin students.

Thirdly the findings in table 4.8 which state, what is the impact of depression on the family and society of university of Benin students shows that majority of the respondents agreed that impact of depression on the family and society affect their social lifestyle.

Lastly, the result from table 4.9 research question 4 which state, "What are the preventive measures that are adopted against depression among university of Benin students". Shows that majority the respondents strongly disagreed.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

This chapter summarizes the study and its findings, it also presents the conclusion drawn from the findings and recommendations offered based on the findings made.

Summary

This study was undertaken to evaluate the assessment of perceived factors leading to depression among university students of faculty of education using university of Benin as the case study.

In the course of conducting the study, four research questions were raised they include:

1. What is the prevalence of depression among university of Benin students?
2. What are the causes of suicide attempts among university of Benin students?
3. What is the impact of depression on the family and society of university of Benin students?
4. What are the preventive measures adopted against depression among university of Benin students?

The descriptive survey research design was used, a sample of 294 students were selected randomly from three different department, data was collected through

administration of questionnaire by the researcher while the analysis of the data collected was done using simple percentages.

The reliability and validity of the instrument was determined by my project supervisor.

Conclusion

Based on the findings of the study it can be concluded that there are various perceived factors leading to depression among university students(University of Benin students). Some of the perceived factors which are listed as hindrance confronting depression include ; lack of financial need, loss of loved ones, academic expectations and social isolation.

Although there is a need for more in-depth research to confirm the findings of this review, there is accumulating evidence to suggest that depression represents a significant health concern in university populations with, on average, nearly a third of students affected. Furthermore the weighted mean prevalence of depressive disorders in students of 30.6% is considerably higher than rates reported in general populations. This systematic review emphasizes that depression is a common mental health problem in university students. Although females are more at risk, the high rates for male students are particularly concerning since they are typically less willing to access support. The results of this review suggest that more attention should be given to the identification and management of depression in university settings with current

economic pressures, vulnerability may increase further unless research is conducted to establish effective interventions for management of depression in students.

To conclude, this study supposes that university students in general also experience depression just like their counterparts in the Americas, Asia and Europe, though differently. Depression affects the health, social wellbeing and the academic life of students. This issue of depression needs a lot of attention and resources, if this issue is not well tackled most universities may have an increase in suicide among students.

Recommendations

Based on the results of the study, the following recommendations are provided:

Counseling centers on university campuses need to be very proactive, easily approachable to all students, get help-lines where students can get in contact with a counselor without necessarily approaching the counseling unit to help students who feel very shy and intimidated.

Students who fail their exams or do not achieve their academic goal should be encouraged to seek for guidance.

Avoid alcohol and recreational drugs. It may seem like alcohol or drugs lessen depression symptoms, but in the long run they generally worsen symptoms and make

depression harder to treat. Talk with your doctor or therapist if you need help with alcohol or substance use.

Take care of yourself. Eat healthy, be physically active and get plenty of sleep. Consider walking, jogging, swimming, gardening or another activity that you enjoy. Sleeping well is important for both your physical and mental well-being. If you're having trouble sleeping, talk to your doctor about what you can do.

Suggestion for Further Study

Having assessed the perceived factors leading to depression among university students in faculty of Education of university of Benin, the following are suggestions for future research:

The study covered Faculty of Education students, more work can be done to cover other Faculties of the university of Benin as a whole.

Also, more studies can be done to determine the relationship between stress, depression and suicidal thoughts.

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FACULTY OF EDUCATION
UNIVERSITY OF BENIN, BENIN CITY

Dear Respondents

I am a final year student of Health Safety and Environmental Education Department (HSE), Faculty of Education.

I am currently carrying out a research on “**Perceived Factors Leading To Depression among University of Benin Students**”

Therefore, your frank answer to this question will be highly appreciated as they will help the research a great deal.

Be assured that all information given will be specifically used for academic purpose and will be treated with ultimate confidence.

Thanks for your co-operation.

**QUESTIONNAIRE ON PERCEIVED FACTORS LEADING TO DEPRESSION
AMONG UNIVERSITY OF BENIN STUDENTS, EDO STATE**

Instructions:

Research questionnaire

Section A: Respondents demographics (please tick the appropriate response and complete when necessary)

1. Sex: Female () Male ()
2. Please indicate your age from the choices below
 - a. Below 20 years ()
 - b. 21-25 years ()
 - c. 26 years and above ()
3. Kindly indicate your academic level
 - a. 100 level ()

- b. 200 level ()
- c. 300 level ()
- d. 400 level ()
- 4. Religious Status
 - a. Christian ()
 - b. Muslim ()
 - c. Traditional Religion ()

SECTION B

KEY:

- 1. Strongly Agree = (SA) - 1
- 2. Agree = (A) - 2
- 3. Disagree = (D) - 3
- 4. Strongly Disagree = (SD) - 4

RESEARCH QUESTION ONE: WHAT IS THE PREVASLENCE OF DEPRESSION AMONG UNIVERSITY OIF BENIN STUDENTS

S/N	ITEMS	SA	A	D	SD
1	Expectations in academic work and poor academic performance Leads to severe depression among university of Benin students				
2	Low self-esteem leads to moderately _severe depressive behavior in university of Benin students				
3	Imbalance in brain chemistry or poor nutrition leads to mild depression among university of Benin students				
4	Lack of financial needs is a major factor that leads to moderate depression among university of Benin students				
5	Loss of loved ones leads to mild depressive behavior in university of Benin students				
	WHAT ARE THE CAUSES OF SUICIDE ATTEMPTS AMONG UNIVERSITY OF BENIN STUDENTS				
6	Poor social support leads to suicide ideology among university of Benin students.				
7	Psychological distress is a risk factor for both suicidal thoughts and suicidal attempt among university of Benin students				
8	Family history of suicide attempt affects the behavioral ideology of university of Benin students towards suicide attempt				
9	Adaption to the new lifestyle of university environment contribute to depressive behavior toward suicide attempt in university of Benin students				
10	Intake of alcohol and drug abuse can worsen thoughts of suicide among university of Benin students and make you				

	feel reckless or impulsive enough to act on your thoughts				
	WHAT IS THE IMPACT OF DEPRESSION TO THE FAMILY OF AND SOCIETY OF UNIVERSITY BENIN STUDENTS				
11	Relationship between the stressful, busier lives of today's society leads to the rise of depression among university of Benin students				
12	Socio-demographic factors e.g Sex, age is a major depressive disorder in university of Benin students				
13	Neglected by loved ones and family members engage university of Benin students into depressive behavior				
14	Parents less interaction or in more negative ways contribute to depressive behavior among university of Benin students				
15	social isolation leads to depression among university of Benin students				
	WHAT ARE THE PREVENTIVE MEASURES THAT ADOPTED AGAINST DEPRESSION AMOING UHNIVERSIYT OF BENIN STUDENTS				
16	Introduction to guidance counselling in school enables university of Benin students to manage depressive behavior.				
17	Getting enough sleep, eating a healthy diet and practicing regular self-care activities such as exercise, meditation and yoga prevents depression among university of Benin students				
18	Engaging in entertaining activities is the one of major preventive measures adopted by university of Benin students.				
19	Hanging out and talking to closed friends/relatives is one of the preventive ways adopted by university of Benin				

	students towards depressive disorder				
20	Avoidance of alcohol and recreational drugs prevent depressive behavior among university of Benin students.				