



NIGHTINGALE PUBLICATIONS AND RESEARCH INTERNATIONAL

THE RELATIONSHIP BETWEEN DEPRESSION, GENDER, AND SCHOOL TYPE AMONG SENIOR SECONDARY SCHOOL STUDENTS IN THE SOUTH SENATORIAL ZONE OF BAUCHI STATE, NIGERIA

***AHMED SADIQ *AGBO DAVID
OKLO AND **LUKMAN IBRAHIM
JAHUN**

**Department of Arts and social Science
Education, Federal University of Kashere,
Gombe, Gombe State, Nigeria **Department of
Educational Foundation, Federal University of
Kashere, Gombe, Gombe State, Nigeria*

Introduction

Depression has been considered to be the major psychiatric disease of the 20th century. It strikes rich and poor, young and old, men and women, famous and unknown. It is an emotion that everyone will have experienced at some point in their lives. It is usually associated with either some form of loss (e.g. loss of a loved one or loss of job) or with failure (e.g. failing an important exam). It can be triggered by contextual or external factors, such as an inclement, dull weather, or the time of year in the case of 'Seasonal Affective Disorder' (SAD). While acute episodes of

Abstract

Depression has been considered to be the major psychiatric disease of the 20th century. It is an emotion that everyone will have experienced at some point in their lives. Depression strikes rich and poor, young and old, men and women, the famous and the unknown. Hence, this study was carried out to examine the relationship between depression, gender, and school type among senior secondary school students in the South Senatorial Zone of Bauchi State. Ex-post facto design was used in the study. The population of the study consists of 75 senior secondary schools with about 57,480 public senior secondary school students in the South Senatorial Zone of Bauchi State. 381 students were selected as sample based on the principles of Research Advisor's (2006) table. The sampling technique used in this study was 'Stratified Random

NIGHTINGALE
PUBLICATIONS AND RESEARCH INTERNATIONAL

IJCER ISSN: 1969-1889
Vol. 11, NO. 8]

Technique'. Data for the study was collected using an adopted version of Beck's Depression Inventory-II which has a reliability of internal consistency with alpha value of $\alpha = 0.85$ and also it correlates with BDI-II with a reliability of $r = 0.71$. Data of the study was statistically analyzed using T-test to test both the two hypotheses (1 and 2). Finding of the study revealed that there is gender difference in the level of depression among senior secondary school students in the South Senatorial Zone of Bauchi State. The result further revealed that students in day secondary schools are more depressed compared to their counterparts in boarding secondary schools. Based on the study findings, it is concluded that there is negative relationship between depression, gender, and school type among senior secondary school students in the South Senatorial Zone of Bauchi State. Therefore, it is strongly recommended that Bauchi State government should provide functional Guidance and Counselling Services in senior secondary schools to assist students with the symptoms of depression.

Keywords: Depression, Students, Gender, and School Type.

depression are quite normal and adaptive in response to certain types of life events, for some individuals depression can become a chronic and disabling problem. Depression is a 'mood disorder' that is characterised by sadness, lethargy, low self esteem, lack of initiative, and loss of sleep, appetite and sexual desire. It is often associated with a generally pessimistic view of the world. In western cultures, major depression can affect up to 15 per cent of individuals at some point during their life time. A bout of major depression can last between 3 and 9 months if untreated, but around 85 per cent of bouts solve themselves within one year (Davey, 2007). The most common psychological problems of adolescence are depression and anxiety. While depression is less common during childhood, it increases during the onset of adolescence (Bess & Baerveldt, 1999). Adolescents suffering from depression are sad and broken down. They feel loneliness, but can continue doing their daily chores. However, in deeper cases of depression, adolescents show the symptoms of low self-esteem, self-blame, hopelessness, suicide thoughts, anger, and peevishness. It is not uncommon to feel depressed, tearful or hopeless after some upsetting or disturbing life-event, like the end of love affair. This type of depression is just part of normal living:

Nobody lives his/her life on an even keel the whole time, and we all have some periods when we are more or less happy than at other times. Sometimes, however, depression can become more serious, and develop in to what is known as a 'depressive disorder' or clinical depression (Hayes, 1998).

Similarly, "depressive neurosis is a neurotic disorder characterised by disproportionate reaction to distressing stress situations like death of a loved one, an occupational failure or a financial set-back. In such distressing stress situation, it is not abnormal to have feelings of grief and despair in a reasonable amount. It is when these feelings become much exaggerated in intensity and duration and begin to interfere with the personal and social adjustment of an individual, which they turn into behavioural disorder. Depression may be viewed as hospitality or anger directed towards the self instead of being turned outward. Instead of blaming others, the person blames himself for the loss and the distressing situation. Thus, the formula for neurotic depression is self condemnation plus an external loss. Here the person may be viewed as punishing himself by feeling responsible for the loss or for the distress situation" (Mangal, 2013, p. 570-571).

Major depression is the fourth leading cause of worldwide disease and is responsible for more disability than heart disease (Murray & Lopez, 1996). Similarly, Major depression is one of the most commonly identified psychological disorders in the United States". Depression does not strike adults alone. Data from U.S. samples indicate that 1% of preschoolers suffer major depressive disorder. The rate is 2% among school-age children and 5 to 8% among adolescents. The symptoms of depressions also change with age. For example, depressed adolescents may be angry rather than sad" (Davis & Palladino, 2007).

Culbertson (1997) explains that in many cultures, the rate of depression is twice as high among women as among men (Nolen-Hoeksema, 2001); however, accumulating evidence suggests that this sex difference occurs in developed countries rather than in developing countries, where the male : female ratio is closer to 1:1. The disparity in developed countries begins at around puberty and continues throughout life (Weiss-man & Olfson, 1995). In children there is no sex difference in depression, but by about age 13, the rate of depression among girls begins to increase sharply; the rate among boys remain low. By late adolescence, the rate of depression among girls is twice that among boys, where it remains (Nolen-Hoeksema, 2001).

Depression occurs more frequently when a person engages in passive and dependents behaviours and focuses on the depression feelings instead of acting to overcome the depression.

“Giving the traditional gender roles in most societies, women are more likely to assume a passive role. Sexual abuse and physical abuse are other factors that put women at risk for depression. Although marriage may create a protective buffer against depression, the advantage is greater for men than it is for women. Finally, poverty is a path to depression and the rate of poverty is especially high among women and children” (Davis & Palladino, 2007).

The most popular and widely accepted classification of depression is the one presented by the American psychological association (APA-1994) in its diagnostic statistical manual (DSM-II), as stated in Shehu (2006). He further emphasized that, it is the classification adopted by WHO (2001). According to them (APA-1994 and WHO, 2001) depressive disorder is broadly divided into two types-Bipolar and Unipolar depressions.

Bipolar Depression- Clinical depression can take several different forms. Some people’s experience of clinical depression is of a combination of periods of depression with periods of what is known as ‘Mania’-excessive elation, talkativeness, inflated self-esteem, and so on. This type of depression is known as ‘*bipolar depression*’, since the person’s mood swings between the 2-poles, or extreme of mood. Another term for this problem is ‘*Mank depressive psychosis*’ and it is often classified among the psychotic disorders, Hayes (1998).

Unipolar Depression- “For other people, however, their experience of depressive disorder is quite different, consisting only of the depression, with no manic periods. This type of depression is known as ‘*Unipolar depression*’ and is one of the most common forms of mental illness. It is often characterised as a neurosis rather than psychosis, although this can vary. Unipolar depression is characterized by overriding state of apathy, lack of energy and a general feeling of sadness. He maintains that depressed people often find it hard to concentrate and tend to feel that it is futile to make any effort to change their circumstances. They often take a very negative view of themselves, and believe that the future is hopeless” (Hayes, 1998).

Debjit, Kumar, Srivastava, Paswan and Dutta (2012) explain depression as: some types of depression run in families, indicating that a biological vulnerability to depression can be inherited. Families in which members of

each generation develop bipolar disorder have been studied. The investigators found that those with the illness have a somewhat different genetic make-up than those who do not become ill. Apparently, additional factors, possibly a stressful environment, are involved in its onset and protective factors are involved in its prevention. Similarly, an external event often seems to initiate an episode of depression. Thus, a serious loss, chronic illness, difficult relationship, financial problem or any unwelcome change in life patterns can trigger a depressive episode. Very often, a combination of genetic, psychological, and environmental factors is involved in the onset of a depressive disorder. Stressors that contribute to the development of depression sometimes affect some groups more than others. For example, socio-economically disadvantaged groups have higher rates of depression compared to their advantaged counterparts. Regardless of ethnicity, men appear to be particularly sensitive to the depressive effects of unemployment, divorce, low socio-economic status, and having few good ways to cope with stress. Women who have been the victims of physical, emotional, or sexual abuse, either as a child or perpetrated by a romantic partner are vulnerable to developing a depressive disorder as well.

According to them, nothing in the universe is as complex and fascinating as the human brain. The 100-plus chemicals that circulate in the brain are known as neurochemicals or neurotransmitters. Much of our research and knowledge, however, has focused on four of these neurochemical systems: norepinephrine, serotonin, dopamine, and acetylcholine. In the new millennium, after new discoveries are made, it is possible that these four neurochemicals will be viewed as "black bile, yellow bile, phlegm, and blood of the 20th century. Besides, certain medications used for a variety of medical conditions are more likely than others to cause depression as a side effect. Specifically, some medications that are used to treat high blood pressure, cancer, seizures, extreme pain, and to achieve contraception can result in depression. Even some psychiatric medications like some sleep aids and medications to treat alcoholism and anxiety can contribute to the development of depression.

According to the University of Michigan Depression Centre (n.d.), depression commonly affects thoughts, emotions, behaviours, and overall physical health. Here are some of the most common symptoms that point to the presence of depression:

1. **Feelings:** sadness, hopelessness, guilt, moodiness, angry outburst, loss of interest in friends, family and favourite activities, including sex.
2. **Thoughts:** trouble concentrating, trouble decision making, trouble remembering, thought of harming yourself, delusions and /or hallucinations can also occur in cases of severe depression.
3. **Behaviour:** withdrawing from people, substance abuse, missing work, school or other commitments, and attempt to harm yourself.
4. **Physical problems:** tiredness or lack of energy, unexplained aches and pains, changes in appetite, weight loss, weight gain, changes in sleep, and sexual problems.

However, none of the above studies was conducted in the South Senatorial Zone of Bauchi State. Therefore, conducting a research on the relationship between depression, gender, and school type among senior secondary school students in the South Senatorial Zone of Bauchi State is very crucial.

Chonody and Siebert (2008) explain that depression is the principal cause of disability in women worldwide. In the United State alone, approximately 6.7 million women have a major depressive disorder (National Institute of Mental Health, 2001). Across many decades and cultures, women have been twice as likely-or more-to be diagnosed with depression than have men (Kuehner, 2003; Nolen-Hoeksema & Keita, 2003). Similarly, Arenliu, Kelmande and Berzulli (2016) explain that gender differences in depression as well as its symptoms are well documented worldwide (Angst et al., 2002; Essau, Lewinson, Seeley, & Sagawa, 2010; Marcus et al., 2008; Van de Velde, Bracke, & Levecque, 2010). Findings from the study conducted by Van de Velde, Bracke, & Levecque (2010) in 23 European countries, which aimed to analyze cross-national gender gaps in depression, showed that the largest differences were found in South Eastern European Countries and the minimum such differences in Ireland, Slovakia and a few Nordic countries. Findings from the study conducted by Hopcroft and Bradley (2007), which aimed at understanding gender differences in symptoms of depression, showed no countries where males had a greater extent probability for depression as oppose to females.

Culbertson (1997) explains that cross-cultural research on depression and gender should help answer some questions associated with the differences between women and men in the occurrence of depression observed in some

countries for instance, NIMH, D/ART programme, 1987 investigated the relationship between gender and depression. It found that women had higher rates of depression than men, with a ratio of 2:1 being very common. Only bipolar depression occurred with equal frequency in men and women. The D/ART programme review suggested that there were three possible explanations for this difference: (a) Women were more willing than men to seek for help and thus were recorded in the database of depression in higher numbers; (b) biological differences in women and men may have been the causal factor; and (c) psychosocial factors, such as different rearing environments, different social roles, and less favorable economic and social opportunities and positions in their world, may have had a relevant influence. Similarly, WHO (2008) shows that while depression is the leading cause of disability for both males and females, the burden of depression is 50% higher for females than for males.

"In Nigeria, females are proportionally high in the incidence of depression compared to their male's counterparts. This can be attributed to the societal neglect of the problems faced by the females and inadequate avenues to channel their emotional problems" (Abubakar, 2014).

Methodology

The research design used in this research was 'ex-post facto design'. This is because the variables under investigation were not inherently manipulated as they are already in existence. The target population of this study consists of all public senior secondary school students in the South Senatorial Zone of Bauchi State. The population consists of students in both boys' and girls' senior secondary schools in the Zone. It also consists of students in both day and boarding senior secondary schools in the zone. According to School Services Directorate of Bauchi State Ministry of Education, the number of public senior secondary schools in the zone was about 75 with about fifty seven thousand, four hundred and eighty (57, 480) students in the Zone.

From the population of the study 381 students were randomly selected as sample using *Stratified Random Sampling Technique*.

One instrument was used for the purpose of this study. The Beck's Depression Inventory-II (BDI-II). The Beck's Depression Inventory-II is a depression rating scale that can be used in individuals aged 13 and over, and rates

symptoms of depression in terms of severity on a scale from 0 – 3 based on the 21 specific items. In order to examine the validity of the instruments, the research instrument was subjected to research experts in the field of psychology and colleagues for validation. To determine the reliability of the instrument, a pilot test was conducted at Government Day Secondary School Bara. A total of thirty students were used for the pilot study and test re-test procedure was employed in order to achieve it. The instrument was administered on two different occasions with an interval of two weeks. Pearson Product Moment Correlation (PPMC) was used to determine the reliability coefficient of the instrument. The computed reliability coefficient of the instrument was found to be $r = 0.90$. The data was analyzed using T-test for the two hypotheses in the study.

Result and Discussion

Hypothesis 1: There is no significant difference in the level of depression between boys and girls in senior secondary schools in the South Senatorial Zone of Bauchi State.

T-test was used to test this hypothesis, and the result is shown below in Tables 1 & 2.

Table 1: T-test Descriptive Analysis on the Level of Depression between Boys and Girls

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	LD_BOY S	2.80	192	1.383	.100
	LD_GIRLS	3.06	192	1.405	.101

(Result of Raw Data analysis)

Table 1 above is a summary statistics indicating the mean and the standard deviation of level of depression of boys and girls in senior secondary schools in the South Senatorial Zone of Bauchi State. The mean level of depression in boys is found to be 2.80 as against 3.06 in girls. The standard deviations are 1.383 and 1.405 for both the boys and girls respectively.

Table 2: T-test Result Showing Difference in Level of Depression between Boys and Girls

		Paired Differences					t	Df	Sig. (2-tailed)
		Mean	Std. Dev.	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	LD_BOYS LD_GIRLS	-.266	1.730	.125	-.512	-.019	-2.128	19	.035

(Result of Raw Data analysis)

Table 2 above is a t-test result on the level of depression in boys and girls. Therefore, the analysis was conducted to check if there exist any significant difference in the level of depression between boys and girls in senior secondary schools in the South Senatorial Zone of Bauchi State. The result shows that boys are more depressed compared to their girls counterparts with about 27%.

On the basis of the above analysis, therefore, the null hypothesis which states that there is no significant difference in the level of depression between boys and girls in senior secondary schools in the South Senatorial Zone of Bauchi State is rejected. The result further indicates that girls are more depressed compared to their boys counterparts.

Hypothesis 2: There is no significant difference in the level of depression between students in day and boarding senior secondary schools in the South Senatorial Zone of Bauchi State.

T-test analysis was used to test this hypothesis. And the result is shown below in Table 3 & 4.

Table 3: T-test Descriptive Analysis on the Level of Depression between Boarding and Day Secondary Schools

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	LD_BOA	2.88	156	1.317	.105
	LD_DAY	3.15	156	1.515	.121

(Result of Raw Data analysis)

Table 3 above is a summary statistics indicating the mean and the standard deviation of level of depression of students in day and boarding senior secondary schools in the South Senatorial Zone of Bauchi State. The mean level of depression in boarding schools is found to be 2.88 as against 3.15 in the day schools. The standard deviations are 1.317 and 1.515 for boarding and day secondary schools respectively.

Table 4: T-test Analysis Showing Level of Depression between Students in Boarding and Day Secondary Schools

		Paired Differences					T	Df	Sig.
		Mean	Std. Dev.	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	LD_BOA - LD_DAY	-.269	1.875	.150	-.566	.027	-1.794	155	.075

(Result of Raw Data analysis)

The table 4 above is a t-test result on the level of depression in boarding and day senior secondary schools in the South Senatorial Zone of Bauchi State. The difference in mean is found to be -0.269 which indicates a difference in the level of depression between students in day and boarding senior secondary schools. The result shows that students in day secondary schools are more depressed compared to their counterparts in boarding secondary schools with about 27%.

On the basis of the above analysis, therefore, the null hypothesis which states that there is no significant difference in the level of depression between

students in day and boarding senior secondary schools is rejected. This result may be associated with the following reasons: most of the students in day secondary schools in the South Senatorial Zone of Bauchi State are residing very far from schools. They cover an average of 6km from home to school daily (to and fro.). Secondly, feeding is very difficult to students during school days. And finally, they always come to school late which will increase their level of depression as opposed to their counterparts in the boarding schools.

Conclusion

Depression has been considered to be the major psychiatric disease of the 20th century. It is a '*mood disorder*' that is characterised by sadness, lethargy, low self esteem, lack of initiative, and loss of sleep, appetite and sexual desire. It is often associated with a generally pessimistic view of the world. It strikes, among us: rich and poor, young and old people, males and females, renowned and unknown. As such, students in secondary schools are not exceptional. Therefore, depression among secondary school students cuts across gender and school type which if care and serious measures are not taken to curtail its prevalence, students will continue to suffer from the disease which may directly or indirectly affects their academic achievement negatively.

Recommendations

1. Bauchi State Government should convert all the day secondary schools (that are far from the students' residence) to boarding secondary schools as the students in day schools are more depressed compared to their counterparts in boarding schools.
2. Bauchi State Government should provide Counselling Services in senior secondary schools to assist depressed students and those with the symptoms of depression.
3. Bauchi State Government should introduce extensive enlightenment campaign against depression.
4. Good rapport between students and teachers should be encouraged in all secondary schools in Bauchi State as it would establish cordial relationship between them so as to reduce the level of depression in students.

References

- Abubakar, S. (2014). *Relationship between Depression and Academic Performance among Senior Secondary School Students in Kano Municipal Zone*. An unpublished M.Ed Dissertation, Department of Education, Bayero University, Kano.
- Adamu, Y.M., Mohammed, H. & Dandago, K.I.(2010). *Readings In Social Science Research*. Kano: Adamu Jaji Publishers.
- Arenliu, A., Kelmendi, K., & Berzulli, D. (2016). Gender Differences in Depression Symptoms. *Psychological Thought*, 9(2), 236-247.
- Bauchi State Ministry of Education, *School Services Directorate, Census of Senior Secondary Schools' Students* (2011/2012).
- Chonody, J.M., & Siebert, D.C. (2008). Gender Differences in Depression. *Affilia: Journal of Women and Social Work*, 23(4), 338 -348.
- Culbertson, F.M. (1997). Gender and Depression. *American Psychological Association,inc*, 52(1), 25-31.
- Davey, G. (2007). *Complete Psychology*. London: Hodder Headline Plc.
- Davis, S.F. & Palladino, J. J. (2007). *Psychology*_(5th ed.). Upper Saddle River: New Jersey.
- Debjit, K.P., Kumar, S., Srivastava, S., Paswan, S., & Dutta, A.S. (2012). Depression –Symptoms, Causes, Medications and Therapies. *Psychotherapy*, 1(3), 48.
- Hayes, N. (1998). *Foundations of Psychology: An introduction Text*. (2nd ed.). London: Thomas Nelson & Sons Ltd.
- Mangal, S.K. (2013). *Essentials of Educational Psychology*. Delhi: PH1 Learning private limited.
- Marcus S. M., Kerber K.B. & Rush A. J. (2008). *Sex Difference in Depression Symptoms in Treatment-seeking Adults: Confirmatory analysis from the Sequenced Treatment Alternative to Relieve Depression Study*. Volume 44, issue 3 pp251-262, *Journal of affected Disorder*.
- Shehu, S. (2006). *A Study of Teacher's Perception and Response to Stress-induced Depression among Senior Secondary School Students in Kano State*. An unpublished Ph.D thesis, Department of Education, Usman Dan Fodiyo University, Sokoto.
- World Health Organization (2008). *The Global Burden of Disease 2004 Update*.http://www.who.int/healthinf/global_burden_disease.