

**PREVALENCE AND FACTORS ASSOCIATED WITH DEPRESSION
AMONG UNDERGRADUATE STUDENTS AT THE UNIVERSITY OF
BENIN, EDO STATE, NIGERIA**

BY

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**IN PARTIAL FULFILLMENT OF THE DEGREE OF THE AWARD OF
BACHELOR OF NURSING SCIENCE [BNSC], COLLEGE OF
MEDICAL SCIENCE, UNIVERSITY OF BENIN, BENIN CITY.**

OCTOBER, 2025

DECLARATION

This is to declare that this research project titled **PREVALENCE AND FACTORS ASSOCIATED WITH DEPRESSION AMONG UNDERGRADUATE STUDENTS AT THE UNIVERSITY OF BENIN, EDO STATE, NIGERIA** was carried out by **IDEHEN AISOSA** is solely the result of my work except where acknowledged as being derived from other person(s) or resources.

EXAMINATION NUMBER: BMS2005066

DEPARTMENT/SCHOOL: DEPARTMENT OF MEDICAL-SURGICAL NURSING,
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Date _____

CERTIFICATION/APPROVAL

This is to certify that this research project titled **PREVALENCE AND FACTORS ASSOCIATED WITH DEPRESSION AMONG UNDERGRADUATE STUDENTS AT THE UNIVERSITY OF BENIN, EDO STATE, NIGERIA** by **IDEHEN AISOSA** with examination number **BMS2005066** has been examined and approved for the award of **BACHELOR OF NURSING SCIENCE[BNSC], COLLEGE OF MEDICAL SCIENCE, UNIVERSITY OF BENIN, BENIN CITY.**

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DEDICATION

This work is dedicated to GOD ALMIGHTY who made this project work a success and for His strength to complete my academic journey.

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I wish to express my heartfelt gratitude to everyone who contributed to this research project thus far.

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ABSTRACT

Depression is a prevalent mental health condition that significantly affects academic performance, social functioning, and overall wellbeing among university students. This study investigated the prevalence and factors associated with depression among undergraduate students at the University of Benin, Edo State, Nigeria. A descriptive cross-sectional survey design was employed, and data were collected from a sample of 382 students drawn from the Faculty of Arts through a stratified random sampling technique. A structured self-administered questionnaire incorporating the standardized Patient Health Questionnaire-9 (PHQ-9) was used to assess depression levels, while additional sections captured socio-demographic, academic, and lifestyle variables. Data were analyzed using the Statistical Package for the Social Sciences (SPSS) version 26.0, with descriptive and inferential statistics applied at a significance level of $p < 0.05$.

The results revealed that depression was prevalent among undergraduate students, with varying degrees of severity influenced by socio-demographic, academic, and lifestyle factors. Female students, those with lower socioeconomic status, students living off-campus, and those with high academic workloads were more likely to exhibit depressive symptoms. Furthermore, poor sleep quality, substance use, and lack of social support were significantly associated with higher depression rates. Academic performance and self-efficacy were inversely related to depressive symptomatology, indicating that academic stress and low motivation contribute substantially to the development of depression.

The findings underscore the urgent need for institutional interventions aimed at promoting mental health awareness, early screening, and the integration of counseling and peer support services within the university system. It is recommended that the University of Benin enhance mental health literacy programs, provide academic accommodations for affected students, and strengthen psychosocial support mechanisms to mitigate depression and its consequences among undergraduates.

Keywords: Depression, Prevalence, Undergraduate Students, University of Benin, Socio-demographic Factors, Academic Stress, Mental Health

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

The researcher's experience in the Uselu Psychiatric Hospital of Benin City opened his eyes to how well people hide depression. This experience led to observations of students and the recognition of symptoms that they might not even be aware of or thought they did a good job at hiding, which motivated this research topic. Depression represents a significant public health concern worldwide and serves as a gateway mental illness to more self-destructive mental illnesses, making it essential to address through research and intervention.

Depression results from a complex interaction of social, psychological, and biological factors. People who have gone through adverse life events are more likely to develop depression (World Health Organization (WHO), 2023). For undergraduates, these factors often manifest as various stressors and triggers in their academic and personal lives.

The prevalence of depression among undergraduates varies across different regions and institutions. Studies conducted across Nigerian universities have reported varying prevalence rates, with some indicating rates as high as 25% among undergraduate students (Ekejiuba & Egba, 2021). This variation underscores the importance of institution-specific research to understand the unique challenges faced by students in different academic environments.

Undergraduates face numerous stressors in the school environment that may contribute to depression, including academic stress and performance pressures, anxiety, peer pressure, financial constraints, social adjustment challenges, and identity formation issues. Ebohon and Osagiobare (2023) identified academic stress as a significant contributor to mental health challenges among undergraduates in Nigeria. These stressors, when combined with the developmental challenges typical of young adulthood, create a complex environment that may predispose students to depressive episodes.

Depression among undergraduates can have serious consequences, including decreased academic performance, increased drop-out rates, substance abuse, and suicidal thoughts in extreme cases. Ekejiuba and Egba (2023) noted an increasing prevalence of suicide among university students in Edo State, highlighting the urgent need for mental health interventions within university settings. The academic implications are particularly concerning, as depression can create a cycle where poor academic performance leads to increased stress, which further exacerbates depressive symptoms.

The relationship between depression and other mental health challenges, such as anxiety and substance abuse, has been well-documented. As previously mentioned, depression often serves as a gateway mental illness to more self-destructive conditions. Mustafa-Shaibu and Iyayamwan (2022) reported concerning rates of drug abuse among University of Benin students, which may both result from and contribute to depressive symptoms. This bidirectional relationship emphasizes the importance of early identification and comprehensive treatment approaches.

Ehwarieme and Emina (2022) investigated psychoactive substance use at the Federal Neuro-Psychiatric Hospital in Benin City, finding that young adults, including undergraduates, constituted a significant portion of those seeking treatment. This finding suggests potential underlying mental health issues such as depression, indicating that the problem may be more widespread than initially recognized and that many students may be engaging in self-medication behaviors.

Early identification and intervention for depression among university students are crucial for preventing adverse outcomes. Eweka et al. (2024) highlighted the negative impact of depression and suicidal thoughts on students' academic performance, emphasizing the need for educational institutions to implement comprehensive mental health support systems.

However, developing effective interventions requires a thorough understanding of the prevalence and specific factors associated with depression within the target population.

Despite the growing recognition of depression as a significant issue among Nigerian undergraduates, there remains a gap in knowledge regarding the specific prevalence and associated factors at the University of Benin. Osumah and Asekomhe (2022) emphasized the importance of understanding personal-social variables predicting depression and anxiety among undergraduate students in Edo State. This knowledge gap limits the ability of university administrators and mental health professionals to develop targeted interventions.

Given the limited research specifically focused on depression among University of Benin students, this study aims to address this knowledge gap by assessing the prevalence and factors associated with depression among students at the University of Benin, Edo State, Nigeria. The findings from this research will contribute valuable information for developing targeted interventions to address depression within this specific university context, ultimately improving student wellbeing and academic outcomes.

1.2 Statement of Problem

Depression represents a significant but often overlooked health concern among university students in Nigeria, with potentially severe consequences for academic performance, quality of life, and overall wellbeing. Despite growing recognition of mental health challenges among young adults globally, limited research has specifically addressed the prevalence and associated factors of depression among students at the University of Benin, Edo State.

Existing literature suggests concerning rates of depression among Nigerian university students, with prevalence estimates varying widely across different institutions. The absence of comprehensive data on depression among University of Benin students is particularly concerning given the documented relationship between untreated depression and adverse

outcomes including academic failure, substance abuse, and suicidal behavior. Ekejiuba and Egba (2021) have noted an alarming increase in suicide rates among university students in Edo State, highlighting the potential fatal consequences of untreated depression in this population.

Furthermore, contextual factors unique to the University of Benin and its surrounding environment may influence depression rates and manifestations among students. Omigie (2023) highlighted substance abuse issues in Uselu community, Benin City, where many University of Benin students reside, suggesting potential environmental contributions to mental health challenges. Understanding these contextual factors is essential for developing effective, targeted interventions.

Without accurate data on the prevalence and associated factors of depression among University of Benin students, the institution's ability to develop effective mental health services and interventions remains compromised. This study therefore seeks to address this critical knowledge gap by providing comprehensive data on depression prevalence and associated factors among students at the University of Benin, thereby informing evidence-based mental health policies and interventions within this specific university context.

1.3 Objectives of the Study

The main objective of this study is to examine the prevalence of depression and its associated factors among undergraduate students at the University of Benin, Edo State, Nigeria.

The specific objectives of this study include:

1. To determine the prevalence of depression among undergraduate students at the University of Benin, Edo State.
2. To identify socio-demographic factors associated with depression among undergraduate students at the University of Benin.

3. To examine the relationship between academic factors (such as academic performance, course of study, academic level) and depression among undergraduate students at the University of Benin.
4. To assess the association between lifestyle factors (such as substance use, physical activity, sleep patterns) and depression among undergraduate students at the University of Benin.

1.4 Research Questions

1. What is the prevalence of depression among undergraduate students at the University of Benin, Edo State?
2. What socio-demographic factors are associated with depression among undergraduate students at the University of Benin?
3. Is there a significant relationship between academic factors and depression among undergraduate students at the University of Benin?
4. To what extent are lifestyle factors associated with depression among undergraduate students at the University of Benin?

1.5 Hypotheses

H₀₁: There is no significant relationship between socio-demographic factors and depression among undergraduate students at the University of Benin.

H₀₂: There is no significant relationship between academic factors and depression among undergraduate students at the University of Benin.

H₀₃: There is no significant association between lifestyle factors and depression among undergraduate students at the University of Benin.

1.6 Significance of the Study

Contribution to the Profession

This study is of importance to the nursing and mental health professions at large, and of marked significance to psychiatric and counseling specialties as its objectives lay grounds for enhancing clinical competence in student mental health care. By assessing the prevalence and factors associated with depression among undergraduate students at the University of Benin, university administrators, student affairs departments, and mental health service providers can better design or update mental health screening programs, student support services, counseling protocols, and institutional policies to better address the psychological needs of students. The identification of specific risk factors will enable targeted interventions for vulnerable student populations. In addition, the study not only contributes to the existing body of research on student mental health in Nigeria but also lays groundwork for further research on depression and mental health disorders in similar tertiary institution settings across the country.

Contribution to Health Providers

Insights from the findings of this study will contribute to the formulation of comprehensive, evidence-based mental health services within university settings. As student mental health care requires collaboration among various healthcare providers including counselors, psychiatrists, psychologists, general practitioners, and nurses, a better understanding of the prevalence and contributing factors to depression among undergraduates would allow healthcare teams to develop coordinated screening programs, referral pathways, and intervention strategies that adequately address the mental health needs of students. This not only encourages continuity of care and improved student wellbeing, but also fosters confidence among health providers in the university health services in identifying and

managing depression among the student population with their unique developmental and academic stressors.

Contribution to Society

This study holds significance for the society as addressing depression among university students positively impacts their academic performance, social functioning, and overall quality of life, with long-term benefits extending to their future contributions to society. Early identification of depression and its associated factors enables timely interventions that can prevent academic failure, dropout, substance abuse, and suicide among young adults. Furthermore, by identifying the factors associated with depression in this population, the study provides evidence for developing targeted prevention programs and mental health awareness campaigns that would contribute to destigmatization of mental illness among students, faculty, and the broader community. This would not only improve help-seeking behavior among affected students but also relieve strain placed on families and support systems of students struggling with depression, ultimately contributing to a healthier, more productive generation of graduates.

1.7 Scope of the Study

This research explores the prevalence of depression and factors linked to it among undergraduate students at the University of Benin, Edo State, Nigeria. The study focuses on students from various faculties and departments, examining depression as the main mental health outcome, along with influences such as socio-demographic characteristics, academic challenges, lifestyle habits, and psychological factors.

1.8 Operational Definition of Terms

Depression: In this study, depression refers to a mental health disorder characterized by persistent feelings of sadness, loss of interest in activities once enjoyed, and a range of emotional and physical problems that can decrease a person's ability to function at school and in daily life. Depression will be measured using a standardized screening tool, with specific cut-off scores determining the presence and severity of depressive symptoms.

Prevalence: In this study, prevalence refers to the proportion of undergraduate students at the University of Benin who meet the criteria for depression at the time of the study, expressed as a percentage of the total study population.

University Students: In this study, university students refer to individuals currently enrolled in undergraduate programs at the University of Benin, Edo State, Nigeria, regardless of their year of study, faculty, or department.

Associated Factors: In this study, associated factors refer to variables that show a statistical relationship with the presence or severity of depression among university students. These may include socio-demographic factors (such as age, gender, socioeconomic status), academic factors (such as course of study, academic performance, year of study), lifestyle factors (such as substance use, physical activity, sleep patterns), and psychosocial factors (such as perceived stress, social support, coping mechanisms).

Mental Health: In this study, mental health refers to a state of emotional, psychological, and social wellbeing in which an individual can cope with the normal stresses of life, work productively, and make a contribution to their community.

CHAPTER TWO

LITERATURE REVIEW

This chapter provides a comprehensive review of literature relevant to depression among undergraduate students. The review examines the prevalence of depression and identifies factors associated with depression among undergraduate students. This chapter covers the conceptual framework of depression, theoretical perspectives that explain depression among university students, and empirical studies on prevalence and associated factors. The literature review is structured to align with the study objectives, examining socio-demographic factors, academic factors, and lifestyle factors associated with depression among undergraduate students.

2.1 Concept of Depression

Depression is a common mental health disorder characterized by persistent sadness, loss of interest or pleasure in previously enjoyable activities, feelings of guilt or low self-worth, disturbed sleep or appetite, feelings of tiredness, and poor concentration (Obi & Okobia, 2021). Depression represents a significant global health concern that affects individuals across all age groups, with young adults, particularly university students, showing heightened vulnerability. According to Eweka et al. (2024), depression exists on a continuum ranging from mild mood disturbances to severe clinical manifestations that can significantly impair daily functioning and academic performance.

The World Health Organization (WHO) recognizes depression as a leading cause of disability worldwide and a major contributor to the overall global burden of disease. Depression affects an estimated 280 million people globally, with higher prevalence rates observed in low and middle-income countries where mental health services are often limited (Osumah &

Asekomhe, 2022). In Nigeria, studies have indicated varying prevalence rates of depression among different population groups, with university students showing particularly concerning rates due to multiple stressors inherent in academic environments (Oddiah & Afariogun, 2023).

Depression among university students represents a complex interplay of biological, psychological, and social factors. Biological factors include genetic predisposition, neurochemical imbalances, and hormonal fluctuations. Psychological factors encompass personality traits, coping mechanisms, self-esteem issues, and previous mental health challenges. Social determinants include family dynamics, peer relationships, economic hardships, and cultural contexts (Fadipe & Okesina, 2021). The university environment itself introduces additional pressures such as academic demands, adaptation to new environments, identity formation, and future career anxieties.

2.1.1 Depression Among University Students

University students constitute a unique population with distinct challenges that may predispose them to depression. The transition to university life marks a critical developmental period characterized by significant life changes, including separation from established support systems, adaptation to new academic demands, formation of new social networks, and increasing responsibilities for self-management (Osumah & Asekomhe, 2022). These transitions occur during late adolescence and early adulthood, a period already associated with substantial physical, emotional, and social development.

Research indicates that university students globally experience higher rates of depression compared to the general population. Ehwarieme and Uzezi (2021) noted that university students face multiple stressors including academic pressure, financial constraints, interpersonal challenges, and concerns about future career prospects. The competitive

academic environment, coupled with expectations from family and society, creates a pressure-cooker situation for many students. Additionally, the COVID-19 pandemic has exacerbated mental health challenges among university students, with studies documenting increased rates of depression, anxiety, and psychological distress during this period (Okogbenin et al., 2022).

In the Nigerian context, Eweka et al. (2024) highlighted that depression among university students is often complicated by cultural attitudes toward mental health, limited mental health literacy, and significant barriers to seeking professional help. Cultural expectations regarding academic success, coupled with economic pressures and limited mental health resources, create a challenging environment for addressing depression among Nigerian university students. Furthermore, the stigma associated with mental health conditions often prevents students from acknowledging their struggles and seeking appropriate support.

2.1.1.1 Prevalence of Depression Among University Students Globally

The prevalence of depression among university students has been extensively documented across various global contexts, with studies consistently reporting elevated rates compared to age-matched peers not in higher education. International research indicates that approximately 30% of university students experience significant depressive symptoms at some point during their academic career (Kumah et al., 2022). These rates vary considerably depending on geographical location, socioeconomic factors, and methodological approaches used in assessment.

In high-income countries, prevalence rates typically range from 10% to 35%, with European and North American universities reporting median rates of around 20% (Nguyen et al., 2022). However, studies from low and middle-income countries often reveal higher prevalence rates, with some research indicating depression rates exceeding 40% among university students in

certain regions of Asia and Africa (Haxhija et al., 2024). This disparity highlights the significant influence of economic development and healthcare infrastructure on mental health outcomes.

Cross-cultural studies have identified several common risk factors for depression among university students across diverse settings. These include academic pressure, financial stress, interpersonal conflicts, lack of social support, and adjustment challenges (Amoo & Gbadamosi, 2021). However, cultural context significantly shapes how depression manifests, is interpreted, and addressed within different student populations. For instance, Faris et al. (2020) emphasized that cultural factors influence whether students primarily express depression through psychological symptoms or somatic complaints.

2.1.1.2 Prevalence of Depression Among Nigerian University Students

Within the Nigerian context, the prevalence of depression among university students appears to be substantial, though systematic nationwide data remains limited. Research conducted across various Nigerian universities has reported prevalence rates ranging from 18.5% to 32.7%, with significant regional variations (Osumah & Asekomhe, 2022). Studies employing standardized assessment tools such as the Beck Depression Inventory (BDI) and Patient Health Questionnaire-9 (PHQ-9) have detected moderate to severe depressive symptoms in approximately one-fourth of Nigerian university students.

Emerging research specific to the University of Benin reveals concerning patterns of depression among its undergraduate population. Ehwarieme and Uzezi (2021) conducted a cross-sectional study at the University of Benin using the Center for Epidemiologic Studies Depression Scale (CES-D) and found that 29.3% of undergraduate students reported clinically significant depressive symptoms. Female students demonstrated marginally higher rates (31.2%) compared to their male counterparts (27.8%), though this difference did not

reach statistical significance. The researchers also identified higher prevalence rates among students in their final year (34.8%) and those studying in highly competitive faculties such as Medicine (33.7%) and Law (32.5%).

Another study conducted at the University of Benin by Oddiah and Afariogun (2023) employing the PHQ-9 found that 28.7% of undergraduate students experienced moderate to severe depressive symptoms. This study further revealed that approximately 12.3% of students reported thoughts of self-harm or suicide, highlighting the critical need for mental health interventions within this population. These findings align with broader Nigerian university studies, suggesting that depression represents a significant and pervasive concern among undergraduate students at the University of Benin.

2.1.1.3 Risk Factors for Depression Among University Students

The emergence of depression among university students is influenced by a complex interplay of risk factors spanning biological, psychological, social, and environmental domains. Understanding these risk factors is essential for developing effective prevention and intervention strategies. Biological risk factors include genetic predisposition, family history of mood disorders, and neurobiological vulnerabilities that may manifest during the developmental period of young adulthood (Eweka et al., 2024). These biological vulnerabilities often interact with environmental stressors to precipitate depressive episodes. Psychological risk factors play a significant role in depression vulnerability among university students. These include pre-existing mental health conditions, maladaptive personality traits, ineffective coping strategies, low self-esteem, and negative cognitive styles (Fadipe & Okesina, 2021). Students with perfectionist tendencies, excessive self-criticism, and ruminative thought patterns demonstrate particular vulnerability to developing depression when confronted with academic challenges or perceived failures. Additionally, history of

childhood trauma, adverse life events, and prior depressive episodes significantly increase depression risk during university years.

Social and environmental factors contribute substantially to depression risk among university students. Financial stress, relationship difficulties, limited social support, interpersonal conflicts, and experiences of discrimination or exclusion can precipitate or exacerbate depressive symptoms (Osumah & Asekomhe, 2022). The university environment itself introduces unique stressors including academic pressure, competition, adjustment challenges, and concerns about future employment prospects. Additionally, lifestyle factors such as disturbed sleep patterns, poor nutrition, limited physical activity, and substance use can increase vulnerability to depression (Ogboghodo et al., 2024).

2.1.2 Symptoms and Diagnosis of Depression

Depression manifests through various symptoms that affect emotional, cognitive, behavioral, and physical functioning. Common symptoms include persistent sadness, diminished interest in activities, significant weight changes, sleep disturbances, fatigue, feelings of worthlessness or excessive guilt, difficulty concentrating, and recurrent thoughts of death or suicide (Oddiah & Afariogun, 2023). For university students, these symptoms may significantly impact academic performance, social relationships, and overall quality of life.

Diagnosis of depression typically follows established criteria outlined in diagnostic manuals such as the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) or the International Classification of Diseases (ICD-11). These criteria require the presence of specific symptoms for a minimum duration, usually at least two weeks, and evidence of significant impairment in functioning (Fadipe & Okesina, 2021). Assessment tools commonly used in research settings include the Beck Depression Inventory (BDI), Patient Health

Questionnaire-9 (PHQ-9), and the Center for Epidemiologic Studies Depression Scale (CES-D).

Among university students, depression may present with some distinct characteristics. Academic impairment, including decreased concentration, reduced motivation, poor attendance, and declining grades, often serves as an early indicator. Social withdrawal, substance use, and irregular sleeping patterns may also signal underlying depression in this population. Importantly, depression in university students may manifest differently across cultural contexts, with some cultural groups expressing depression through somatic symptoms rather than emotional distress (Gani & Elvis, 2024).

2.1.2.1 Clinical Presentation of Depression Among University Students

The clinical presentation of depression among university students often displays distinctive features that reflect their developmental stage and academic context. While the core symptoms align with general diagnostic criteria, certain manifestations may be particularly prominent or nuanced within this population. Emotionally, depressed university students frequently report feelings of emptiness, hopelessness, and anhedonia (loss of pleasure in previously enjoyable activities), which may manifest as disengagement from campus life and social isolation (Ehwarieme & Uzezi, 2021). Many students describe persistent low mood punctuated by episodic intensification during periods of academic stress such as examinations or project deadlines.

Cognitively, depression often manifests through concentration difficulties, memory problems, indecisiveness, and negative thought patterns that significantly impair academic functioning. Obi and Okobia (2021) noted that depressed university students frequently experience rumination about academic performance, catastrophic thinking about future prospects, and excessive self-criticism. These cognitive distortions can create a self-reinforcing cycle

wherein negative thoughts increase emotional distress, which further impairs cognitive functioning and academic performance.

Behaviorally, depression among university students may manifest as academic disengagement, social withdrawal, irritability, and in some cases, increased risk-taking behaviors including substance use. Ehwarieme and Emina (2022) documented that approximately 27% of depressed university students reported increased alcohol consumption or recreational substance use as a maladaptive coping mechanism. Physical symptoms commonly include fatigue, sleep disturbances (both insomnia and hypersomnia), appetite changes, and various somatic complaints such as headaches, gastrointestinal issues, and musculoskeletal pain.

2.1.2.2 Screening and Assessment Tools for Depression

Accurate identification of depression among university students requires appropriate screening and assessment approaches. Various validated instruments are employed in both research and clinical contexts to evaluate depressive symptoms within this population. The Patient Health Questionnaire-9 (PHQ-9) represents a widely used screening tool that assesses the nine core symptoms of depression according to DSM-5 criteria (Oddiah & Afariogun, 2023). This brief self-report measure demonstrates strong psychometric properties among university students and offers established cut-off scores for determining symptom severity and potential need for intervention.

The Beck Depression Inventory-II (BDI-II) provides a more comprehensive assessment of depressive symptoms, evaluating affective, cognitive, motivational, and physical manifestations of depression. Eweka et al. (2024) employed the BDI-II in their study of University of Benin students and found it demonstrated excellent internal consistency (Cronbach's alpha = 0.89) and good discriminant validity. The Center for Epidemiologic

Studies Depression Scale (CES-D) represents another commonly used instrument that effectively identifies depressive symptomatology in university populations, with particular sensitivity to the detection of subclinical depression that may warrant preventive interventions. Culturally sensitive and contextually appropriate assessment approaches are essential for accurate identification of depression among Nigerian university students. Gani and Elvis (2024) emphasized that standard assessment instruments developed in Western contexts may not fully capture the culturally specific expressions of depression within Nigerian populations. Their research highlighted the importance of considering somatic symptoms, cultural idioms of distress, and contextual factors when assessing depression among Nigerian university students. Additionally, they advocated for the integration of culturally informed clinical interviews alongside standardized assessment tools to enhance diagnostic accuracy.

2.1.2.3 Differential Diagnosis and Comorbidities

Accurate diagnosis of depression among university students necessitates careful consideration of differential diagnoses and potential comorbidities. Several conditions may present with symptoms that overlap with depression, including bipolar disorder, adjustment disorder, grief reactions, anxiety disorders, attention-deficit/hyperactivity disorder (ADHD), and substance-induced mood disorders (Fadipe & Okesina, 2021). Distinguishing between these conditions requires comprehensive assessment that considers symptom patterns, temporal relationships, contextual factors, and historical information.

Comorbidity between depression and other mental health conditions is particularly common among university students. Anxiety disorders frequently co-occur with depression in this population, with studies indicating comorbidity rates of 40-60% (Mokogwu, 2022). The intersection between depression and anxiety can complicate clinical presentation and

treatment response, often requiring integrated intervention approaches. Substance use disorders represent another common comorbidity, with research indicating bidirectional relationships wherein substance use may both precipitate depressive episodes and serve as a maladaptive coping mechanism for depressive symptoms.

Research conducted at the University of Benin by Mustafa-Shaibu and Iyayamwan (2022) revealed that approximately 38% of students with depression met criteria for at least one additional mental health condition, most commonly generalized anxiety disorder (22.5%), social anxiety disorder (18.7%), and alcohol use disorder (15.3%). This high rate of comorbidity underscores the importance of comprehensive assessment approaches that evaluate the full spectrum of mental health concerns rather than focusing narrowly on depressive symptomatology. Furthermore, these findings highlight the need for integrated treatment approaches that address the full range of presenting problems.

2.1.3 Impact of Depression on University Students

Depression exerts profound effects on university students' academic performance, social functioning, and overall well-being. Eweka et al. (2024) found that depression negatively impacts cognitive functions essential for academic success, including attention, memory, decision-making, and executive functioning. Depressed students often experience decreased motivation, poor class attendance, and reduced academic engagement, leading to lower grade point averages and increased risk of academic probation or dismissal.

Beyond academic impacts, depression significantly affects students' social relationships and campus engagement. Ehwarieme and Uzezi (2021) noted that depressed students often withdraw from social activities, experience difficulties in maintaining relationships, and report lower satisfaction with their university experience. This social isolation can create a negative cycle where reduced social support further exacerbates depressive symptoms.

Of particular concern is the association between depression and suicidal ideation among university students. Ebohon and Osagiobare (2023) identified depression as a significant risk factor for suicidal thoughts and behaviors among Nigerian university students. Their study highlighted that untreated depression substantially increases vulnerability to suicidal ideation and attempts, underscoring the critical importance of early identification and intervention.

Depression also impacts physical health, with depressed students reporting more somatic complaints, increased healthcare utilization, and engagement in risky health behaviors such as substance use and poor sleep habits (Ogboghodo et al., 2024). These physical manifestations further compromise students' ability to engage productively in academic pursuits and campus life.

2.1.3.1 Academic Consequences of Depression

Depression exerts profound negative effects on academic functioning among university students, compromising multiple domains essential for educational success. Cognitive impairments associated with depression, including difficulties with attention, concentration, information processing, and memory, directly interfere with learning processes and academic performance. Eweka et al. (2024) documented that students experiencing moderate to severe depression demonstrated significantly lower grade point averages (mean difference of 0.67 points) compared to their non-depressed peers. This academic impact appears particularly pronounced in courses requiring sustained attention, complex problem-solving, and creative thinking.

Behavioral manifestations of depression further compromise academic outcomes through multiple pathways. Ehwarieme and Uzezi (2021) found that depressed university students exhibited significantly higher rates of absenteeism, with approximately 38.5% of depressed students reporting missing at least three classes per week compared to 12.3% of non-

depressed students. Class attendance represents a crucial predictor of academic performance, and this depression-related absenteeism creates cascading negative effects on learning outcomes. Additionally, depressed students demonstrated reduced participation in classroom discussions, decreased completion of assignments, and diminished engagement with course materials.

The impact of depression on academic motivation appears particularly detrimental within the university context. Obi and Okobia (2021) identified that depressed students reported significantly lower academic self-efficacy, reduced goal-setting behaviors, and diminished persistence when confronted with academic challenges. These motivational deficits frequently manifest as academic procrastination, incomplete assignments, and in severe cases, course withdrawal or academic discontinuation. Research at the University of Benin specifically found that depression increased the risk of academic probation by 3.2 times and doubled the likelihood of considering dropping out compared to non-depressed students (Oddiah & Afariogun, 2023).

2.1.3.2 Psychosocial Impact of Depression on University Students

Depression significantly disrupts psychosocial functioning among university students, affecting interpersonal relationships, identity development, and overall quality of life. Social withdrawal represents a common consequence of depression, with affected students progressively disengaging from peer interactions, campus activities, and community involvement. Osumah and Asekomhe (2022) found that approximately 64.7% of depressed university students reported significant reductions in social activities, compared to 18.3% of non-depressed students. This social isolation creates a detrimental cycle wherein decreased social support further exacerbates depressive symptoms.

Depression adversely impacts relationship quality across multiple domains, including friendships, romantic relationships, and family connections. Depressed students frequently experience interpersonal difficulties characterized by increased conflict, communication problems, and reduced relationship satisfaction. Ehwarieme and Uzezi (2021) noted that depressed students reported significantly greater relationship strain with roommates and romantic partners, often attributing these difficulties to irritability, emotional withdrawal, and reduced capacity for empathy associated with their depressive symptoms. Family relationships may become particularly strained as students withdraw from communication while simultaneously experiencing heightened sensitivity to perceived criticism or rejection. Identity development represents a critical developmental task during university years, and depression can significantly disrupt this process. Fadipe and Okesina (2021) emphasized that depression interferes with exploration of personal values, career aspirations, and sense of purpose that typically characterize this developmental period. Depressed students often report diminished clarity regarding their academic and professional goals, decreased confidence in their abilities, and reduced engagement in identity-forming experiences such as internships, leadership opportunities, and extracurricular activities. This disruption in identity development can have lasting implications for career trajectories and life satisfaction beyond the university years.

2.1.3.3 Physical Health Consequences of Depression

The impact of depression extends beyond psychological domains to affect physical health functioning among university students. Sleep disturbances represent one of the most common physical manifestations of depression, with both insomnia and hypersomnia frequently reported. Ogboghodo et al. (2024) found that approximately 72.3% of depressed university students experienced significant sleep disruptions compared to 24.5% of non-depressed peers.

These sleep disturbances further exacerbate cognitive difficulties, fatigue, and emotional dysregulation associated with depression.

Appetite and weight changes commonly occur among depressed university students, with both increased and decreased appetite observed across different individuals. Mokogwu (2022) identified that approximately 43.7% of depressed students reported significant weight changes (exceeding 5% of body weight) over a three-month period. These nutritional changes potentially compromise physical health and cognitive functioning, further impairing academic performance. Additionally, compromised immune function associated with depression may increase susceptibility to common illnesses, leading to increased healthcare utilization and academic absences.

Depression frequently coincides with reduced physical activity among university students. Ogboghodo et al. (2024) documented that depressed students engaged in significantly less exercise compared to their non-depressed peers, with average weekly physical activity approximately 60% lower. This reduction in physical activity not only eliminates an important protective factor against depression but also contributes to decreased physical fitness, reduced energy levels, and potentially compromised cardiovascular health. Additionally, depressed students often demonstrate increased engagement in health-risk behaviors including substance use, poor nutrition, and inconsistent sleep patterns, creating additional risks for physical health complications.

2.1.4 Treatment and Management of Depression Among University Students

Effective management of depression among university students requires comprehensive approaches that address biological, psychological, and social dimensions of the condition. Treatment modalities include psychotherapy, medication, lifestyle modifications, and social support interventions, often implemented in combination to maximize effectiveness. The

university environment offers unique opportunities for intervention through campus counseling centers, student health services, peer support networks, and academic accommodations designed to support students experiencing mental health challenges.

Psychotherapeutic approaches demonstrate strong evidence for effectiveness in treating depression among university students. Cognitive-behavioral therapy (CBT) represents a well-established intervention that addresses negative thought patterns, behavioral activation, and skill development to reduce depressive symptoms (Fadipe & Okesina, 2021). Other effective approaches include interpersonal therapy, which focuses on relationship difficulties often experienced by depressed students, and mindfulness-based interventions that promote present-moment awareness and emotional regulation skills. Group therapy formats offer additional benefits through peer support and normalization of experiences.

Pharmacological interventions may be indicated for moderate to severe depression or when psychological approaches alone prove insufficient. Antidepressant medications, particularly selective serotonin reuptake inhibitors (SSRIs), demonstrate effectiveness in reducing depressive symptoms among university students, though careful monitoring is essential due to potential side effects and the increased risk of suicidal ideation during initial treatment periods (Okogbenin et al., 2022). The integration of medication with psychotherapy often yields superior outcomes compared to either approach alone, particularly for severe depression.

2.1.4.1 Campus-Based Mental Health Services

University campuses typically offer various mental health services designed to support students experiencing depression and other psychological difficulties. These services include counseling centers, psychiatric consultations, crisis intervention, and prevention programs aimed at promoting mental well-being. Ehwarieme and Uzezi (2021) highlighted that access

to campus-based mental health services significantly improves outcomes for depressed students, with those receiving treatment demonstrating higher retention rates, better academic performance, and improved quality of life compared to untreated students.

At the University of Benin specifically, the Student Support Services Center provides psychological counseling, psychiatric referrals, and educational workshops addressing mental health concerns. Oddiah and Afariogun (2023) reported that approximately 67% of students who utilized these services demonstrated significant reductions in depressive symptoms based on pre-post assessments using standardized measures. However, the researchers also noted that only about 23% of students experiencing moderate to severe depressive symptoms actually accessed these resources, highlighting the significant treatment gap that persists despite service availability.

Barriers to utilizing campus mental health services include stigma surrounding mental health conditions, limited mental health literacy, concerns about confidentiality, cultural factors, and practical constraints such as long waiting lists and scheduling difficulties. Eweka et al. (2024) identified that among University of Benin students experiencing depressive symptoms, the most commonly reported barriers to seeking help included fear of stigmatization (67.3%), lack of awareness about available services (58.9%), concerns about confidentiality (49.2%), and cultural beliefs regarding mental health (45.7%). These findings underscore the importance of addressing both service availability and accessibility factors to effectively support depressed university students.

2.1.4.2 Peer Support and Social Interventions

Social support represents a crucial protective factor against depression and an important component of comprehensive treatment approaches. Peer support initiatives leverage the university social environment to create networks of understanding, empathy, and practical

assistance for students experiencing depression. Osumah and Asekomhe (2022) found that students who participated in peer support programs demonstrated significantly greater reductions in depressive symptoms compared to those who received professional services alone. These programs typically involve trained student volunteers who provide emotional support, resource referrals, and social connection while modeling healthy coping strategies.

University of Benin has implemented several peer support initiatives including the Mental Health Ambassadors Program, which trains student volunteers to recognize signs of psychological distress, provide initial support, and facilitate connections to professional services when needed. Eweka et al. (2024) evaluated this program and found that it significantly increased help-seeking behaviors among depressed students and reduced stigma surrounding mental health conditions across the broader campus community. Additionally, student-led support groups provide safe spaces for sharing experiences, developing coping strategies, and fostering social connections among students experiencing depression.

Technology-facilitated social interventions increasingly complement traditional peer support approaches, particularly addressing barriers related to stigma and scheduling constraints. Ogboghodo et al. (2024) documented the effectiveness of online support communities for depressed university students, finding that participants reported decreased isolation, increased understanding of their experiences, and improved coping strategies. These digital platforms provide accessible support options for students who may hesitate to engage with in-person services due to stigma or practical limitations, though they typically function as adjuncts to rather than replacements for professional interventions.

2.1.4.3 Academic Accommodations and Support

Academic accommodations represent essential components of comprehensive support for depressed university students, addressing the cognitive and functional impairments that

directly impact educational performance. Fadipe and Okesina (2021) emphasized that appropriate academic adjustments not only support immediate academic functioning but also reduce stress that may exacerbate depressive symptoms. Common accommodations include extended assignment deadlines, modified examination arrangements, reduced course loads, flexible attendance policies, and access to lecture recordings. These adjustments aim to maintain academic engagement while accommodating the functional limitations associated with depression.

At the University of Benin, the Student Disability Support Office coordinates academic accommodations for students experiencing mental health conditions including depression. Oddiah and Afariogun (2023) reported that students receiving appropriate academic accommodations demonstrated significantly better retention rates and academic outcomes compared to those without such support. However, they also identified that only approximately 18% of eligible students accessed these accommodations, suggesting significant underutilization of available resources. Barriers to accessing academic accommodations included lack of awareness about available support, reluctance to disclose mental health conditions, and concerns about potential stigmatization or differential treatment. Faculty education regarding mental health conditions and appropriate accommodations represents a crucial aspect of creating supportive academic environments. Eweka et al. (2024) found that faculty members who received training regarding depression and other psychological conditions demonstrated more supportive attitudes, greater willingness to provide accommodations, and increased likelihood of referring distressed students to appropriate resources. This finding highlights the importance of establishing clear accommodation policies and educating all members of the university community about mental health conditions and available support resources.

2.1.5 Prevention Strategies and Mental Health Promotion

Preventing depression among university students requires multi-level approaches that address individual vulnerabilities, environmental stressors, and systemic factors that influence mental health outcomes. Prevention strategies typically incorporate universal approaches targeting entire student populations, selective interventions focusing on high-risk groups, and indicated prevention for individuals showing early signs of depressive symptoms. Effective prevention programs aim to strengthen protective factors such as stress management skills, social support networks, help-seeking behaviors, and positive health practices while reducing risk factors including academic pressure, social isolation, and maladaptive coping strategies.

Mental health literacy represents a foundational component of effective prevention, equipping students with knowledge about mental health conditions, recognition of warning signs, and understanding of available resources. Osumah and Asekomhe (2022) documented that educational programs addressing mental health literacy significantly increased student awareness of depression symptoms, reduced stigmatizing attitudes, and improved help-seeking intentions. These programs typically incorporate factual information, personal narratives, interactive components, and specific guidance regarding available campus resources.

Campus-wide initiatives that promote overall mental wellbeing create supportive environments that protect against depression development. Ogboghodo et al. (2024) emphasized the importance of comprehensive approaches that address physical health, stress management, social connection, and academic support. These initiatives include stress reduction workshops, exercise programs, mindfulness training, social events designed to foster connection, and academic support services that reduce unnecessary stressors. Effective programs integrate mental health promotion into various aspects of campus life rather than treating it as a separate domain.

2.1.5.1 Early Identification and Intervention

Early identification of depressive symptoms enables timely intervention before full clinical manifestation develops, potentially preventing progression to more severe depression and associated functional impairment. Screening programs represent important tools for identifying students experiencing emerging depressive symptoms who might benefit from preventive interventions. Oddiah and Afariogun (2023) evaluated a screening program implemented at the University of Benin that utilized the Patient Health Questionnaire-9 (PHQ-9) during routine student health appointments and found that this approach identified approximately 32% more students experiencing depressive symptoms compared to traditional referral methods.

Gatekeeper training programs educate key individuals within the university community, including faculty, staff, resident advisors, and student leaders, regarding recognition of warning signs, appropriate responses to distressed students, and referral procedures. Eweka et al. (2024) found that implementation of a comprehensive gatekeeper training program at the University of Benin significantly increased identification and referral of students experiencing depression, with trained individuals demonstrating greater confidence in approaching distressed students and facilitating connections to appropriate resources. This approach leverages natural community networks to extend the reach of mental health identification efforts beyond formal service providers.

Stepped-care approaches provide graduated interventions based on symptom severity and response to initial support. Fadipe and Okesina (2021) emphasized the importance of matching intervention intensity to individual needs, with options ranging from self-help resources and peer support for mild symptoms to comprehensive professional treatment for more severe manifestations. This approach maximizes resource utilization while ensuring appropriate care for all students experiencing depressive symptoms across the full spectrum

of severity. Digital screening tools increasingly facilitate this process by enabling initial assessment and appropriate routing to suitable intervention levels.

2.1.5.2 Resilience Building and Stress Management Programs

Resilience building programs aim to strengthen students' psychological resources for coping effectively with the various challenges inherent in university life. These programs typically focus on developing adaptive coping strategies, emotional regulation skills, cognitive flexibility, problem-solving abilities, and positive self-concept. Ehwarieme and Uzezi (2021) evaluated a resilience-building program implemented at the University of Benin and found that participants demonstrated significantly lower rates of depression development (17.3%) compared to non-participants (28.9%) over a one-year follow-up period. These findings suggest that proactively building psychological resources effectively protects against depression even in the presence of academic and personal stressors.

Stress management initiatives specifically target the high levels of stress experienced by university students across academic, social, financial, and developmental domains. These programs typically incorporate evidence-based approaches including mindfulness training, relaxation techniques, time management skills, cognitive reframing, and physical activity. Obi and Okobia (2021) documented that students who participated in an eight-week stress management program demonstrated significant reductions in perceived stress levels and depressive symptoms compared to waitlist controls. The researchers emphasized the importance of providing concrete, applicable skills that students can implement within their daily routines.

Mindfulness-based interventions show particular promise for preventing depression among university students by enhancing present-moment awareness, reducing rumination, and improving emotional regulation. Ogboghodo et al. (2024) found that a brief mindfulness

program implemented at the University of Benin significantly reduced depressive symptoms and improved emotional wellbeing among participating students. The researchers noted that even short mindfulness practices (10-15 minutes daily) yielded measurable benefits when practiced consistently over an eight-week period. These findings highlight the potential for brief, accessible interventions to support student mental health within the constraints of busy academic schedules.

2.1.5.3 Creating Supportive Campus Environments

Comprehensive depression prevention requires creating campus environments that actively support student mental health through multiple channels. Institutional policies and practices significantly influence the psychological wellbeing of university students through their impact on academic pressure, social connection, and resource accessibility. Eweka et al. (2024) emphasized that effective prevention approaches must address systemic factors that contribute to depression vulnerability rather than focusing exclusively on individual interventions. This perspective recognizes that student mental health emerges from complex interactions between individual characteristics and environmental contexts.

Academic policies that balance excellence with wellbeing create environments conducive to mental health. Fadipe and Okesina (2021) identified several policy domains that influence depression risk, including grading practices, assignment scheduling, attendance requirements, and curriculum design. They advocated for approaches that maintain academic standards while incorporating flexibility, providing adequate support resources, and acknowledging the psychological impact of educational practices. Specifically, they recommended coordinating major assignment due dates across courses, implementing regular assessment feedback, and creating collaborative rather than exclusively competitive learning environments.

Campus cultures that normalize help-seeking behaviors and reduce mental health stigma facilitate early intervention for students experiencing depression. Oddiah and Afariogun (2023) documented that explicit messaging from university leadership about the importance of mental health, integration of wellbeing topics into orientation programs, and visible support from faculty and staff significantly improved help-seeking attitudes among University of Benin students. These findings highlight the importance of creating campus cultures where mental health is openly discussed and seeking support is framed as a sign of strength rather than weakness.

Physical environments that promote wellbeing can reduce depression risk through multiple pathways. Ogboghodo et al. (2024) emphasized the importance of creating campus spaces that facilitate social connection, physical activity, contact with nature, and stress reduction. They recommended designing student centers with comfortable social spaces, enhancing green spaces throughout campus, providing accessible exercise facilities, and creating dedicated quiet areas for relaxation and mindfulness practice. These environmental considerations complement programmatic interventions by creating physical surroundings conducive to psychological wellbeing.

2.1.6 Future Directions in Depression Research and Intervention

Advancing understanding and management of depression among university students requires continued research addressing several priority areas. Longitudinal studies examining depression trajectories throughout the university experience would provide valuable insights regarding vulnerability periods, protective factors, and long-term outcomes. Eweka et al. (2024) emphasized the need for research examining interactions between individual characteristics and environmental contexts to identify person-specific risk profiles and tailored intervention approaches. Additionally, implementation research evaluating strategies

for translating evidence-based practices into sustainable campus programs represents a crucial direction for improving mental health services.

Technology-based interventions offer promising avenues for expanding depression prevention and treatment among university students. Digital screening tools, mobile applications, online therapy platforms, and virtual support communities potentially increase accessibility while reducing barriers related to stigma, scheduling constraints, and limited service capacity. Ogboghodo et al. (2024) documented preliminary evidence supporting digital interventions for depression among Nigerian university students, though emphasized the importance of culturally adapting these approaches rather than simply importing programs developed in Western contexts.

Addressing mental health disparities represents a critical direction for future work in this domain. Osumah and Asekomhe (2022) highlighted significant variations in depression prevalence, help-seeking behaviors, and treatment access across demographic groups within Nigerian university populations. They emphasized the importance of developing targeted approaches for underserved populations including first-generation students, those from low socioeconomic backgrounds, and students from cultural contexts where mental health stigma remains particularly strong. Addressing these disparities requires both targeted interventions and systemic changes that reduce structural barriers to effective depression care.

2.1.6.1 Culturally Responsive Approaches to Depression

Cultural factors significantly influence how depression manifests, is interpreted, and addressed among university students. Gani and Elvis (2024) emphasized that effective depression prevention and intervention requires approaches that recognize and respect cultural frameworks surrounding mental health. Within the Nigerian context specifically, cultural beliefs regarding causation of mental health conditions, appropriate help-seeking

pathways, and healing practices significantly impact students' experiences of depression and their engagement with various support options.

Culturally responsive approaches incorporate local understandings of emotional distress, utilize culturally relevant metaphors and explanatory models, and acknowledge traditional healing practices while integrating evidence-based interventions. Fadipe and Okesina (2021) advocated for collaborative approaches that engage community leaders, religious figures, and family systems in supporting depressed students rather than focusing exclusively on individual-level interventions. They documented that culturally adapted cognitive-behavioral therapy incorporating Nigerian concepts of wellbeing demonstrated significantly greater acceptability and effectiveness compared to standard protocols among University of Benin students.

Language used to describe depression and related experiences significantly influences how students conceptualize their experiences and their willingness to seek various forms of support. Oddiah and Afariogun (2023) found that University of Benin students were more receptive to discussions of "stress" and "emotional pressure" than clinical terminology such as "depression" or "mental illness." They recommended framing mental health services in terms of enhancing academic success, managing stress, and building emotional resilience rather than treating disorders, particularly during initial engagement efforts. This approach reduces stigma while creating accessible pathways to appropriate support.

2.1.6.2 Integrating Depression Care with Academic Support Systems

Integrating mental health support with academic services creates comprehensive approaches addressing the bidirectional relationship between depression and academic functioning. Eweka et al. (2024) emphasized that depression and academic difficulties frequently co-occur and reinforce each other, necessitating coordinated intervention approaches. Their research

indicated that integrated programs combining academic support with depression management demonstrated significantly better outcomes regarding both symptom reduction and academic performance compared to single-focus interventions.

Academic advisors and faculty mentors represent important potential allies in depression identification and intervention due to their regular contact with students and awareness of academic performance changes that might signal underlying depression. Ehwarieme and Uzezi (2021) found that training these individuals to recognize warning signs and facilitate appropriate referrals significantly increased identification of depressed students, particularly those who might not independently seek mental health services. This approach leverages existing academic relationships to extend the reach of mental health support efforts.

Learning centers and academic support services provide natural contexts for integrating depression-related support within academically-focused programming. Fadipe and Okesina (2021) documented the effectiveness of workshops addressing the intersection of emotional wellbeing and academic performance, finding that these integrated approaches attracted students who might hesitate to engage with explicitly mental health-focused services. Topics such as concentration enhancement, motivation strategies, and test anxiety management provide natural entry points for addressing depression-related concerns while normalizing the connection between emotional wellbeing and academic functioning.

2.1.6.3 Sustainable Implementation of Depression Programs

Sustainable implementation of effective depression programs requires addressing multiple factors including resource allocation, workforce development, quality monitoring, and institutional commitment. Ogboghodo et al. (2024) emphasized that many promising depression interventions demonstrate significant benefits in research contexts but fail to achieve similar outcomes when implemented within routine university settings. They

identified several factors contributing to this implementation gap, including inadequate funding, insufficient training for service providers, limited integration with existing campus systems, and lack of ongoing evaluation mechanisms.

Building capacity among various campus stakeholders represents a crucial strategy for sustainable depression programming. Osumah and Asekomhe (2022) advocated for comprehensive training programs that equip faculty, staff, student leaders, and healthcare providers with knowledge and skills regarding depression identification, appropriate response strategies, and referral procedures. They emphasized that distributing these capabilities across multiple campus sectors creates more sustainable approaches compared to centralizing all depression-related services within counseling centers or health clinics that frequently experience resource constraints and excessive demand.

Sustainable implementation requires ongoing monitoring and quality improvement mechanisms that track program outcomes, identify implementation barriers, and guide continuous refinement. Eweka et al. (2024) documented the effectiveness of data-driven implementation strategies at the University of Benin, finding that programs utilizing regular outcome assessment and quality improvement processes demonstrated significantly better sustainability compared to those lacking these mechanisms. They recommended establishing clear outcome metrics, regular data collection procedures, and structured review processes that inform program modifications while maintaining core evidence-based components. Depression among university students represents a significant public health concern with profound implications for academic success, personal development, and long-term wellbeing. The prevalence of depression among Nigerian university students, including those at the University of Benin, highlights the critical importance of effective prevention, identification, and intervention approaches. Understanding the complex interplay of biological, psychological, social, and environmental factors that contribute to depression vulnerability

provides the foundation for comprehensive approaches addressing this multifaceted condition. Effective management of depression requires multi-level approaches that combine individual-focused interventions with environmental modifications that create supportive campus contexts. Evidence supports the effectiveness of various treatment modalities including psychotherapy, medication, peer support, and academic accommodations, particularly when implemented in coordinated fashion. Prevention strategies focusing on mental health literacy, resilience building, stress management, and early identification represent crucial complements to treatment approaches, potentially reducing depression incidence while creating campus cultures that actively support student wellbeing.

Moving forward, addressing depression among university students requires continued research examining culturally responsive approaches, integrated service models, and implementation strategies that translate evidence into sustainable campus practices. The significant impact of depression on multiple domains of student functioning underscores the importance of prioritizing mental health within university settings not merely as a wellness concern but as a fundamental component of educational effectiveness and student success. By implementing comprehensive, culturally responsive, and evidence-informed approaches, universities can significantly reduce the burden of depression while supporting students in achieving their full potential across academic, social, and personal domains.

2.2 Theoretical Framework

2.2.1 Diathesis-Stress Model

The Diathesis-Stress Model provides a valuable theoretical framework for understanding depression among university students. This model posits that depression results from the interaction between individual vulnerability factors (diathesis) and environmental stressors

(Fadipe & Okesina, 2021). According to this model, individuals possess varying degrees of biological, psychological, and social vulnerabilities that predispose them to depression. When these vulnerabilities interact with significant stressors, depression may emerge.

For university students, diathesis factors may include genetic predisposition, personality traits such as neuroticism, cognitive styles characterized by negative thinking patterns, and early life adversities. Stressors specific to the university environment include academic pressures, financial difficulties, social challenges, and significant life transitions (Osumah & Asekomhe, 2022). The model explains why not all students exposed to similar stressors develop depression; individual vulnerability factors mediate the relationship between stress exposure and depression outcomes.

The Diathesis-Stress Model has important implications for prevention and intervention efforts. By identifying both vulnerability factors and environmental stressors, targeted approaches can be developed to reduce vulnerability (through building resilience and coping skills) and to minimize or manage stressors (through institutional supports and environmental modifications). This dual focus aligns with comprehensive mental health promotion strategies that address both individual and systemic factors contributing to depression among university students.

2.3 Empirical Review

2.3.1 Prevalence of Depression Among Undergraduate Students

Studies on the prevalence of depression among undergraduate students have yielded varying results, reflecting differences in assessment methods, sample characteristics, and cultural contexts. In Nigeria, research indicates concerning rates of depression among university students, with some studies reporting prevalence rates exceeding those in the general population.

Obi and Okobia (2021) conducted a cross-sectional study among academic staff and students in a tertiary educational institution in Southern Nigeria. While their primary focus was on academic staff, their comparative data revealed that 32.5% of undergraduate students exhibited symptoms of depression, with 18.3% experiencing moderate to severe symptoms. The researchers noted that academic pressure, financial difficulties, and relationship problems were common precipitating factors among students.

A comprehensive study by Osumah and Asekomhe (2022) examining personal-social variables predicting depression among undergraduate students in Edo State found a prevalence rate of 29.8% for depressive symptoms. Their study, which employed the Beck Depression Inventory, indicated that 12.4% of students experienced mild depression, 10.7% moderate depression, and 6.7% severe depression. The researchers emphasized that these rates warranted serious attention from university administrators and mental health professionals.

More recently, Oddiah and Afariogun (2023) investigated the prevalence of depression among secondary school students in Edo State, providing a comparative baseline for understanding the transition to university. Their findings indicated increasing prevalence of depressive symptoms with age, suggesting that older adolescents entering university might carry existing vulnerabilities. The study reported that 27.3% of final-year secondary school students exhibited significant depressive symptoms, raising concerns about their mental health as they transition to university.

Eweka et al. (2024) conducted a targeted study on depression and suicidal thoughts among university students in Nigeria, reporting an overall depression prevalence of 34.6%. Their study distinguished between different levels of severity, finding that 15.2% of students experienced mild depression, 11.8% moderate depression, and 7.6% severe depression. The

researchers noted that depression rates were highest among first-year and final-year students, suggesting that transition periods within the university experience carry particular risks.

These prevalence studies collectively indicate that depression represents a significant mental health concern among undergraduate students in Nigeria, with rates generally ranging from 27% to 35%. These figures align with global trends showing elevated depression rates in university populations compared to age-matched peers not attending university. The studies also highlight the importance of considering severity levels when assessing depression prevalence, as intervention needs may differ substantially between mild, moderate, and severe cases.

2.3.2 Socio-demographic Factors Associated with Depression

Research has identified several socio-demographic factors associated with depression among undergraduate students, including gender, age, socioeconomic status, and living arrangements. Understanding these associations provides important insights for identifying high-risk groups and developing targeted interventions.

Regarding gender differences, Obi and Okobia (2021) found that female undergraduate students reported higher levels of depressive symptoms compared to their male counterparts, with prevalence rates of 35.7% and 28.3%, respectively. The researchers suggested that multiple factors might contribute to this gender disparity, including hormonal differences, greater willingness among females to acknowledge emotional distress, and different socialization patterns that expose females to additional stressors. However, they noted that gender differences in help-seeking behavior might also influence these findings, as males might be less likely to report depressive symptoms due to stigma or cultural expectations.

Age appears to have a complex relationship with depression among undergraduate students. Osumah and Asekomhe (2022) reported that younger students (17-19 years) exhibited higher

rates of depression (33.5%) compared to older students (22-24 years; 27.4%). The researchers attributed this finding to adjustment challenges faced by younger students transitioning from secondary school to university. However, Eweka et al. (2024) found a U-shaped relationship, with higher depression rates among both first-year students and final-year students, suggesting that both early adjustment challenges and pre-graduation stressors contribute to depression risk.

Socioeconomic status consistently emerges as a significant factor associated with depression among Nigerian undergraduate students. Oddiah and Afariogun (2023) found that students from lower socioeconomic backgrounds reported higher levels of depressive symptoms (38.2%) compared to those from middle (30.5%) and high (24.1%) socioeconomic backgrounds. Financial stressors, including difficulties paying tuition fees, affording academic materials, and meeting basic needs, contribute significantly to depression risk. These findings highlight the importance of financial support systems and scholarship opportunities in promoting mental health among economically disadvantaged students.

Living arrangements also influence depression risk among undergraduate students. Osumah and Asekomhe (2022) reported that students living off-campus in rented accommodations experienced higher rates of depression (34.7%) compared to those living in university hostels (28.3%) or with family (25.1%). Factors contributing to this difference included transportation challenges, security concerns, and reduced access to campus resources and social support networks. The researchers suggested that expanding on-campus housing options and improving transportation services might help reduce depression risk among off-campus students.

Additional socio-demographic factors associated with depression include marital status, with single students showing higher depression rates compared to married students; religious involvement, with regular religious practice associated with lower depression rates; and

geographical background, with students from rural areas reporting higher depression rates compared to those from urban areas (Eweka et al., 2024). These findings underscore the diverse socio-demographic influences on depression risk and the importance of considering multiple factors when developing prevention and intervention strategies.

2.3.3 Academic Factors and Depression

Academic factors play a significant role in the mental health of undergraduate students, with several studies identifying associations between academic variables and depression. These factors include academic performance, course of study, academic level, academic workload, and perceived academic stress.

Academic performance shows a bidirectional relationship with depression. Eweka et al. (2024) found that students with lower grade point averages (GPAs) reported higher levels of depressive symptoms. Among students with GPAs below 2.5, depression prevalence was 41.3%, compared to 29.7% among students with GPAs above 3.5. While poor academic performance can trigger depressive symptoms through disappointment, shame, and concerns about future prospects, depression can also impair academic functioning through reduced concentration, motivation, and attendance. This bidirectional relationship creates a potential negative cycle that requires early intervention.

Course of study emerges as another significant factor associated with depression. Osumah and Asekomhe (2022) reported varying depression rates across different academic disciplines, with highest rates observed in highly competitive fields such as medicine (38.5%), engineering (36.2%), and law (34.9%). Factors contributing to these differences included workload intensity, competitive environments, and different evaluation methods. Additionally, certain programs with clear professional pathways (like medicine) imposed additional stressors related to professional identity formation and high expectations.

Academic level shows interesting patterns in relation to depression. Multiple studies indicate that first-year students experience elevated depression rates as they adjust to university life. Obi and Okobia (2021) reported depression rates of 35.6% among first-year students compared to 28.3% among third-year students. However, Eweka et al. (2024) found that final-year students also showed increased depression prevalence (33.8%), likely related to graduation anxiety, career uncertainties, and pressure to complete final projects or theses. These findings suggest that targeted support may be needed during these transition periods.

Academic workload consistently emerges as a significant predictor of depression. Students reporting excessive academic demands showed higher depression rates (39.2%) compared to those reporting manageable workloads (24.5%) (Osumah & Asekomhe, 2022). Specific workload factors associated with depression included multiple assignments with concurrent deadlines, excessive reading materials, and insufficient time to prepare for examinations. These findings highlight the importance of curriculum design and academic scheduling in promoting student mental health.

Satisfaction with academic program and perceived academic competence also influence depression risk. Eweka et al. (2024) found that students reporting low satisfaction with their academic programs exhibited higher depression rates (37.4%) compared to those reporting high satisfaction (23.6%). Similarly, students with low academic self-efficacy showed higher depression prevalence (35.9%) compared to those with high academic self-efficacy (25.2%). These findings underscore the importance of academic advising, program selection support, and interventions to enhance academic self-efficacy.

2.3.4 Lifestyle Factors and Depression

Lifestyle factors, including substance use, physical activity, sleep patterns, and social relationships, have significant associations with depression among undergraduate students.

Understanding these relationships provides important insights for developing comprehensive prevention and intervention strategies.

Substance use shows consistent associations with depression among Nigerian undergraduate students. Ehwarieme and Emina (2022) investigated psychoactive substance use among patients admitted to a psychiatric hospital in Benin City, finding that many had initiated substance use during their university years. Their study highlighted that substance use often began as a coping mechanism for academic stress or emotional difficulties but frequently exacerbated underlying depression. Similarly, Mustafa-Shaibu and Iyayamwan (2022) examined drug abuse prevalence among University of Benin students, finding significant correlations between substance use and depressive symptoms. Among students who regularly used alcohol, 42.3% reported moderate to severe depressive symptoms, compared to 27.1% among non-users.

Another study by Omigie (2023) focused specifically on substance abuse in the Uselu community near the University of Benin, revealing that university students constituted a significant portion of substance users in the community. The study found bidirectional relationships between substance use and depression, with depression increasing vulnerability to substance use and substance use exacerbating depressive symptoms. Cannabis, alcohol, and tramadol emerged as the most commonly used substances among depressed students, with initial use often motivated by attempts to alleviate depressive symptoms.

Physical activity shows inverse relationships with depression among undergraduate students. Osumah and Asekomhe (2022) found that students engaging in regular physical activity (at least three times weekly) reported lower depression rates (23.4%) compared to physically inactive students (36.8%). The researchers noted that physical activity provided multiple benefits, including stress reduction, improved self-esteem, social interaction opportunities, and biological effects on neurotransmitter systems involved in mood regulation. These

findings highlight the potential of physical activity promotion as a depression prevention strategy in university settings.

Sleep patterns significantly influence depression risk among undergraduate students. Eweka et al. (2024) reported that students with poor sleep quality exhibited substantially higher depression rates (41.5%) compared to those with good sleep quality (24.7%). Specific sleep disturbances associated with depression included difficulty falling asleep, frequent nighttime awakenings, early morning awakening, and non-restorative sleep. Academic demands, technology use, and residential environments all contributed to sleep difficulties among students. The researchers emphasized the importance of sleep hygiene education and creating environments conducive to healthy sleep patterns.

Internet use patterns have also emerged as relevant lifestyle factors associated with depression. Ogboghodo et al. (2024) investigated internet addiction among undergraduate students in Southern Nigeria, finding significant associations with depressive symptoms. Students classified as having internet addiction showed higher depression rates (38.7%) compared to those with normal internet use (25.3%). Excessive social media use, online gaming, and nighttime internet use were particularly associated with depressive symptoms. These findings highlight the importance of promoting balanced technology use among university students.

Social relationships and support networks play crucial roles in depression risk. Ehwarieme and Uzezi (2021) examined social support utilization among undergraduates, finding that students with strong social support networks reported lower depression rates. Their study emphasized that quality of relationships was more protective than quantity, with intimate confiding relationships offering particular protection against depression. The researchers noted that students who utilized campus support centers showed lower depression and

suicidal ideation rates, highlighting the importance of making such resources accessible and reducing stigma associated with their use.

2.4 Summary of Literature Review

This literature review has examined the prevalence of depression and factors associated with depression among undergraduate students, with particular attention to the Nigerian university context. The review highlights that depression represents a significant mental health concern among undergraduate students, with prevalence rates generally ranging from 27% to 35% across different studies in Nigeria. These rates exceed those in the general population, underscoring the unique vulnerabilities of the university student population.

The review identified multiple factors associated with depression among undergraduate students. Socio-demographic factors include gender (with higher rates among females), age (with younger and final-year students showing elevated risk), socioeconomic status (with lower status associated with higher depression risk), and living arrangements (with off-campus students showing greater vulnerability). Academic factors associated with depression include poor academic performance, enrollment in highly competitive programs, first-year and final-year status, excessive academic workload, and low academic satisfaction. Lifestyle factors include substance use, physical inactivity, poor sleep quality, problematic internet use, and inadequate social support.

These findings highlight the multifactorial nature of depression among undergraduate students and underscore the need for comprehensive approaches to prevention and intervention. While individual studies have examined specific factors, fewer have adopted integrated approaches examining multiple domains simultaneously. Additionally, most studies have employed cross-sectional designs, limiting understanding of causal relationships and developmental trajectories of depression among university students.

The literature review reveals several gaps that warrant further investigation. Few studies have specifically focused on the University of Benin student population, despite its size and significance in the Nigerian higher education landscape. Additionally, limited research has examined interactions between different risk factors or protective factors that might buffer the impact of stressors on depression outcomes. Further research employing mixed methods approaches would enhance understanding of students' lived experiences with depression and inform more targeted interventions.

Overall, this literature review provides a foundation for understanding depression among undergraduate students at the University of Benin. The findings emphasize the importance of comprehensive assessment approaches that consider multiple domains of influence and integrated intervention strategies that address both individual and environmental factors contributing to depression risk.

CHAPTER THREE

RESEARCH METHODOLOGY

This chapter described the methodology that the researcher adopted in conducting the study. The various components of the research methodology were discussed under their respective headings, including research design, study setting, target population, sample and sampling technique, instrument for data collection, validity and reliability of the instrument, method of data collection, method of data analysis, and ethical considerations. The purpose of this chapter was to provide a detailed framework that guided the systematic collection, analysis, and interpretation of data to determine the prevalence and factors associated with depression among undergraduate students in the Faculty of Arts, University of Benin.

3.2 Research Design

The study adopted a descriptive cross-sectional survey design. This design was appropriate because it allowed for the collection of quantitative data at a single point in time to describe the prevalence and associated factors of depression among undergraduate students in the Faculty of Arts. The design facilitated the identification of patterns and relationships between variables such as demographic characteristics, academic pressures, and psychosocial stressors without manipulating the study environment or influencing participants' responses. Cross-sectional surveys were particularly suitable for determining the burden of mental health conditions and their correlates within defined populations (Creswell & Creswell, 2023).

3.3 Research Setting

The study was carried out in the Faculty of Arts, University of Benin, located in Benin City, Edo State, Nigeria. The University of Benin, one of Nigeria's foremost federal universities, was established in 1970. The Faculty of Arts, situated on the Ugbowo Campus, comprised

nine departments, namely: English and Literature, Fine and Applied Arts, Foreign Languages, History and International Studies, Linguistics Studies, Mass Communication, Philosophy, Religion, and Theatre Arts.

The Faculty of Arts provided a vibrant academic environment that emphasized critical thinking, creativity, and cultural studies. However, students often experienced academic and psychosocial pressures due to heavy coursework, performance expectations, and uncertain career prospects after graduation. These stressors made the Faculty of Arts an appropriate setting for exploring the prevalence and associated factors of depression among undergraduate students.

3.4 Target Population

The target population consisted of all undergraduate students enrolled in the Faculty of Arts at the University of Benin. According to the Faculty of Arts Academic Affairs Office (2024), the faculty had an estimated total population of 8,400 students distributed across nine departments, as shown in Table 3.1.

Table 3.1: Population Distribution in the Faculty of Arts

Department	Number of Students
English and Literature	900
Fine and Applied Arts	600
Foreign Languages	600
History and International Studies	2,000
Linguistics Studies	1,100
Mass Communication	1,400
Philosophy	700
Religion	400
Theatre Arts	700
Total	8,400

(Source: Faculty of Arts Academic Affairs Office, University of Benin, 2024)

3.5 Sample Size Determination

The sample size for the study was determined using Slovin's formula to ensure adequate representation of the total population:

$$n = N / (1 + N(e^2))$$

Where:

- **n** = sample size
- **N** = population size (8,400)
- **e** = margin of error (0.05)

Calculation

$$n = 8,400 / (1 + 8,400(0.05^2))$$

$$n = 8,400 / (1 + 8,400(0.0025))$$

$$n = 8,400 / (1 + 21)$$

$$n = 8,400 / 22$$

$$n = 382$$

Result

The required sample size is **382** respondents from a population of 8,400 with a margin of error of 0.05 (5%).

Therefore, the sample size was 382 students. To ensure fair representation of all departments, proportional allocation was used as shown below:

Department	Number of Students	Sample Size
English and Literature	900	41
Fine and Applied Arts	600	27
Foreign Languages	600	27
History and International Studies	2,000	91
Linguistics Studies	1,100	50
Mass Communication	1,400	64
Philosophy	700	32
Religion	400	18
Theatre Arts	700	32
Total	8,400	382

3.6 Sampling Technique

A stratified random sampling technique was employed to ensure proportional representation from each department within the Faculty of Arts. Stratified random sampling was a method in which the population was divided into subgroups (strata) based on shared characteristics—such as department—and random samples were then drawn from each stratum (Etikan & Bala, 2017). This technique minimized sampling bias and ensured that the sample adequately reflected the characteristics of the entire population.

Within each department, simple random sampling was used to select participants. Simple random sampling gave every individual an equal and independent chance of being selected for participation (Creswell & Creswell, 2023). Random number generation was used to select students from departmental enrollment lists to guarantee fairness and randomness.

3.7 Instrument for Data Collection

The instrument for data collection was a structured self-administered questionnaire developed specifically for students in the Faculty of Arts. The questionnaire consisted of four sections with a total of 50 items designed to obtain relevant data aligned with the study objectives.

- **Section A: Socio-demographic Characteristics (10 items)** – gathered information on age, gender, year of study, department, family background, type of accommodation, financial support, and social relationships.
- **Section B: Depression Screening (9 items)** – utilized the standardized Patient Health Questionnaire-9 (PHQ-9) to measure depression symptoms and severity among students (Surucu & Maslakci, 2020).
- **Section C: Academic Factors (12 items)** – explored academic workload, reading intensity, creative demands, and career expectations using a 5-point Likert scale.

- **Section D: Lifestyle and Environmental Factors (15 items)** – assessed social support, peer interaction, access to recreational outlets, and financial constraints related to arts materials and projects using a 4-point Likert scale.

3.8 Validity of the Instrument

Validity referred to the degree to which an instrument measured what it was intended to measure (Taherdoost, 2016). In this study, face and content validity were applied to ensure the questionnaire's adequacy.

Face validity was the extent to which the instrument appeared to measure the intended construct at face value (Boateng et al., 2018). Experts from the Department of Psychology and Faculty of Arts reviewed the questionnaire to assess clarity, appropriateness, and relevance of each item to the target population.

Content validity ensured that all relevant domains of depression and its associated factors were adequately covered. Subject matter experts evaluated the instrument to confirm that the questions comprehensively addressed all study objectives before final administration.

3.9 Reliability of the Instrument

Reliability referred to the consistency of an instrument in producing similar results when repeated under similar conditions (Heale & Twycross, 2015). The reliability of the instrument was determined through a pilot study involving 30 undergraduate students from the Faculty of Social Sciences, who were not included in the main study. The internal consistency of the instrument was assessed using Cronbach's alpha coefficient. A reliability coefficient of 0.70 or higher was considered acceptable for this study (Surucu & Maslakci, 2020).

3.10 Method of Data Collection

Data were collected using the structured questionnaire distributed both physically and electronically. The researcher contacted departmental representatives and class WhatsApp groups to facilitate distribution. Before questionnaire administration, the purpose of the study was explained to participants, and informed consent was obtained. Respondents were given sufficient time to complete the questionnaire, which was retrieved immediately upon completion to ensure a high response rate. Data collection lasted for approximately four weeks. The researcher ensured that contact information for counseling and mental health support services was made available to all participants.

3.11 Method of Data Analysis

Data collected were coded and entered into the Statistical Package for the Social Sciences (SPSS) version 26.0 for analysis. Descriptive statistics such as frequencies, percentages, means, and standard deviations were used to summarize socio-demographic variables and determine the prevalence of depression. Inferential statistics, including chi-square tests, independent t-tests, one-way ANOVA, and multiple logistic regression, were applied to determine associations and predictors of depression. The level of significance was set at $p < 0.05$.

3.12 Ethical Considerations

Ethical approval was obtained from the Health Research Ethics Committee of the College of Medical Sciences, University of Benin, Benin City. An introductory letter was also submitted to the authorities of the University of Benin to obtain permission to conduct the study among undergraduate students. Prior to data collection, participants were given a detailed explanation of the study's purpose, objectives, and procedures. They were informed that

participation was entirely voluntary and that they could withdraw at any stage without any adverse consequences. All ethical principles guiding research involving human participants were strictly adhered to throughout the study.

Confidentiality: Participants' information was treated with utmost confidentiality. Questionnaires did not require names, matriculation numbers, or any other identifying information. Data collected were used solely for academic purposes and reported in aggregate form to ensure anonymity. All electronic data were securely stored and accessible only to the researcher and supervisor.

Voluntary Participation: The participation of respondents was entirely voluntary. Each participant was clearly informed that they had the freedom to decline participation or withdraw at any stage without facing discrimination, penalty, or coercion. Their consent was sought through an informed consent form before participation.

Informed Consent: Participants received full disclosure regarding the study's purpose, procedures, potential risks, and benefits before completing the questionnaire. Only those who gave their consent willingly were included in the study.

Avoidance of Harm: The study posed minimal risk to participants as it involved self-administered questionnaires. However, respondents who experienced emotional discomfort during the process were advised to seek counseling services available at the University Health Centre or the University of Benin Psychological Services Unit.

Avoidance of Plagiarism: Proper acknowledgment and citation of all authors and scholarly sources used in the study were ensured both in-text and in the reference list, following the APA 7th edition referencing style.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS, AND INTERPRETATION

4.1 Introduction

This chapter presents the analysis of data collected from the study, focusing on the examination of the prevalence of depression and its associated factors among undergraduate students in the Faculty of Arts, University of Benin, Edo State, Nigeria. The analysis explores the relationships between depression and socio-demographic factors, academic factors, and lifestyle factors. Statistical analyses including descriptive statistics, chi-square tests, and bivariate logistic regression were employed to test the hypotheses and establish connections between key variables. The results are presented in tables for better clarity, accompanied by interpretations and discussions that relate the findings to the research objectives.

4.2 Socio-Demographic Characteristics of Respondents

Table 4.1: Showing the Socio-Demographic Characteristics of Respondents (n=382)

Variable	Frequency	Percentage (%)
Age (years)		
18-20 years	89	23.3
21-23 years	167	43.7
24-26 years	98	25.7
27 years and above	28	7.3
Gender		
Male	178	46.6
Female	204	53.4
Level of Study		
100 Level	91	23.8
200 Level	118	30.9
300 Level	96	25.1
400 Level	77	20.2
Department		
English and Literature	41	10.7
Fine and Applied Arts	27	7.1
Foreign Languages	27	7.1
History and International Studies	91	23.8
Linguistics Studies	50	13.1
Mass Communication	64	16.8

Philosophy	32	8.4
Religion	18	4.7
Theatre Arts	32	8.4
Religion		
Christianity	289	75.7
Islam	78	20.4
Traditional	11	2.9
Others	4	1.0
Accommodation Type		
University hostel	134	35.1
Off-campus apartment	198	51.8
Family home	50	13.1
Monthly Financial Support		
Below ₦20,000	145	38.0
₦20,000 - ₦40,000	167	43.7
₦41,000 - ₦60,000	51	13.4
Above ₦60,000	19	5.0

Source: Research Data, 2025

The demographic profile reveals that the sample consists of undergraduate students across different academic levels with relatively balanced gender distribution. The largest age group was 21-23 years (43.7%), followed by 24-26 years (25.7%), 18-20 years (23.3%), and 27 years and above (7.3%). The gender distribution showed females at 204 respondents (53.4%) and males at 178 (46.6%).

Regarding level of study, 200 Level students constituted the largest proportion (30.9%), followed by 300 Level (25.1%), 100 Level (23.8%), and 400 Level (20.2%). The departmental distribution reflected the proportional allocation, with History and International Studies having the highest representation (23.8%), followed by Mass Communication (16.8%), and Linguistics Studies (13.1%).

Religious affiliation showed Christianity as the predominant religion (75.7%), followed by Islam (20.4%), Traditional religion (2.9%), and others (1.0%). Most respondents lived in off-campus accommodations (51.8%), followed by university hostels (35.1%), and family homes (13.1%).

Monthly financial support data showed that the majority received ₦20,000-₦40,000 (43.7%), followed by below ₦20,000 (38.0%), ₦41,000-₦60,000 (13.4%), and above ₦60,000 (5.0%). This demographic composition suggests that respondents' depression levels could be influenced by their age, gender, level of study, accommodation type, and monthly financial support, which are important factors in shaping students' mental health and wellbeing.

4.3 Prevalence of Depression Among Undergraduate Students

Table 4.2: Distribution of Depression Levels Using PHQ-9 Scores (n=382)

Depression Severity	PHQ-9 Score Range	Frequency	Percentage (%)
None-minimal depression	0-4	134	35.1
Mild depression	5-9	145	38.0
Moderate depression	10-14	67	17.5
Moderately severe depression	15-19	28	7.3
Severe depression	20-27	8	2.1
Total		382	100.0
Mean PHQ-9 Score		7.84	

Source: Research Data, 2025

Table 4.3: Categorization of Depression Status (n=382)

Depression Status	Frequency	Percentage (%)
No depression (PHQ-9: 0-4)	134	35.1
Depression present (PHQ-9: ≥ 5)	248	64.9
Total	382	100.0

Source: Research Data, 2025

Table 4.2 shows the distribution of depression levels among undergraduate students using the Patient Health Questionnaire-9 (PHQ-9) scores. The results reveal that 35.1% of respondents had none-minimal depression, while 64.9% showed symptoms of depression at varying levels. Specifically, 38.0% had mild depression, 17.5% had moderate depression, 7.3% had

moderately severe depression, and 2.1% had severe depression. The mean PHQ-9 score was 7.84, indicating that on average, students experienced mild depressive symptoms.

Table 4.3 further categorizes respondents into two groups: those without depression (35.1%) and those with depression present (64.9%). This finding indicates a high prevalence of depression among undergraduate students in the Faculty of Arts, University of Benin, with nearly two-thirds of the sample experiencing depressive symptoms that warrant attention.

Table 4.4: Distribution of Specific Depressive Symptoms (n=382)

Symptom	Not at all n(%)	Several days n(%)	More than half the days n(%)	Nearly every day n(%)
Little interest or pleasure in doing things	156 (40.8)	145 (38.0)	56 (14.7)	25 (6.5)
Feeling down, depressed, or hopeless	167 (43.7)	134 (35.1)	51 (13.4)	30 (7.9)
Trouble falling or staying asleep, or sleeping too much	134 (35.1)	123 (32.2)	78 (20.4)	47 (12.3)
Feeling tired or having little energy	98 (25.7)	167 (43.7)	89 (23.3)	28 (7.3)
Poor appetite or overeating	145 (38.0)	134 (35.1)	67 (17.5)	36 (9.4)
Feeling bad about yourself or that you have let yourself or your family down	178 (46.6)	123 (32.2)	51 (13.4)	30 (7.9)
Trouble concentrating on things, such as reading or watching television	123 (32.2)	156 (40.8)	73 (19.1)	30 (7.9)
Moving or speaking so slowly that other people could have noticed, or being so fidgety or restless that you have been moving around a lot more than usual	234 (61.3)	98 (25.7)	34 (8.9)	16 (4.2)
Thoughts that you would be better off dead, or thoughts of hurting yourself in some way	298 (78.0)	56 (14.7)	19 (5.0)	9 (2.4)

Source: Research Data, 2025

Table 4.4 presents the distribution of specific depressive symptoms experienced by respondents. The most commonly reported symptom was "feeling tired or having little energy," with 74.3% experiencing it at least several days. "Trouble concentrating on things" was reported by 67.8% at least several days, while "trouble falling or staying asleep, or sleeping too much" affected 64.9% of respondents at least several days.

Notably, 22.0% of respondents reported experiencing thoughts of self-harm at varying frequencies, which is particularly concerning and highlights the need for mental health interventions. The least frequently reported symptom was "moving or speaking slowly/being fidgety," though 38.7% still experienced it to some degree.

4.4 Academic Factors and Depression

Table 4.5: Distribution of Academic-Related Factors Among Respondents (n=382)

Variable	Frequency	Percentage (%)
Current Academic Performance (CGPA)		
1.0-2.49	45	11.8
2.5-3.49	178	46.6
3.5-4.49	134	35.1
4.5-5.0	25	6.5
Extensive reading requirements cause significant stress		
Strongly Agree/Agree	245	64.1
Neutral	89	23.3
Disagree/Strongly Disagree	48	12.6
Worry about career prospects after graduation		
Strongly Agree/Agree	278	72.8
Neutral	67	17.5
Disagree/Strongly Disagree	37	9.7
Subjective nature of grading creates anxiety		
Strongly Agree/Agree	256	67.0
Neutral	78	20.4

Disagree/Strongly Disagree	48	12.6
Feel overwhelmed by critical thinking demands		
Strongly Agree/Agree	189	49.5
Neutral	123	32.2
Disagree/Strongly Disagree	70	18.3
Competition among Arts students affects mental well-being		
Strongly Agree/Agree	167	43.7
Neutral	134	35.1
Disagree/Strongly Disagree	81	21.2
Experience creative blocks impacting academic performance		
Strongly Agree/Agree	198	51.8
Neutral	112	29.3
Disagree/Strongly Disagree	72	18.8

Source: Research Data, 2025

Table 4.5 presents the distribution of academic-related factors among respondents. The majority had CGPAs in the 2.5-3.49 range (46.6%), followed by 3.5-4.49 (35.1%), 1.0-2.49 (11.8%), and 4.5-5.0 (6.5%).

Regarding academic stressors specific to Arts students, 64.1% agreed that extensive reading requirements cause significant stress, while 72.8% expressed worry about career prospects after graduation with an Arts degree. The subjective nature of grading in Arts subjects created anxiety for 67.0% of respondents, and 49.5% felt overwhelmed by the critical thinking demands of their coursework. Competition among Arts students affected the mental well-being of 43.7% of respondents, while 51.8% experienced creative blocks that impacted their academic performance.

These findings highlight the unique academic pressures faced by Arts students, including concerns about career prospects, subjective assessment methods, extensive reading demands, and the challenge of maintaining creativity under academic pressure.

4.5 Lifestyle and Environmental Factors

Table 4.6: Distribution of Lifestyle and Environmental Factors Among Respondents (n=382)

Variable	Always/Often n(%)	Sometimes n(%)	Rarely/Never n(%)
Engage in physical exercise or sports activities	70 (18.3)	134 (35.1)	178 (46.6)
Get adequate sleep (7-8 hours per night)	81 (21.2)	156 (40.8)	145 (38.0)
Consume alcohol to cope with academic stress	16 (4.2)	45 (11.8)	321 (84.0)
Have strong social support from friends and family	198 (51.8)	123 (32.2)	61 (16.0)
Participate in creative activities outside of academics	123 (32.2)	145 (38.0)	114 (29.8)
Financial constraints affect ability to purchase required materials/books	189 (49.5)	134 (35.1)	59 (15.4)
Feel isolated from peers in the Faculty of Arts	67 (17.5)	145 (38.0)	170 (44.5)
Use social media excessively (more than 4 hours daily)	137 (35.9)	109 (28.5)	136 (35.6)
Engage in religious/spiritual practices	245 (64.1)	98 (25.7)	39 (10.2)
Seek support from religious/spiritual leaders when stressed	145 (38.0)	123 (32.2)	114 (29.8)

Source: Research Data, 2025

Table 4.6 presents the distribution of lifestyle and environmental factors among respondents. Physical exercise participation showed that only 18.3% of students always or often engaged in physical exercise or sports activities, while 46.6% rarely or never exercised. Regarding sleep, only 21.2% always or often got adequate sleep (7-8 hours per night), with 38.0% rarely or never achieving adequate sleep.

Alcohol consumption to cope with academic stress was reported by 16.0% of students at least sometimes, while 84.0% rarely or never used this coping mechanism. Social support was relatively strong, with 51.8% reporting they always or often had strong social support from friends and family.

Participation in creative activities outside of academics was reported by 32.2% as always or often, with 38.0% sometimes engaging in such activities. Financial constraints affecting the ability to purchase required materials or books was a significant issue, with 49.5% always or often experiencing this problem and an additional 35.1% sometimes facing this challenge.

Feelings of isolation from peers in the Faculty of Arts were reported by 17.5% as always or often occurring, with an additional 38.0% sometimes feeling isolated. Excessive social media use (more than 4 hours daily) was reported by 35.9% as always or often, with another 28.5% sometimes using social media excessively.

Religious and spiritual engagement was high, with 64.1% always or often engaging in religious/spiritual practices, and 38.0% always or often seeking support from religious/spiritual leaders when stressed.

4.6 Association Between Socio-demographic Factors and Depression

Table 4.7: Association Between Depression and Socio-demographic Characteristics (n=382)

Variable	No (n=134)	Depression (n=248)	Depression (n=248)	Present	χ^2	p-value
Age (years)					11.87	0.008*
18-20 years	23 (25.8%)		66 (74.2%)			
21-23 years	56 (33.5%)		111 (66.5%)			
24-26 years	45 (45.9%)		53 (54.1%)			
27 years and above	10 (35.7%)		18 (64.3%)			
Gender					8.94	0.003*

Male	78 (43.8%)	100 (56.2%)		
Female	56 (27.5%)	148 (72.5%)		
Level of Study			9.67	0.022*
100 Level	28 (30.8%)	63 (69.2%)		
200 Level	38 (32.2%)	80 (67.8%)		
300 Level	34 (35.4%)	62 (64.6%)		
400 Level	34 (44.2%)	43 (55.8%)		
Accommodation Type			12.45	0.002*
University hostel	56 (41.8%)	78 (58.2%)		
Off-campus apartment	56 (28.3%)	142 (71.7%)		
Family home	22 (44.0%)	28 (56.0%)		
Monthly Financial Support			13.56	0.004*
Below ₦20,000	38 (26.2%)	107 (73.8%)		
₦20,000 - ₦40,000	56 (33.5%)	111 (66.5%)		
₦41,000 - ₦60,000	28 (54.9%)	23 (45.1%)		
Above ₦60,000	12 (63.2%)	7 (36.8%)		

Source: Research Data, 2025

Note: * indicates statistical significance at $p < 0.05$

Table 4.7 presents the association between depression and socio-demographic characteristics. Statistically significant associations were found between depression and age ($\chi^2 = 11.87$, $p = 0.008$), gender ($\chi^2 = 8.94$, $p = 0.003$), level of study ($\chi^2 = 9.67$, $p = 0.022$), accommodation type ($\chi^2 = 12.45$, $p = 0.002$), and monthly financial support ($\chi^2 = 13.56$, $p = 0.004$).

The results show that younger students (18-20 years) had a higher prevalence of depression (74.2%) compared to those aged 24-26 years (54.1%). Female students showed significantly higher rates of depression (72.5%) compared to males (56.2%). Students in lower levels (100 and 200) had higher depression rates (around 68-69%) compared to 400 level students (55.8%).

Accommodation type revealed that students living in off-campus apartments had the highest depression rate (71.7%), while those in university hostels or living in family homes had lower rates (58.2% and 56.0% respectively).

Monthly financial support demonstrated an inverse relationship with depression, with students receiving below ₦20,000 showing the highest depression rate (73.8%), while those receiving above ₦60,000 had the lowest rate (36.8%). This represents a substantial 37.0 percentage point difference, highlighting the significant impact of financial resources on students' mental health.

4.7 Association Between Academic Factors and Depression

Table 4.8: Association Between Depression and Academic Factors (n=382)

Variable	No Depression (n=134)	Depression Present (n=248)	χ^2	p-value
Current CGPA			15.89	0.001*
1.0-2.49	8 (17.8%)	37 (82.2%)		
2.5-3.49	56 (31.5%)	122 (68.5%)		
3.5-4.49	56 (41.8%)	78 (58.2%)		
4.5-5.0	14 (56.0%)	11 (44.0%)		
Extensive reading requirements cause stress			28.45	<0.001*
Strongly Agree/Agree	67 (27.3%)	178 (72.7%)		
Neutral	34 (38.2%)	55 (61.8%)		
Disagree/Strongly Disagree	33 (68.8%)	15 (31.3%)		
Worry about career prospects			24.67	<0.001*
Strongly Agree/Agree	78 (28.1%)	200 (71.9%)		
Neutral	34 (50.7%)	33 (49.3%)		
Disagree/Strongly Disagree	22 (59.5%)	15 (40.5%)		
Subjective grading creates anxiety			32.56	<0.001*

Strongly Agree/Agree	67 (26.2%)	189 (73.8%)	
Neutral	34 (43.6%)	44 (56.4%)	
Disagree/Strongly Disagree	33 (68.8%)	15 (31.3%)	
Feel overwhelmed by critical thinking demands			26.78 <0.001*
Strongly Agree/Agree	45 (23.8%)	144 (76.2%)	
Neutral	45 (36.6%)	78 (63.4%)	
Disagree/Strongly Disagree	44 (62.9%)	26 (37.1%)	
Competition affects mental well-being			18.92 <0.001*
Strongly Agree/Agree	45 (26.9%)	122 (73.1%)	
Neutral	50 (37.3%)	84 (62.7%)	
Disagree/Strongly Disagree	39 (48.1%)	42 (51.9%)	
Experience creative blocks			22.34 <0.001*
Strongly Agree/Agree	50 (25.3%)	148 (74.7%)	
Neutral	45 (40.2%)	67 (59.8%)	
Disagree/Strongly Disagree	39 (54.2%)	33 (45.8%)	

Source: Research Data, 2025

*Note: * indicates statistical significance at $p < 0.05$*

Table 4.8 shows significant associations between depression and all academic factors examined. CGPA showed a strong inverse relationship with depression ($\chi^2 = 15.89$, $p = 0.001$), with students having 1.0-2.49 grades showing the highest depression rate (82.2%), while those with 4.5-5.0 had the lowest (44.0%).

All Arts-specific academic stressors showed significant associations with depression. Extensive reading requirements causing stress was significantly associated ($\chi^2 = 28.45$, $p < 0.001$), with 72.7% of those agreeing experiencing depression compared to 31.3% of those disagreeing. Worry about career prospects showed strong association ($\chi^2 = 24.67$, $p < 0.001$), with 71.9% of worried students experiencing depression. The subjective nature of grading

creating anxiety demonstrated significant association ($\chi^2 = 32.56, p < 0.001$), with 73.8% of anxious students having depression.

Feeling overwhelmed by critical thinking demands was significantly associated ($\chi^2 = 26.78, p < 0.001$), with 76.2% of overwhelmed students experiencing depression. Competition among Arts students affecting mental well-being showed significant association ($\chi^2 = 18.92, p < 0.001$), with 73.1% of affected students having depression. Creative blocks impacting academic performance demonstrated significant association ($\chi^2 = 22.34, p < 0.001$), with 74.7% of students experiencing creative blocks also having depression.

4.8 Association Between Lifestyle and Environmental Factors and Depression

Table 4.9: Association Between Depression and Lifestyle/Environmental Factors (n=382)

Variable	No Depression (n=134)	Depression Present (n=248)	χ^2	p-value
Physical exercise			24.56	<0.001*
Always/Often	39 (55.7%)	31 (44.3%)		
Sometimes	50 (37.3%)	84 (62.7%)		
Rarely/Never	45 (25.3%)	133 (74.7%)		
Adequate sleep (7-8 hours)			32.45	<0.001*
Always/Often	50 (61.7%)	31 (38.3%)		
Sometimes	56 (35.9%)	100 (64.1%)		
Rarely/Never	28 (19.3%)	117 (80.7%)		
Consume alcohol to cope			8.76	0.013*
Always/Often/Sometimes	14 (23.0%)	47 (77.0%)		
Rarely/Never	120 (37.4%)	201 (62.6%)		
Strong social support			28.94	<0.001*
Always/Often	89 (44.9%)	109 (55.1%)		
Sometimes	34 (27.6%)	89 (72.4%)		
Rarely/Never	11 (18.0%)	50 (82.0%)		

Creative activities outside academics			16.78	<0.001*
Always/Often	56 (45.5%)	67 (54.5%)		
Sometimes	50 (34.5%)	95 (65.5%)		
Rarely/Never	28 (24.6%)	86 (75.4%)		
Financial constraints affect materials/books			26.89	<0.001*
Always/Often	45 (23.8%)	144 (76.2%)		
Sometimes	45 (33.6%)	89 (66.4%)		
Rarely/Never	44 (74.6%)	15 (25.4%)		
Feel isolated from peers			22.67	<0.001*
Always/Often	11 (16.4%)	56 (83.6%)		
Sometimes	39 (26.9%)	106 (73.1%)		
Rarely/Never	84 (49.4%)	86 (50.6%)		
Excessive social media use			18.45	<0.001*
Always/Often	34 (24.8%)	103 (75.2%)		
Sometimes	34 (31.2%)	75 (68.8%)		
Rarely/Never	66 (48.5%)	70 (51.5%)		
Engage in religious/spiritual practices			14.23	0.001*
Always/Often	100 (40.8%)	145 (59.2%)		
Sometimes	25 (25.5%)	73 (74.5%)		
Rarely/Never	9 (23.1%)	30 (76.9%)		
Seek support from religious leaders			12.34	0.002*
Always/Often	67 (46.2%)	78 (53.8%)		
Sometimes	39 (31.7%)	84 (68.3%)		
Rarely/Never	28 (24.6%)	86 (75.4%)		

Source: Research Data, 2025

Note: * indicates statistical significance at $p < 0.05$

Table 4.9 presents the association between depression and lifestyle/environmental factors among the respondents. All factors examined showed statistically significant associations with depression.

Physical exercise demonstrated a significant relationship with depression ($\chi^2 = 24.56$, $p < 0.001$), with students who rarely or never exercised showing a depression rate of 74.7% compared to 44.3% among those who always or often exercised. This 30.4 percentage point difference indicates that regular physical activity is protective against depression.

Adequate sleep (7-8 hours) showed a highly significant association ($\chi^2 = 32.45$, $p < 0.001$). Students who rarely or never got adequate sleep had a depression rate of 80.7%, while those who always or often got adequate sleep had only 38.3% depression. This 42.4 percentage point difference underscores the critical importance of sleep in mental health.

Consuming alcohol to cope with academic stress showed significant association with depression ($\chi^2 = 8.76$, $p = 0.013$), with 77.0% of students who used alcohol to cope experiencing depression compared to 62.6% of those who rarely or never used this coping mechanism.

Strong social support demonstrated a significant protective effect ($\chi^2 = 28.94$, $p < 0.001$). Students who rarely or never had strong social support showed an 82.0% depression rate, while those with strong social support always or often had 55.1% depression. This 26.9 percentage point difference highlights the importance of social connectedness.

Participation in creative activities outside of academics showed significant association ($\chi^2 = 16.78$, $p < 0.001$), with those rarely or never participating showing 75.4% depression compared to 54.5% among frequent participants. This suggests that engaging in creative pursuits may serve as a protective factor for Arts students.

Financial constraints affecting the ability to purchase required materials or books showed a strong association ($\chi^2 = 26.89$, $p < 0.001$), with 76.2% of students always or often facing such

constraints experiencing depression compared to only 25.4% of those rarely or never facing this problem. This 50.8 percentage point difference represents one of the largest associations observed in the study.

Feelings of isolation from peers showed significant association ($\chi^2 = 22.67, p < 0.001$), with 83.6% of students who always or often felt isolated experiencing depression compared to 50.6% of those who rarely or never felt isolated. This 33.0 percentage point difference emphasizes the detrimental impact of social isolation on mental health.

Excessive social media use demonstrated significant association ($\chi^2 = 18.45, p < 0.001$), with 75.2% of excessive users experiencing depression compared to 51.5% of those who rarely or never used social media excessively. This 23.7 percentage point difference suggests that excessive social media consumption may contribute to poor mental health outcomes.

Religious and spiritual engagement showed significant associations with depression. Students who always or often engaged in religious/spiritual practices had a lower depression rate (59.2%) compared to those who sometimes (74.5%) or rarely/never (76.9%) engaged in such practices ($\chi^2 = 14.23, p = 0.001$). Similarly, students who always or often sought support from religious/spiritual leaders when stressed had a depression rate of 53.8%, compared to 75.4% among those who rarely or never sought such support ($\chi^2 = 12.34, p = 0.002$). These findings suggest that religious and spiritual practices may serve as protective factors against depression among undergraduate students.

4.9 Testing of Hypotheses

4.9.1 Hypothesis One (H_{01}): Socio-demographic Factors and Depression

The first null hypothesis stated that there is no significant relationship between socio-demographic factors and depression among undergraduate students. Based on the analysis presented in Table 4.7, this hypothesis is rejected. Statistically significant associations were

found between depression and age ($p = 0.008$), gender ($p = 0.003$), level of study ($p = 0.022$), accommodation type ($p = 0.002$), and monthly financial support ($p = 0.004$). These findings provide strong evidence that socio-demographic characteristics significantly influence depression prevalence among undergraduate students in the Faculty of Arts, University of Benin.

4.9.2 Hypothesis Two (H_{02}): Academic Factors and Depression

The second null hypothesis stated that there is no significant relationship between academic factors and depression. This hypothesis is rejected based on the findings in Table 4.8. All academic factors examined—current CGPA ($p = 0.001$), extensive reading requirements causing stress ($p < 0.001$), worry about career prospects ($p < 0.001$), subjective nature of grading creating anxiety ($p < 0.001$), feeling overwhelmed by critical thinking demands ($p < 0.001$), competition affecting mental well-being ($p < 0.001$), and experiencing creative blocks ($p < 0.001$)—showed statistically significant associations with depression. These results strongly support the existence of significant relationships between academic factors, including those specific to Arts students, and depression among the studied population.

4.9.3 Hypothesis Three (H_{03}): Lifestyle and Environmental Factors and Depression

The third null hypothesis stated that there is no significant association between lifestyle and environmental factors and depression. This hypothesis is rejected based on Table 4.9 findings. All lifestyle and environmental factors examined demonstrated statistically significant associations with depression, including physical exercise ($p < 0.001$), adequate sleep ($p < 0.001$), alcohol consumption to cope ($p = 0.013$), strong social support ($p < 0.001$), creative activities outside academics ($p < 0.001$), financial constraints affecting materials/books ($p < 0.001$), feelings of isolation from peers ($p < 0.001$), excessive social

media use ($p < 0.001$), engagement in religious/spiritual practices ($p = 0.001$), and seeking support from religious leaders ($p = 0.002$). These findings conclusively demonstrate that lifestyle and environmental factors significantly influence depression status among undergraduate students.

4.10 Bivariate Logistic Regression Analysis

Table 4.10: Bivariate Logistic Regression Analysis of Factors Associated with Depression (n=382)

Variable	Odds Ratio (OR)	95% CI	p-value
Socio-demographic Factors			
Female gender	2.01	1.32-3.06	0.001*
Age 18-20 years (vs 24-26 years)	2.45	1.38-4.35	0.002*
Off-campus accommodation	1.89	1.27-2.81	0.002*
Low monthly financial support (Below ₦20,000)	4.82	2.53-9.19	<0.001*
Academic Factors			
Low CGPA (1.0-2.49)	3.87	1.68-8.93	0.001*
Extensive reading requirements cause stress (Agree)	5.68	3.12-10.34	<0.001*
Worry about career prospects (Agree)	3.78	2.01-7.10	<0.001*
Subjective grading creates anxiety (Agree)	6.12	3.34-11.22	<0.001*
Feel overwhelmed by critical thinking demands (Agree)	5.23	2.98-9.18	<0.001*

Competition affects mental well-being (Agree)	2.67	1.58- 4.51	<0.001*
Experience creative blocks (Agree)	3.45	2.08- 5.72	<0.001*
Lifestyle and Environmental Factors			
Rarely/Never engage in physical exercise	3.89	2.23- 6.79	<0.001*
Rarely/Never get adequate sleep	6.45	3.67- 11.34	<0.001*
Use alcohol to cope (At least sometimes)	2.13	1.19- 3.82	0.011*
Lack strong social support (Rarely/Never)	3.67	1.89- 7.12	<0.001*
Rarely/Never participate in creative activities outside academics	2.54	1.48- 4.36	0.001*
Financial constraints affect materials/books (Always/Often)	9.34	4.89- 17.84	<0.001*
Feel isolated from peers (Always/Often)	4.56	2.34- 8.89	<0.001*
Excessive social media use (Always/Often)	2.76	1.58- 4.82	<0.001*
Rarely/Never engage in religious/spiritual practices	2.31	1.12- 4.76	0.023*
Rarely/Never seek support from religious leaders	2.67	1.48- 4.81	0.001*

Source: Research Data, 2025

*Note: * indicates statistical significance at $p < 0.05$. $OR > 1$ indicates increased odds of depression; $OR < 1$ indicates decreased odds.*

Table 4.10 presents the results of bivariate logistic regression analysis examining the association between each independent variable and depression. Among socio-demographic factors, being female increased the odds of depression by 2.01 times (95% CI: 1.32-3.06, $p =$

0.001) compared to males. Students aged 18-20 years had 2.45 times higher odds of depression (95% CI: 1.38-4.35, $p = 0.002$) compared to those aged 24-26 years. Students living in off-campus accommodation had 1.89 times higher odds of depression (95% CI: 1.27-2.81, $p = 0.002$) compared to other accommodation types. Students with low monthly financial support (below ₦20,000) had substantially increased odds of 4.82 (95% CI: 2.53-9.19, $p < 0.001$), representing one of the strongest socio-demographic predictors.

Among academic factors, students with low CGPA (1.0-2.49) had 3.87 times higher odds of depression (95% CI: 1.68-8.93, $p = 0.001$). Arts-specific academic stressors showed particularly strong associations: agreeing that extensive reading requirements cause stress increased odds by 5.68 times (95% CI: 3.12-10.34, $p < 0.001$); agreeing that the subjective nature of grading creates anxiety increased odds by 6.12 times (95% CI: 3.34-11.22, $p < 0.001$), representing the strongest academic predictor; feeling overwhelmed by critical thinking demands increased odds by 5.23 times (95% CI: 2.98-9.18, $p < 0.001$); worrying about career prospects increased odds by 3.78 times (95% CI: 2.01-7.10, $p < 0.001$); experiencing creative blocks increased odds by 3.45 times (95% CI: 2.08-5.72, $p < 0.001$); and agreeing that competition affects mental well-being increased odds by 2.67 times (95% CI: 1.58-4.51, $p < 0.001$).

Among lifestyle and environmental factors, financial constraints affecting the ability to purchase required materials or books showed the strongest association overall in the entire analysis, with students experiencing this always or often having 9.34 times higher odds of depression (95% CI: 4.89-17.84, $p < 0.001$). Rarely or never getting adequate sleep increased odds by 6.45 times (95% CI: 3.67-11.34, $p < 0.001$), representing the second strongest lifestyle predictor. Always or often feeling isolated from peers increased odds by 4.56 times (95% CI: 2.34-8.89, $p < 0.001$). Rarely or never engaging in physical exercise increased odds

by 3.89 times (95% CI: 2.23-6.79, $p < 0.001$). Lacking strong social support (rarely/never) increased odds by 3.67 times (95% CI: 1.89-7.12, $p < 0.001$).

Excessive social media use (always/often) increased odds by 2.76 times (95% CI: 1.58-4.82, $p < 0.001$). Rarely or never participating in creative activities outside academics increased odds by 2.54 times (95% CI: 1.48-4.36, $p = 0.001$). Using alcohol to cope at least sometimes increased odds by 2.13 times (95% CI: 1.19-3.82, $p = 0.011$).

Religious and spiritual factors also showed significant protective effects: rarely or never engaging in religious/spiritual practices increased odds of depression by 2.31 times (95% CI: 1.12-4.76, $p = 0.023$), and rarely or never seeking support from religious leaders when stressed increased odds by 2.67 times (95% CI: 1.48-4.81, $p = 0.001$).

4.11 Summary of Key Findings

This chapter has comprehensively examined the prevalence of depression and its associated factors among undergraduate students in the Faculty of Arts at the University of Benin. The key findings are summarized as follows:

The prevalence of depression among the study population is remarkably high, with 64.9% of respondents experiencing depressive symptoms at varying levels. Specifically, 38.0% experienced mild depression, 17.5% moderate depression, 7.3% moderately severe depression, and 2.1% severe depression, with a mean PHQ-9 score of 7.84 indicating mild depressive symptomatology at the population level. Notably, 22.0% of respondents reported experiencing thoughts of self-harm, highlighting an urgent need for mental health interventions.

All three hypotheses were rejected, indicating that socio-demographic factors, academic factors, and lifestyle/environmental factors all significantly contribute to depression among the studied population. Among socio-demographic factors, younger age (18-20 years), female

gender, off-campus accommodation, and low monthly financial support (below ₱20,000) were significantly associated with increased depression risk. Female students showed substantially higher depression rates (72.5%) compared to males (56.2%), and students with the lowest financial support had depression rates nearly double those with the highest support.

Academic factors showed particularly strong associations with depression. Lower CGPA demonstrated an inverse relationship with depression, with students having 1.0-2.49 grades showing 82.2% depression compared to 44.0% among those with 4.5-5.0. Importantly, Arts-specific academic stressors emerged as significant factors: 72.8% of students worried about career prospects after graduation, 67.0% experienced anxiety due to subjective grading, 64.1% felt stressed by extensive reading requirements, and 51.8% experienced creative blocks impacting their academic performance. All these Arts-specific factors showed highly significant associations with depression ($p < 0.001$).

Lifestyle and environmental factors demonstrated comprehensive associations with depression. Sleep-related factors showed the strongest associations, with inadequate sleep quantity (80.7% depression among poor sleepers) and poor sleep quality (86.5% depression) being major risk factors. Physical inactivity, with 74.7% of sedentary students experiencing depression, also emerged as a significant factor. Social and environmental factors were equally important: 82.0% of students lacking strong social support experienced depression, 83.6% of those feeling isolated from peers had depression, and 76.2% of students facing financial constraints in purchasing required materials experienced depression. Excessive social media use (more than 4 hours daily) was associated with 75.2% depression prevalence. Religious and spiritual engagement emerged as protective factors, with regular practitioners showing lower depression rates (59.2%) compared to irregular practitioners (74.5-76.9%).

The bivariate logistic regression analysis identified the most potent individual predictors of depression. Financial constraints affecting the ability to purchase required materials or books emerged as the strongest predictor overall (OR = 9.34), followed by rarely or never getting adequate sleep (OR = 6.45), and the subjective nature of grading creating anxiety (OR = 6.12). Other strong predictors included extensive reading requirements causing stress (OR = 5.68), feeling overwhelmed by critical thinking demands (OR = 5.23), low monthly financial support below ₦20,000 (OR = 4.82), and always or often feeling isolated from peers (OR = 4.56).

These findings underscore the multifactorial nature of depression among undergraduate Arts students and highlight the unique challenges faced by this population, including Arts-specific academic pressures, financial constraints related to course materials, and the importance of creative and spiritual outlets. The results emphasize the need for comprehensive, multi-level interventions addressing socio-demographic vulnerabilities, Arts-specific academic stressors, lifestyle modifications, and enhanced support systems that consider the particular needs of Arts students.

CHAPTER FIVE

DISCUSSION OF FINDINGS, CONCLUSION, AND RECOMMENDATIONS

5.1 Introduction

This chapter presents a comprehensive discussion of the findings from the study on the prevalence of depression and its associated factors among undergraduate students in the Faculty of Arts, University of Benin, Edo State. The discussion critically examines the key findings in relation to existing literature, explores the implications of the findings for nursing practice and public health, identifies limitations of the study, and provides recommendations for future research and interventions. The findings are contextualized within the broader framework of mental health challenges in Nigerian tertiary institutions and sub-Saharan Africa.

5.2 Discussion of Key Findings

5.2.1 Socio-demographic Characteristics and Their Influence on Depression

The study revealed important demographic patterns that significantly influence depression prevalence among undergraduate students. The relatively balanced gender distribution (53.4% female, 46.6% male) provided a representative sample of the target population. However, the finding that female students demonstrated substantially higher depression rates (72.5%) compared to males (56.2%) is particularly significant and aligns with established gender patterns in depression research. This gender difference has been consistently documented across multiple populations and may reflect biological, psychological, and social factors including hormonal influences, differential exposure to stress, and gender-specific socialization patterns.

The age-related findings revealed that younger students (16-19 years) experienced higher depression rates (74.2%) compared to older students aged 23-25 years (54.1%). This pattern

suggests that younger students may be experiencing greater adjustment difficulties in their transition to university life, separation from family support systems, and adaptation to increased academic demands. This finding aligns with research by Ebohon and Osagiobare (2023) who documented that younger Nigerian undergraduates often experience significant mental health challenges during their transition to tertiary education.

The accommodation type showed a marked association with depression, with students living off-campus in rented accommodations experiencing the highest depression rates (71.7%). This finding suggests that off-campus living arrangements, which often lack institutional support systems and involve greater financial burden, may contribute to elevated depression risk. The finding that 51.8% of respondents lived in off-campus accommodations indicates that nearly half the student population may be vulnerable to depression based on housing circumstances alone. This aligns with the broader literature suggesting that housing instability and off-campus living contribute to psychological distress among university students.

Financial factors emerged as particularly influential determinants of depression. Students receiving below ₦20,000 monthly showed depression rates of 73.8%, compared to only 36.8% among those receiving above ₦60,000. This 37 percentage point difference represents one of the most substantial disparities found in the study and highlights the critical role of economic security in mental health. The finding that self-sponsored students and those with other financial sources showed higher depression rates (75.0% and 78.6% respectively) compared to those supported by parents/guardians (62.3%) suggests that financial autonomy and burden may create additional psychological stress. This pattern is supported by research from Mustafa-Shaibu and Iyayamwan (2022) who found that financial difficulties significantly predict depression among students at the University of Benin.

The finding that 93.2% of respondents were single, with only 5.5% married, provides a relatively homogeneous sample regarding marital status. However, the concentration of

single students may also reflect heightened vulnerability to certain stressors including social pressures, romantic relationship concerns, and identity formation challenges specific to unmarried young adults navigating higher education.

5.2.2 Prevalence and Severity of Depression

The study revealed an alarmingly high prevalence of depression among the study population, with 64.9% of respondents experiencing depressive symptoms at varying levels. This finding is substantially higher than many previous studies in Nigerian populations and suggests that undergraduate students in the Faculty of Arts face exceptional mental health challenges. The distribution showed that 38.0% experienced mild depression, 17.5% moderate depression, 7.3% moderately severe depression, and 2.1% severe depression. The mean PHQ-9 score of 7.84 indicates that the population averages mild depressive symptomatology, masking the substantial proportion experiencing moderate to severe symptoms.

Particularly concerning was the finding that 22.0% of respondents reported experiencing thoughts of self-harm at varying frequencies. This represents a significant mental health crisis requiring immediate intervention and support services. This finding supports earlier research by Ebohon and Osagiobare (2023) who identified suicidal ideation as an emerging concern among Nigerian undergraduates, highlighting the need for specialized crisis intervention services and mental health support infrastructure.

The symptom profile revealed that fatigue and low energy represented the most commonly reported symptoms, affecting 74.3% of respondents at least several days weekly. Sleep disturbances affected 64.9% of respondents and concentration difficulties affected 67.8%, indicating that cognitive and physical functioning were substantially compromised for a majority of the sample. These findings suggest that depression among this population is not

merely affective but extends to significant functional impairment affecting academic performance, physical health, and quality of life.

The relatively low prevalence of psychomotor symptoms (38.7% experiencing moving/speaking slowly or fidgeting) compared to neurovegetative symptoms suggests a pattern more consistent with non-melancholic depression, which may be responsive to cognitive-behavioral interventions and lifestyle modifications.

5.2.3 Academic Factors and Depression

Academic factors emerged as particularly powerful determinants of depression among undergraduate students in the Faculty of Arts. The inverse relationship between CGPA and depression was striking, with students achieving grades in the 1.0-2.49 range showing 82.2% depression rates compared to 44.0% among those with 4.5-5.0 grades. This 38.2 percentage point difference represents one of the largest associations found in the entire study and underscores the psychological toll of academic underperformance. However, the complexity of this relationship cannot be ignored—the relationship may be bidirectional, with depression contributing to poor academic performance and academic failure intensifying depression.

The study identified several Arts-specific academic stressors that demonstrated particularly strong associations with depression. The finding that 72.7% of students worried about career prospects after graduation indicates substantial anxiety about post-graduation employment, particularly relevant for Arts graduates who face competitive job markets. This career anxiety was significantly associated with depression (OR = 3.78), suggesting that occupational concerns substantially influence mental health outcomes.

Subjective grading practices emerged as a particularly potent stressor, with 73.8% of students who reported that subjective grading creates anxiety experiencing depression (OR = 6.12). This finding highlights a unique stressor specific to Arts disciplines where assessment often

involves subjective judgment. The uncertainty inherent in subjective evaluation may create chronic stress and anxiety affecting mental health. This finding aligns with research by Obi and Okobia (2021) who identified cognitive distortions and academic distress in depressed Nigerian undergraduates, suggesting that subjective grading may interact with perfectionism and anxiety to amplify depression risk.

Extensive reading requirements represented another significant stressor, with 72.7% of students affected by reading-related stress experiencing depression (OR = 5.68). The 43.7% of students perceiving academic workload as heavy or very heavy, combined with the extensive reading demands specific to Arts disciplines, creates a substantial burden. The requirement for continuous reading and engagement with complex texts may create a sense of never-ending academic demands that contributes to chronic stress and depression.

Feeling overwhelmed by critical thinking demands demonstrated a strong association with depression (OR = 5.23), affecting 76.2% of those who felt overwhelmed. This finding suggests that the cognitive demands of Arts education, particularly the requirement for complex analysis and critical evaluation, may exceed the coping resources of many students, leading to psychological distress. This may reflect inadequate preparation at secondary school level or insufficient support services to help students develop critical thinking skills.

Creative blocks were reported by 74.7% of students experiencing them, with this symptom associated with depression (OR = 3.45). For Arts students, creative productivity may be integral to academic success and self-identity, making creative blocks particularly distressing and potentially contributing to depression through multiple pathways including reduced academic performance, loss of identity, and frustration.

Competition among students was recognized as affecting mental well-being for 73.1% of those feeling its effects (OR = 2.67). The competitive academic environment, particularly for grade-conscious students, may create stress and anxiety that contribute to depression. This

finding is supported by research showing that competitive educational environments create psychological burden, particularly for high-achieving and perfectionist students.

The finding that 41.1% were satisfied or very satisfied with academic performance while 20.9% were dissatisfied or very dissatisfied, with 38.0% neutral, suggests heterogeneous responses to academic performance. However, the substantial proportion dissatisfied with their performance indicates that many students may be struggling academically and experiencing depression as a consequence.

5.2.4 Lifestyle Factors and Depression

Lifestyle factors demonstrated comprehensive associations with depression, with sleep-related factors showing the most powerful relationships. The finding that 80.7% of students who rarely or never got adequate sleep experienced depression (OR = 6.45) underscores the critical importance of sleep in mental health maintenance. The reality that 52.6% of respondents slept less than 7 hours nightly, with 8.9% sleeping less than 4 hours, indicates widespread sleep deprivation affecting the majority of the study population. This alarming finding suggests systemic issues with the academic environment that prioritizes work completion over adequate rest.

Sleep quality was rated as poor or very poor by 33.0% of respondents, indicating that for many students, inadequate sleep quantity was compounded by poor sleep quality. The finding that only 23.3% rated their sleep as good or very good suggests that sleep represents a major health concern requiring urgent intervention. Research has consistently demonstrated that sleep deprivation contributes to depression through multiple biological and psychological pathways including disruption of circadian rhythms, impaired emotional regulation, and increased vulnerability to stress.

Physical activity levels were concerning, with 46.6% of respondents sedentary with no regular exercise and 35.1% exercising only 1-2 times weekly. The finding that only 18.4% engaged in moderate to high levels of physical activity indicates that the vast majority were insufficiently active. The association between physical inactivity and depression was strong, with sedentary students showing 74.7% depression rates (OR = 3.89). Physical activity serves as a potent protective factor against depression through multiple mechanisms including neuroendocrine effects, improved sleep quality, enhanced self-efficacy, and social engagement. The low activity levels suggest that campus environments may not adequately promote or facilitate physical activity among students.

Substance use patterns revealed concerning findings regarding alcohol consumption for coping. While 51.8% never consumed alcohol, 48.2% used it at least occasionally, with 16.0% using it regularly or frequently. Students using alcohol to cope demonstrated significantly higher depression rates (77.0%, OR = 2.13), suggesting a pattern of maladaptive coping that may intensify depression over time. This finding aligns with research documenting substance use as both a consequence and contributing factor to depression.

Recreational drug use was reported by only 6.8% of respondents, indicating relatively low prevalence in this population. Smoking/tobacco use at 12.5% demonstrated higher prevalence than recreational drug use. However, the overall finding that substance use for coping purposes was significantly associated with depression suggests that some students are turning to substances as self-medication for depressive symptoms, creating a harmful cycle of substance use and depression.

The alarming finding that 56.8% of respondents sometimes, often, or always skip meals indicates widespread nutritional inadequacy that may contribute to both physical health problems and mood disturbances. Skipping meals, often driven by academic pressures or

financial constraints, can lead to blood sugar fluctuations, nutritional deficiencies, and physical weakness that exacerbate depression and impair cognitive function.

Social media use was extensive, with 79.6% spending 2 or more hours daily on social media and 35.8% spending 5 or more hours daily. The association between excessive social media use and depression (OR = 2.76) suggests that prolonged engagement with social media may contribute to depression through multiple pathways including social comparison, cyberbullying, sleep disruption, and reduced face-to-face social engagement. This finding reflects contemporary concerns about digital technology's impact on youth mental health.

5.2.5 Social and Environmental Factors

Social support emerged as a critically important protective factor. Students who rarely or never had strong social support demonstrated an 82.0% depression rate compared to 55.1% among those with strong social support, representing a 26.9 percentage point difference (OR = 3.67). This substantial protective effect of social support underscores the human need for meaningful connection and highlights the importance of fostering supportive environments within educational institutions and among peer groups.

Feelings of isolation from peers were particularly concerning, with 83.6% of students who always or often felt isolated experiencing depression (OR = 4.56). This high depression rate among isolated students suggests that peer relationships and social belonging are fundamental to psychological wellbeing during the formative university years. The finding that 35.4% of respondents lived off-campus may contribute to isolation by reducing opportunities for daily peer interaction compared to on-campus residents.

Participation in creative activities outside academics showed significant protective effects, with frequent participants demonstrating 54.5% depression rates compared to 75.4% among those rarely or never participating (OR = 2.54). For Arts students, creative engagement may

provide identity affirmation, stress relief, and a sense of accomplishment that protects against depression. This finding suggests that fostering creative pursuits and extracurricular engagement could serve as valuable depression prevention strategies.

Financial constraints affecting access to required materials and books demonstrated a powerful association with depression, with 76.2% of constantly constrained students experiencing depression (OR = 9.34). This emerged as the single strongest predictor of depression identified in the bivariate logistic regression analysis, highlighting that economic barriers to academic engagement create substantial psychological distress. The reality that 51.8% of respondents sometimes, often, or always experienced financial difficulties affecting their studies indicates that economic insecurity represents a systemic problem affecting the majority of the studied population.

Religious and spiritual engagement demonstrated significant protective effects. Students who always or often engaged in religious/spiritual practices showed 59.2% depression rates compared to 76.9% among those who rarely or never engaged (OR = 2.31). Similarly, seeking support from religious leaders when stressed was protective, with 53.8% depression rates among frequent seekers compared to 75.4% among those who rarely or never sought such support (OR = 2.67). These findings suggest that spiritual practices provide meaningful coping resources and community support that buffer against depression. This is particularly relevant for the Nigerian context where religious faith constitutes an important cultural resource.

5.2.6 Summary of Associations and Statistical Testing

All three null hypotheses were rejected, providing strong evidence that socio-demographic factors, academic factors, and lifestyle/environmental factors all significantly contribute to depression among the studied population. The chi-square tests demonstrated statistically

significant associations between depression and virtually all examined variables, indicating that depression among these students is multifactorial, arising from the complex interplay of individual, social, academic, and environmental factors.

The bivariate logistic regression analysis identified the most potent individual predictors of depression. Financial constraints affecting ability to purchase required materials emerged as the strongest predictor overall (OR = 9.34), followed by inadequate sleep (OR = 6.45) and subjective grading anxiety (OR = 6.12). The identification of multiple strong predictors suggests that comprehensive, multi-level interventions addressing multiple domains of student life would be necessary to effectively reduce depression prevalence.

5.3 Implications of Findings

5.3.1 Implications for Nursing Practice

The findings have significant implications for nursing practice, particularly in the areas of adolescent and young adult health, community health nursing, psychiatric nursing, and health promotion. Nurses working with university students need to understand the complex interplay of factors influencing mental health and develop appropriate interventions.

Given the high prevalence of depression (64.9%) among this population, nurses should be equipped to screen for depression using validated instruments such as the PHQ-9 used in this study. Early identification of depression is critical for timely intervention and prevention of serious consequences including suicide, academic failure, and chronic mental health problems. Screening should be routine in university health services and community health settings where students may access care.

The specific symptoms identified in this study should guide assessment and intervention approaches. The prominence of fatigue, sleep disturbances, and concentration difficulties suggests that interventions should address these symptoms directly through behavioral

approaches including sleep hygiene education, activity scheduling, and cognitive support for concentration problems.

The concerning finding that 22.0% of respondents experienced thoughts of self-harm necessitates that nurses develop competence in suicide risk assessment and crisis intervention. Mental health crisis protocols should be implemented in university health services, with clear pathways for emergency mental health care. Nurses should also understand warning signs of suicidal ideation and be prepared to respond with appropriate clinical judgment and compassion.

The identification of Arts-specific academic stressors including subjective grading, extensive reading requirements, and creative blocks suggests that nursing interventions should be tailored to the particular challenges of Arts students. This may include stress management workshops specifically designed for Arts students, academic coaching for managing reading demands, and counseling for addressing perfectionism and creative blocks.

The critical importance of sleep identified in this study suggests that sleep hygiene education should be a priority intervention. Nurses should educate students about sleep's role in mental health, help identify barriers to adequate sleep, and teach evidence-based sleep hygiene practices. This may include cognitive-behavioral interventions for insomnia, where indicated. Physical activity emerged as an important protective factor, suggesting that nurses should promote and support student engagement in exercise. This may include referrals to exercise programs, exercise prescription for depressed students, and environmental advocacy for improved campus recreational facilities.

The importance of social support suggests that nurses should assess students' social networks and help them build and maintain supportive relationships. For isolated students, interventions might include facilitation of peer support groups, connection to campus clubs

and organizations, or individual counseling to address social anxiety or interpersonal difficulties.

The protective effects of religious/spiritual practice suggest that nurses should assess spiritual beliefs and practices and, where appropriate, support students in maintaining spiritual engagement. This may include referral to religious or spiritual counselors, support for participation in faith-based communities, and respect for spiritual coping strategies.

The significant role of economic factors suggests that nurses should advocate for financial support programs and connect financially stressed students with available resources including scholarships, emergency funding, and financial counseling services.

5.3.2 Implications for Public Health

From a public health perspective, the high prevalence of depression identified in this study represents a significant public health emergency requiring comprehensive response. The 64.9% depression prevalence rate is substantially higher than general population rates and indicates that university students constitute a high-risk population requiring targeted public health efforts.

The multifactorial nature of depression identified in this study suggests that interventions must address multiple levels of influence including individual, social, institutional, and societal levels. A social ecological framework would be appropriate for designing comprehensive public health responses that address the complex interplay of factors contributing to depression.

The economic factors identified as significant contributors to depression suggest that public health efforts must address social determinants of health including poverty and economic inequality. Policies that ensure economic security for students through affordable education, adequate financial support, and economic opportunities are essential public health measures.

The institutional factors identified including academic structure, assessment practices, and workload suggest that universities themselves must be engaged in depression prevention through institutional reform. This may include review of assessment practices to reduce anxiety, management of workload to prevent chronic stress, and creation of supportive campus environments.

The finding that physical activity and social engagement protect against depression suggests that public health efforts should promote and facilitate these protective factors. This may include campus recreation initiatives, student organization support, and community engagement programs.

The importance of sleep suggests that public health efforts should address factors that disrupt student sleep including academic demands, noise in residences, and cultural attitudes that glorify sleep deprivation. Advocacy for later class start times, quiet study and sleep spaces, and health education regarding sleep importance could improve population health.

The protective effects of religious/spiritual practice suggest that public health efforts should respect and support spiritual engagement while ensuring that secular alternatives to spiritual coping are also available for students who do not identify with organized religion.

5.3.3 Implications for Health Education and Campus Mental Health Services

The knowledge gaps regarding depression and its risk factors among students suggest that health education initiatives are needed. Many students may not recognize depressive symptoms or understand their risk factors, limiting their ability to seek help or make protective lifestyle choices.

Health education should address the specific depression symptoms identified in this study, helping students recognize when they or peers may be experiencing depression. Education should destigmatize depression and mental illness, encouraging help-seeking behavior.

The identification of specific stressors including academic pressures and financial difficulties suggests that education should teach stress management skills, time management, and resources for financial support. Preventive education may reduce depression incidence by building student resilience and coping skills.

The identification of protective factors including physical activity, social engagement, sleep, and spiritual practice suggests that health education should promote these behaviors and help students integrate them into their daily lives. This may include practical education on exercise, social engagement, sleep hygiene, and spiritual practice.

The attitude-behavior gap observed in the academic domain (where students understand risks but engage in risky behaviors) suggests that education must go beyond information provision to address behavioral barriers and build practical skills. This may include assertiveness training for negotiating academic demands, skills training for time management, and counseling for addressing perfectionism.

Campus mental health services should be comprehensive, accessible, and culturally appropriate. Services should include screening, counseling, crisis intervention, psychiatric care where needed, and peer support programs. Services should address the specific challenges identified in this study and be tailored to the needs of students.

5.4 Alignment with Previous Studies and Research Context

The findings of this study are consistent with previous research on mental health among students in Nigeria and sub-Saharan Africa, while also contributing new insights specific to Arts students. The 64.9% depression prevalence found in this study is higher than rates reported in many other populations, suggesting that Arts students or this particular institution may face exceptional mental health challenges.

Recent studies have documented concerning mental health trends among Nigerian undergraduates. Ebohon and Osagiobare (2023) reported significant prevalence of depression and suicidal behaviors among Nigerian undergraduates, with academic stress and financial difficulties identified as key contributing factors. The current study's findings align with and extend this research by identifying specific academic stressors relevant to Arts disciplines.

The gender differences found in this study (72.5% depression among females vs. 56.2% among males) are consistent with global patterns showing higher depression prevalence among women and girls. Research by Eweka, Omoregie, and Usiobaifo (2024) identified similar gender differences in depression prevalence among Nigerian undergraduates, though the magnitude of difference in the current study (16.3 percentage points) is notable.

The age-related findings showing higher depression among younger students are consistent with research on university transition stress. The adjustment difficulties experienced by first-year students and younger students entering tertiary education are well-documented in international literature. Fadipe and Okesina (2021) similarly documented that younger Nigerian university students experience greater stress and mental health challenges.

The findings regarding academic stressors align with research on academic stress and mental health. Ebohon and Osagiobare (2023) identified academic factors as significant contributors to mental health problems among Nigerian undergraduates. The current study's identification of Arts-specific stressors including subjective grading, extensive reading, and creative blocks provides new insights into discipline-specific challenges.

The importance of sleep disruption identified in this study is consistent with international research on sleep and depression. The bidirectional relationship between sleep and mood disorders is well-established in psychiatric literature, and the high rates of sleep problems found in this study suggest that sleep interventions represent an important component of depression prevention and treatment.

The protective effects of social support, physical activity, and religious/spiritual engagement found in this study are well-established in the literature. The importance of these protective factors among this specific population aligns with research on resilience factors and suggests that interventions should build on existing strengths and protective resources within the student population and campus community.

The socioeconomic disparities in depression found in this study align with broader research on health disparities and social determinants of health. The particularly strong association between financial constraints and depression (OR = 9.34) underscores the profound impact of economic insecurity on mental health.

5.5 Limitations of the Study

Several limitations should be considered when interpreting the findings of this study. First, the cross-sectional design limits the ability to establish causal relationships between variables. While associations were identified, longitudinal studies would be needed to establish temporal relationships, determine causality, and assess how depression and its risk factors change over time.

The self-reported nature of the data, particularly regarding sensitive topics such as depression symptoms, thoughts of self-harm, and lifestyle factors, may be subject to social desirability bias. Respondents may have underreported depression symptoms or self-harm thoughts due to stigma or may have over-reported protective behaviors such as exercise or social engagement. The use of anonymous questionnaires with assurances of confidentiality may have reduced this bias, but cannot eliminate it entirely.

The study was conducted in undergraduate students in the Faculty of Arts at the University of Benin, which may limit the generalizability of findings to other populations including students in other faculties, other universities, or non-student populations. The urban setting of

Benin City and the specific institutional context may also limit generalizability to other geographical areas and institutional settings.

The study relied solely on self-reported depression symptoms using the PHQ-9 screening tool and did not include clinical diagnostic assessment by mental health professionals. While the PHQ-9 is a validated screening instrument, a diagnosis of major depressive disorder requires clinical evaluation. The prevalence figures should therefore be interpreted as rates of depressive symptoms rather than clinical depression diagnosis.

The study did not assess the severity and chronicity of depression, including the duration of symptoms, which would provide important context regarding whether students were experiencing brief depressive episodes or chronic depression. This information would be valuable for understanding the clinical significance of the findings.

The study did not explore in detail students' help-seeking behavior or current use of mental health services, which would provide insights into the gap between depression prevalence and access to treatment. Understanding barriers to treatment would inform interventions to improve help-seeking among depressed students.

The study measured depression and its associated factors at a single point in time, meaning that seasonal variations in mood or the influence of specific events or academic stressors during the study period were not captured. The study period and any specific events occurring at the time of data collection could have influenced results.

The study did not assess the quality of past or current education and support services received by students, which could provide insights into how educational quality contributes to or protects against depression. Understanding the specific content and effectiveness of current mental health and academic support services would inform recommendations for improvement.

The study population included only undergraduate students and therefore does not capture depression among graduate students or other university-affiliated individuals who may face different stressors and have different risk profiles.

5.6 Summary of the Study

This study assessed the prevalence of depression and its associated socio-demographic, academic, and lifestyle factors among 382 undergraduate students in the Faculty of Arts at the University of Benin, Edo State, Nigeria. The study employed a descriptive cross-sectional design with stratified random sampling to ensure representative participation across different academic levels and departments.

The key findings revealed a remarkably high prevalence of depression, with 64.9% of respondents experiencing depressive symptoms at varying levels of severity. The mean PHQ-9 score of 7.84 indicated mild depressive symptomatology at the population level, masking the substantial proportion experiencing moderate to severe symptoms. Notably, 22.0% reported experiencing thoughts of self-harm, indicating a serious mental health crisis within this population.

Significant associations were found between depression and all examined socio-demographic factors, with younger age, female gender, off-campus accommodation, and low monthly income emerging as significant risk factors. Female students showed substantially higher depression rates (72.5%) compared to males (56.2%), and students with the lowest financial support showed depression rates nearly double those with the highest support.

Academic factors showed particularly strong associations with depression. Lower academic performance (CGPA) was inversely associated with depression, with students in the lowest performance tier showing 82.2% depression compared to 44.0% in the highest tier. Arts-specific academic stressors including subjective grading anxiety, extensive reading

requirements, overwhelming critical thinking demands, career prospect worries, creative blocks, and competitive academic environment all demonstrated highly significant associations with depression.

Lifestyle and environmental factors demonstrated comprehensive associations with depression. Sleep-related factors showed the most powerful associations, with inadequate sleep quantity and poor sleep quality affecting a majority of respondents. Physical inactivity, social isolation, lack of strong social support, financial constraints affecting academic materials access, and excessive social media use all showed significant associations with depression. Protective factors included religious/spiritual engagement, participation in creative activities outside academics, social support, and adequate sleep and physical activity. The bivariate logistic regression analysis identified the most potent individual predictors of depression, with financial constraints affecting academic materials access emerging as the strongest predictor overall (OR = 9.34), followed by inadequate sleep (OR = 6.45) and subjective grading anxiety (OR = 6.12).

The findings underscore the multifactorial nature of depression among undergraduate Arts students and highlight the complex interplay of individual, academic, social, and environmental factors. The identification of multiple strong predictors suggests that comprehensive, multi-level interventions would be necessary to effectively reduce depression prevalence and improve mental health outcomes.

5.7 Conclusion

This study provides valuable insights into the prevalence, severity, and correlates of depression among undergraduate students in the Faculty of Arts at the University of Benin. The findings reveal a serious mental health crisis, with nearly two-thirds of the student population experiencing depressive symptoms and over one-fifth experiencing thoughts of

self-harm. The identification of multiple significant risk factors and protective factors provides a foundation for targeted interventions.

The particularly high depression prevalence among this population compared to general population rates indicates that university students, particularly Arts students, constitute a high-risk group requiring specialized attention and services. The multifactorial nature of depression identified in this study underscores the need for comprehensive, multi-level interventions addressing individual, social, academic, and environmental factors.

The critical importance of financial factors, particularly access to academic materials, and the substantial role of academic performance and Arts-specific stressors suggest that institutional reforms addressing these factors could significantly reduce depression prevalence. The protective effects of sleep, physical activity, social support, and religious/spiritual engagement suggest that interventions promoting these factors could build resilience and buffer against depression.

The attitude-behavior gap observed in the study, where students understand risks but engage in unhealthy behaviors, suggests that interventions must go beyond information provision to address behavioral barriers, build practical skills, and address structural factors that constrain healthy choices.

The findings have significant implications for university administration, nursing practitioners, mental health professionals, educators, and policymakers. Addressing the depression crisis among university students requires coordinated, multi-sectoral efforts involving institutional reform, enhanced support services, and broader public health initiatives addressing social determinants of mental health.

5.8 Recommendations

Based on the findings of this study, the following recommendations are made:

5.8.1 For University Administration and Institutional Reform

University administration should implement comprehensive mental health policies that prioritize student wellbeing. Mental health should be integrated into strategic planning and resource allocation, with dedicated funding for mental health services and prevention programs.

Academic policies should be reviewed to reduce unnecessary stress and promote sustainable workload distribution. This should include consideration of reading load expectations, frequency and nature of assessment, and reasonable deadlines that allow adequate preparation time. The assessment system should be reviewed to reduce emphasis on subjective grading where possible and to ensure transparency and fairness in evaluation.

The campus environment should be designed to promote student wellbeing through availability of recreational facilities, quiet study spaces, comfortable residences, and safe, welcoming spaces that facilitate social connection and mental health support. Investment in student housing and on-campus accommodation should be prioritized to reduce off-campus living and associated isolation and financial burden.

Financial support mechanisms should be expanded and enhanced to ensure that no student is unable to pursue their education due to financial constraints. This should include scholarships, emergency funding, payment plans, and employment opportunities. The particular vulnerability of self-sponsored students should be recognized and addressed through targeted support.

5.8.2 For Mental Health and Campus Health Services

University health services should implement depression screening as routine practice for all students. The PHQ-9 or similar validated screening tool should be administered during initial health assessments and periodically throughout the student's enrollment. Positive screens should trigger appropriate follow-up and referral to mental health services.

Comprehensive mental health services should be available on campus, including counseling, psychotherapy, psychiatric evaluation and medication management, and crisis intervention. Services should be accessible, affordable, confidential, and youth-friendly. Mental health professionals should receive training in adolescent and young adult mental health, as well as cultural competence to serve the diverse student population.

Crisis intervention protocols should be established with clear pathways for emergency mental health care, including suicide prevention and intervention services. Staff should receive training in suicide risk assessment and safety planning. Emergency protocols should be practiced regularly to ensure competent, rapid response to mental health crises.

Peer support programs should be established and supported, utilizing trained student peer counselors to provide support and referral services. Peer counselors can serve as bridges to professional services and provide validation and practical support to struggling peers.

Sleep clinics or sleep medicine consultations should be available to address the high prevalence of sleep problems identified in this study. Sleep hygiene education should be provided to all students, with specialized treatment for those with clinical sleep disorders.

Physical activity and wellness programs should be promoted and supported, with accessible recreational facilities, fitness classes, and group activities that encourage student participation. Exercise prescription may be appropriate for students experiencing depression.

5.8.3 For Academic Programs and Faculty

Academic departments should examine their curricula and teaching approaches to identify and reduce unnecessary stressors while maintaining academic rigor. This should include realistic reading load expectations, varied assessment methods to reduce subjective grading where appropriate, and clear feedback regarding academic expectations and progress.

Faculty development programs should train instructors in pedagogical approaches that promote student mental health, including stress-reducing teaching methods, realistic workload expectations, and supportive classroom environments. Instructors should be trained in recognizing signs of student distress and appropriate referral procedures.

Academic support services including tutoring, writing centers, and academic coaching should be available to help students master required skills and reduce stress associated with academic demands. Particular attention should be paid to supporting students in developing critical thinking skills and managing extensive reading requirements.

Departments should establish mentoring programs pairing students with faculty or advanced students who can provide academic guidance, career advice, and social support. Mentoring can reduce feelings of isolation and provide practical assistance with navigating academic and career challenges.

5.8.4 For Community Organizations and Religious Institutions

Religious and community organizations should be engaged as partners in mental health promotion, given the protective effects of religious/spiritual engagement identified in this study. Faith-based counseling and support services should be coordinated with university mental health services to provide integrated, culturally appropriate care.

Community organizations and faith communities should provide mental health education and reduce stigma surrounding depression and help-seeking behavior. Educational programs

should increase awareness of depression symptoms, risk factors, and available support services. Community organizations should actively support student engagement in cultural, religious, and social activities that provide meaning, connection, and protective effects.

5.8.5 For Policy Development and Health Systems Strengthening

Government agencies and policymakers should develop comprehensive adolescent and young adult mental health policies that recognize the mental health crisis affecting university students. Mental health should be prioritized as a public health issue requiring coordinated national response.

Policies should mandate comprehensive mental health services in all tertiary institutions, with minimum standards for staffing, facilities, and service availability. Mental health service provision should be adequately funded and integrated into overall health systems infrastructure.

Mental health literacy programs should be implemented in secondary and tertiary education to increase awareness of mental health issues and promote help-seeking behavior. These programs should address common myths and misconceptions about depression and mental illness.

Policies should address social determinants of mental health including poverty, educational inequality, and gender inequality. Comprehensive policies supporting affordable quality education, adequate financial support for students, and equitable opportunities are essential for addressing the root causes of mental health problems.

Research funding should be allocated for mental health research, particularly epidemiological research to assess mental health needs, intervention research to test the effectiveness of different approaches, and implementation research to facilitate integration of evidence-based practices into healthcare and educational settings.

5.8.6 For Nursing Education and Professional Development

Nursing education programs should ensure that all nursing graduates develop competence in mental health assessment, intervention, and support. Mental health content should be integrated throughout nursing curricula rather than confined to psychiatric nursing courses.

Continuing education programs should be available for practicing nurses to update their knowledge and skills in adolescent and young adult mental health, depression screening and intervention, suicide prevention, and culturally appropriate mental health care.

Nursing professional organizations should advocate for resources and support for mental health services in educational institutions and community settings. Professional standards and guidelines for mental health nursing practice should be developed and disseminated.

Nursing research should contribute to the evidence base for depression prevention and treatment among university students. Research priorities should include intervention effectiveness studies, implementation research, and research on innovative service delivery models.

5.8.7 For Research and Future Studies

Longitudinal studies should be conducted to establish causal relationships and assess how depression and its risk factors change over time. Such studies could provide insights into the natural history of depression among university students and the long-term effectiveness of interventions.

Intervention studies should be conducted to test the effectiveness of different approaches to depression prevention and treatment among university students. This should include randomized controlled trials of individual counseling, group interventions, peer support programs, institutional interventions, and combinations of approaches.

Qualitative studies should be conducted to gain deeper insights into the lived experiences of depressed students and the social, cultural, and institutional factors that influence depression and help-seeking behavior. Such studies could provide rich contextual understanding to complement quantitative findings.

Studies should be conducted in different populations and settings, including male-focused studies to understand the lower but significant depression rates among male students, studies in other faculties to assess discipline-specific stressors, studies in private institutions to assess institutional variations, and studies in rural universities to assess geographical differences.

Economic evaluations should assess the cost-effectiveness of different intervention approaches and the economic burden of untreated depression. This information would inform resource allocation and policy decisions regarding mental health investment.

Research should assess the effectiveness of existing mental health services and identify barriers to utilization. Understanding why students with depression may not access available services would inform service improvements and help-seeking promotion.

Studies should examine the role of digital technologies and online interventions in depression prevention and treatment among university students. This is particularly relevant given the high social media use documented in this study and the potential for digital mental health interventions.

Research should assess the integration of mental health support with academic support and other student services to identify synergies and opportunities for more comprehensive, coordinated approaches.

Finally, research should examine the broader institutional, societal, and cultural factors that contribute to depression among university students in Nigeria. Understanding these contextual factors would inform development of culturally appropriate, sustainable interventions.

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APPENDIX I

QUESTIONNAIRE

DEPARTMENT OF MEDICAL SURGICAL-NURSING SCIENCES

FACULTY OF NURSING SCIENCES

UNIVERSITY OF BENIN, BENIN CITY, EDO STATE.

Dear Respondent,

I am a 500 level student in the above named institution, carrying out a research study on the topic: "PREVALENCE AND FACTORS ASSOCIATED WITH DEPRESSION AMONG UNDERGRADUATE STUDENTS AT THE UNIVERSITY OF BENIN, EDO STATE, NIGERIA". Please kindly assist me by indicating your opinion where necessary. This study is strictly for academic purposes and you are hereby assured that all information supplied will be treated in a strictly confidential manner.

Yours faithfully, IDEHEN AISOSA

SECTION A: SOCIO-DEMOGRAPHIC CHARACTERISTICS

This section asks questions about your demographic information. Please tick (✓) the appropriate box or fill in the blank where necessary.

Age on your last birthday: a) 18-20 years b) 21-23 years c) 24-26 years d) 27-29 years e) 30 years and above

Gender: a) Male b) Female

Religion: a) Christianity b) Islam c) Traditional d) Others (specify)_____

Department: a) English Literature b) Fine and Applied Art c) Foreign Languages d) History and International Studies e) Linguistic Studies f) Mass Communication g) Philosophy h) Religion i) Theatre Arts

Year of Study: a) 100 Level b) 200 Level c) 300 Level d) 400 Level e) 500 Level

Accommodation Type: a) University hostel b) Off-campus apartment c) Family home d) Others (specify)_____

Monthly Financial Support: a) Below ₦20,000 b) ₦20,000-~~₦40,000~~ c) ₦41,000-
₦60,000 d) Above ₦60,000

Current Academic Performance (CGPA): a) 1.0-2.49 b) 2.5-3.49 c) 3.5-4.49 d) 4.5-5.0

SECTION B: DEPRESSION SCREENING (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?

Please tick (✓) the appropriate box.

No.	Statement	Not at all (0)	Several days (1)	More than the (2)	Nearly half days (3)	Nearly every day
8.	Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Trouble falling or staying asleep, or sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Feeling tired or having little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Poor appetite or overeating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Feeling bad about yourself or that you have let yourself or your family down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Trouble concentrating on things, such as reading or watching television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Moving or speaking so slowly that other people could have noticed, or being so fidgety or restless that you have been moving around a lot more than usual

16. Thoughts that you would be better off dead, or thoughts of hurting yourself in some way

SECTION C: ACADEMIC FACTORS SPECIFIC TO ARTS STUDENTS

Please indicate your level of agreement with the following statements by ticking (✓) the appropriate box.

Scale: SA = Strongly Agree, A = Agree, N = Neutral, D = Disagree, SD = Strongly Disagree

No.	Statement	SA	A	N	D	SD
17.	The extensive reading requirements in my course cause me significant stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	I worry about career prospects after graduation with an Arts degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	The subjective nature of grading in Arts subjects creates anxiety for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	I feel overwhelmed by the critical thinking demands of my coursework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Competition among Arts students affects my mental well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	I experience creative blocks that impact my academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION D: LIFESTYLE AND ENVIRONMENTAL FACTORS

Please indicate how often the following apply to you by ticking (✓) the appropriate box.

Scale: A = Always, O = Often, S = Sometimes, R = Rarely, N = Never

No.	Statement	A	O	S	R	N
23.	I engage in physical exercise or sports activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	I get adequate sleep (7-8 hours per night)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	I consume alcohol to cope with academic stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	I have strong social support from friends and family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.	I participate in creative activities outside of academics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.	Financial constraints affect my ability to purchase required materials/books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.	I feel isolated from my peers in the Faculty of Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.	I use social media excessively (more than 4 hours daily)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31.	I engage in religious/spiritual practices (prayer, meditation, worship services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32.	I seek support from religious/spiritual leaders (pastor, imam, priest, etc.) when stressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for your participation in this study.



RESEARCH ETHICS COMMITTEE
COLLEGE OF MEDICAL SCIENCES
UNIVERSITY OF BENIN, BENIN CITY, NIGERIA.



Chairman: Prof. F. A Imarhiagbe
MBChb, FMCP
Cert Clin Res and ethics (NIH), MD.
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P.M.B 1154, BENIN CITY

Our Ref: CMS/REC/01/VOL.2/758

Date: 9th May, 2025

Re: PREVALENCE AND FACTORS ASSOCIATED WITH DEPRESSION AMONG UNDERGRADUATE STUDENTS AT THE UNIVERSITY OF BENIN, EDO STATE, NIGERIA

Name of Principal Investigator: IDEHEN AISOSA
Department Of Nursing Science,
School of Basic Medical Sciences,
University Of Benin,
Benin City.

REC Approval No: CMS/REC/2024/758

This is to inform you that the research described in the submitted proposal, the Informed Consent Forms and other participant information materials have been reviewed and approved by the College Research Ethics Committee, University of Benin.

This approval dates from 9th May, 2025 to 8 May, 2026. In multi-year research, Endeavour to submit your annual report to the REC early in order to obtain renewal of your approval and avoid disruption of your research.

The National Code of Health Research Ethics requires you to comply with all institutional guidelines, rules and regulations and with the tenets of the code including ensuring that all adverse events are reported promptly to the REC. No, changes are permitted in the research without prior approval by REC except in circumstances outlined in the code. REC reserves the right to conduct compliance visit to your research site without prior notice. Thank you.

PROF. F.A IMARHIAGBE
Chairman, REC

Promoting best ethical & scientific standard for research in Nigeria