

Gender Differences, Life Events and Depressive Symptomatology among Students of Health Tertiary Institution in Bauchi State Nigeria

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ABSTRACT

Students of higher learning institutions suffer from depression as a result of stressful life events, yet thorough empirical studies concerning sex differences and life events in relation to depression among purely health students is lacking. These students encounter both positive and negative life events and studies on which life event is uniquely associated with depression is inconsistency. This study examined depression and life events among gender among students of health tertiary institutions. 75 participants each from male and female students were obtained through cluster and systematic random sampling from three health institutions across the state. Center for Epidemiologic Studies Depression Scale and Life Experience survey scale were used for measuring depression and life events respectively. Pearson correlation coefficient, descriptive and chi-square statistics were used. Result of the study indicates that female students were more depressed and positive life events were more common among male while negative life events were more common among female. The correlation also indicates an inverse relationship between negative life events and depression and positive relationship between positive life events and depression. The findings have an implication for mental health policy maker in the federal and state ministry of health and education, hospitals, medical and health institutions. The results are as well discussed in terms of their implications for understanding the role of gender and stressful life events in the depressive symptomatology.

Keywords: Gender, Depression, Life Events, Positive, Life events and Negative life events.

1. INTRODUCTION

Depression is a universal mental health problem cut across races, religion, gender, age and socioeconomic status, yet the actual cause is inconclusive (APA, 2013; Leader, 2008). Depression is a common cold of mood disorders in terms of frequency worldwide (Harvard Mental Health Letter, cited f/m Fronimos & Brown, 2006; Tin, Yijiang & Huihua, 2013), still a dangerous and debilitating emotional mood disorder causing global burdens (APA, 2013). It is a frequent mood detrimental experience projected to be the second worldwide burden in the year 2020 (Rowe, 2003; World Health Organization, 2009). Everyone suffers depression more or less at times but inconsistent findings reported that it is very common among females compared to males (Beydoun et al., 2010; Tissot et al., 2013). Studies have shown that depression is related to life events [Li Yue, Dajun, Yinghao & Tianqiang, 2016; Pengli et al., 2013; Jun et al., 2013; Li li, 2013; Flynn & Rudolph, 2011]. Depression itself is a negative life event and is equally a consequence of others negative life events (WHO, 2009). Depression usually begins in youth and then advances to later age resulting to the development of psychopathology.

It has been reported that the increase rate and widespread of depression at a youthful age, especially among students of higher institutions of learning resulted into serious poor academic performances (Fombonne, 1994). Studies have also shown that depression is related to life events [Li Yue et al., 2016; Pengli et al., 2013; Jun et al., 2013; Flynn & Rudolph, 2011]. Life events can be positive or negative and depression is more related to negative life events (Li Yue et al., 2016). Depression itself is a negative life event and is equally a consequence of others negative life events (WHO, 2009). Depression usually begins in youth and then advances to later age resulting to the development of psychopathology. Research has reported the increase rate of depression among students of higher institutions particularly those in medical and health sciences related courses which resulted into serious poor

academic performances (Fombonne, 1994]. Thus, assessing gender difference, life events and depressive symptomatology is of great significance to the development of efficient and sound personnel for mental healthcare delivery.

2. LITERATURE REVIEW

Depression is a psychosomatic illness (a state of mind and body) characterized by change in mood toward being miserable, worried, fearful, irritable, unable to feel emotion, poor concentration, despondent, hopelessness, down in the dumps, withdrawal from people, disinterest in life and unable to enjoy pleasurable activities (Cheadle et al., 2014; APA, 2013; Hasegawa et al., 2015). Depression if not treated can lead to suicides and infanticide in case of postpartum depression (Sampson et al., 2014; Chibanda et al., 2014). It can be triggered up by a numerous life events such academic stress, economic hardship, losses, poor health conditions, stressors, biological and failure in life (Hamdan & Tamin, 2010; Wu, Lin, Xu & Xu, 2012; Zlotnick, Nicole & Parker, 2010; Tissot et al., 2013). Many students experience a lot of academic stress, anxiety, financial problem, cost of learning materials and foods, loss of sponsorship or other significant person, examination failure, disagreement with academic authorities, break in important relationship, serious illness, accommodation problem and separation from families and love once. Some students adjust and cope with such negative life events, while some breakdown and suffer from emotional problem like depression

Health tertiary institution is a school or college that runs both the theory and practical aspect of courses that are directly or indirectly concerned with curative or preventive aspect of disease or illness affecting human beings. These institutions consist of school or college of nursing, midwifery, health technology and school of hygiene. They trained health middle men manpower that works in community or hospital. Students of health tertiary institution in Bauchi state are youth within the age bracket of 18-30 years old. Study has shown that the most typical age associated characteristics of this group of people are emotionally stable but need a gradual, psychological and social maturing (Arnett, 200; Li Yue et al., 2016). However, students in those health tertiary institutions like colleges of nursing, midwifery and health technology faced a lot of problems ranging from academic stress, financial crises, poor adjustment and a regimented mode of training. This training consists of practical that exposes them to straight experiences such as seen blood, death person, mutilated body and even a psychiatric cases. It entails working at the odd hours like night duty and sleepless night. During their theoretical lessons in the class, involves many subjects, extremes discipline with zero level mistake tolerance. The reason for such regimentation is because they are dealing with human life, where a mistake can cause a life lost. This mode of training though is effective, but the students see it as disturbing and labeled it as negative life events that may be vulnerable to depression in the presence of poor coping mechanism.

Life events are those changes in life that affect human behavior (Holmes & Rahe, 1967). It can be major or minor, positive desirable or negative undesirable life events. Positive life events, such as securing admission, passing exam, promotion, engagement, marriage and winning an award resulted into a pleasurable emotion leading to positive emotions. Negative life events on the other hand, such as break in relationship, failing an exam, unwanted

pregnancy, death of beloved one, demotion, divorce, imprisonment, loss of job, business failure, stillbirth, withdrawal from school, financial problem and financial crises are associated with negative emotion and significantly influencing depression (Holmes & Rahe, 1967; Kanner et al., 1981; Desen et al., 1990; Liyun & Zuoyong, 2000). Undesirable life events could significantly influence the development and increase the rate of depression which can, negatively disturb one's life entirely and impaired one's emotional health. Holmes and Rahe (1967) argued that both events can induce stress that can affect human psychology. Advanced studies indicated that not all life events lead to mental health problem, but individual's perception on the events and his resources to resolve the destructive effects of the events matters in the development of mental illness. Many studies argued that only negative life events are inversely associated with mental illness and they can predict depression [Liyun, Zuoyong, 2000; Jun et al, 2013; Li Yue et al., 2016).

Relationship has been found between attributional style and depression irrespective of intervening variables (Seligman, 1979). Carmille, (1980) indicated that stressful life events are associated with depression. Seligman, (1979) in an unpublished study those college students who had a depressive attributional style eight weeks before examination tended to become more depressed if they fail exams. Brown (1978; Brown, 1989) noted that 38% of women without a close intimate friend and with a break in the relationship with their boyfriends or husband developed depressive symptoms when exposed to stressful life events. Compas et al. (1994) found that negative life events is significantly related to college freshmen's symptoms of depression. In another study among the high school students found that stressful life events were associated with depressive symptoms (Michl et al., 2013; Kate et al., 2010). Contrarily, in his study on emotional disorder, gender differences and life events, Goodyer (1987) found that the association between emotional disorders such as depression and life events is not influenced gender or puberty.

In an effort to clear more on the inconsistent findings on the gender differences and life events in respect to depression among students in higher learning institution, a lot of studies have been carried out but not among the students of health tertiary institution, especially in the north eastern Nigerian, particularly in Bauchi state. The effect of depression especially in relation to student's population and their life events may predispose them to depressive illness. Consequently, the students may lack concentration and this result to poor academic performances which contribute negatively to the healthcare delivery system and national economy. It is therefore, necessary and important to examine those events critically and their relationship in the cause of depression among such category of students.

Gender in the context of this research refers to the sex differences between male and female. Emphasis has been given in a bit to explain gender differences associated with depressive feelings across studies. Some literature argued that differences in depression among gender are as the result of various cultural experiences and the female traditional role which is related to more of the stressful events (Li et al., 2007; Li et al., 2016). Studies have shown a significant difference in the relationship between life events and depression at younger age among different gender groups (Li et al., 2016). The depression level is more in females compared to that of males (Li et al., 2016;

Costello, Swendsen et al., 2008; Nolen-Hoeksema & Giggus, 1994; Rudolph, Flynn & Abajed, 2008; Radolf, 1975; Warhert et al., 1973). Others studies similarly indicated the relationship between life events and depression and depression was more in females compared to their male counterpart (Fuxia & Fujuan, 2010; Hongman et al., 2009; Yu et al., 2005; Chengshu, 2010; Houcai et al., 2012; Dyson & Renk, 2006). However, other researchers revealed that depression is common among both gender (Li et al., 2007; Li et al., 2016; Costello et al., 2008; Rudolph et al., 2008; Lloyd, 1980; McLaughlin & Hatzenbuehler, 2009; Li et al., 2016; Li Yuxia, 2013).

Although, gender differences and life events in depression and the possible underlying cause of depression has been widely explored by many studies such as genetic, biomedical disturbances, psychosocial influence, poor support, family violence and conflict, stress and loses as well as poor or deficit in problem solving ability (Beck et al., 1993; Hasegawa et al., 2015; Beydoun et al., 2010; Li et al., 2016). All of these previous studies focused more on the individuals (males and females) and the life events surrounding them. The studies were also not specific about life events that are uniquely to students of health tertiary institutions. This study, therefore, generally examined the effects of life events specific to health tertiary students and the influence of such events on gender in the manifestation of depressive symptom on gender.

2.1 Specifically, the study aimed to find out:

1. Who is more depressed between male and female students of health tertiary institutions?
2. The effect of Positive and Negative Live Events based on Gender.
3. The Relationship between Live Events and Depression among students of health tertiary institutions

2.2 The followings hypotheses were tested:

1. H0: There is no significant difference between depression and gender differences.
2. H0: There is no significant effect of positive and negative live events on gender.
3. Ho: There is no significant relationship between life events and depression.

3. METHOD

3.1 Population and procedure

The population of this study involved youth students of health tertiary institutions. These institutions are state and federal colleges of nursing and midwifery Bauchi and college of health technology Ningi, Bauchi state. They within the age bracket of 18-35 years across different ethnic group and religions. The population was gathered from each college with the help of some lecturers and students. The participants involved both Muslims and Christian that were mostly in low and middle socio-economic class. The sample before screening were 93 males and 86 females. The total number of the participants that met the study criteria for analysis after data cleansing are 75 males and 75 females. The samples were collected through two sets of self-report questionnaires through systematic random sampling after cluster random sampling.

3.2 Instruments

Center for Epidemiological Depression Scale (CES-D)

The depressive symptoms were measured by Center for Epidemiological Depression Scale (CES-D; Radolf, 1977) which has 20 items ranked on 4-Linkert scale from 0(R = Rarely), 1(S=Sometimes), 2(M=moderately number of time) and 4(MT = most of the times). Example of the items are “I was bothered by the things that usually don’t botherl, “I felt fearfull. The CES-D scale has high internal consistency, test-retest reliability of 90% among patients population and 85% in general population (Radolf, 1977). The Cronbach’s Alpha coefficient in this study is 73%. Scores range from 0 to 60, with high scores indicating greater depressive symptoms. The optimal cut-off scores varied between 18 and 22. In this study a cut-off scores from 18-25 indicates mild depression, 25-40 moderate depression and from 40 and above severe depression.

3.3 Live Experience Survey (LES)

The live events were measured by an adapted formed of Live Experience Survey scale (Sarason, Johnson & Siegel, 1978). Thirty (30) items from the 57 items of the original version of scale were adapted. The 30 items were very specific and more relevant to the participants of this study. The items were tested and piloted as well as vetted by an experts and later undergoes reliability test through inter-rating method. The Cronbach’s Alpha coefficient reliability of the questionnaire in this study was 71%.

3.4 Analysis

T-test was used for testing the differences in gender for the manifestation of depression, while chi-square was used to test the effect of positive and negative life events based on gender and Pearson correlation coefficient was employed for the relationship between life events and depression. Descriptive was also used for the analysis of demographic data via SPSS version 20.

4. RESULTS AND DISCUSSION

This study generally examined the effects of life events specific to health tertiary students and the influence of such events on gender in the manifestation of depressive symptom on gender. The study tested whether there is no significant difference between depression and gender differences, and if there is no significant effect of positive and negative live events on gender.

The study also tested whether there is no significant relationship between life events and depression. Using center for epidemiology study scale for depression (CES-D), 75 males and 75 females scored 18 and above from the scale. This indicated that the participants within these numbers are depressed. But mean scores for depression among females are higher as compared to the male’s scores as can be seen in table 4.1.

4.1 Result of the independent t-test showing who is more depressed among gender.

Hypothesis one (Ho1) of this study which stated that there is no significant difference between depression and gender differences is rejected or failed to be accepted. Since the calculated value, 1.905 (in absolute) is greater than the tabulated (1.645), at 5% level of significance. This concludes that there is significant difference between depression and gender differences. That is to say depression differs between male and female. Result showed those females are more depressed than their male counterpart.

Table 4.1 Means and Standard Deviation

Gender	Depression	Live events	
		Positive	Negative
Males	9.15 (5.28)	30.40 (11.04)	26.12 (10.45)
Females	11.00 (6.57)	59.80 (11.02)	63.61 (10.34)

Highlight a section that you want to designate with a certain Table 4.1 shows the depression mean score for female is higher (11.00) and standard deviation (6.57) as compared to the mean score of the male (9.15) and standard deviation of (5.28). The independent t-test also showed that male response more toward positive life events than the female, while female response more toward negative life events than the male students. This is indicated by their mean scores as can be seen in table 4.2. The male positive mean score is (30.4) and their negative mean scores is (26.12). On the other hand, the female positive mean score is (59.80) and their negative mean score is (63.61). So based on this, female are more sensitive and disturbed by negative life events compared to the male students, while waistband negative life events compared to the female students.

4.2 Effect of positive and negative live events on gender

Contrary to the study hypothesis two (Ho2) that there is no significant effect of positive and negative live events on gender, this study found and conclude that there is significant effect of positive and negative live events on gender since the calculated value (254.1) is greater than the tabulated (26.296) as shown in table 4.2. That is to say a particular gender is liable to have more effect than the other gender. The independent t-test in table 1 showed that male response more toward positive life events than the female, while female response more toward negative life events than the male students. This findings is consistent and supported the previous studies (Houcai et al., 2012; Dyson & Renk, 2006)

Table 4.2 Chi-Square Tests for effect of positive and negative live events on gender

	Value	df	Asymp. Sig (2-sided)
Pearson chi-square	254.1	16	.000
Likelihood ratio	48.97	16	1.000
Linear-by-Linear Association	67.40	1	.000
No. of valid cases	75		

4.3 Relationship between Live Events and Depression

The results of the interrelations between depression and life events (positive and negative life events) among students male and female is shown in table 4.3. This study found a relationship between life events and depression as against the study hypothesis (H03) that claimed no relationship. This result is congruent with the previous result (Lloyd, 1980; Fuxia & Fujuan, 2010; Hongman et al., 2009; Yu et al., 2005; Chengshu, 2010). The correlates of depression could be adduced to several pedagogical factors, but those under study shows a certain degrees of relationship. Result shows that there is inverse or negative and significant relationship between live events and the depression of the respondents. This shows that there is an inverse relationship between depression and positive live events for male ($r = -0.741$; $P = 0.007 < 0.05$), but the relationship is positive with negative live events for male ($r = 0.614$; $P = 0.000 < 0.05$). Negative significant relationship was also found between depression and positive live events among female ($r = -0.699$; $P = 0.000 < 0.05$) but positive significant relationship was found between depression and negative live events for female ($r = 0.503$; $P = 0.000 < 0.05$).

Table 4.3 Pearson Correlations between the Depression and Life Events

	Depression	Male positive	Male negative	Female positive	Female negative
Depression	1				
Male positive	-.741	1			
Male negative	.614	.966**	1		
Female positive	-.699	-.644	.554	1	
Female negative	.503	.623	.532	-.987**	1

**Correlation is significant at the 0.01 level (2-tailed).

By positive relationship, it means that an increase in one variable might lead to increase in the other variable. That is to say, encountering negative life events might increase one's depression. So also, negative or inverse relationship means an increase in one variable may lead to a decrease in the other variable. That is to say, encountering positive life events might lead to a decrease in one's depression. All variables were found to be statistically significant as their P- values are all less than 0.05 ($P < 0.05$), hence significant.

Some of the students who showed symptoms of depression in depression scale (CES-D) responded much more highly to negative life events than the positive life events in life experience survey scale (LES). The participants that did not show a depressive symptoms in CES-D scale responded much more lower in the negative life events. This shows that negative life events are related to the development of depression. Some studies demonstrated that depressed patients experienced more stressful life events that are undesirable like, severe threat or loss and were found to be likely to develop depression (Li et al., 2016; Li Yuxia, 2013). This argument is supported by this research in the sense that most of the depressed students from the CES-D scored higher in the items that showed negative events like too much academic stress, failing an exams, losses etc. On the other hand, the students that shows no symptoms of depression on the CES-D scale scores much higher in the positive life events like employment, graduation from school, passing a course etc.

Even though, negative life events can predispose one to depression in a particular time and period, but study has indicated that mild negative life events may not have impact on the person to develop depression (Li et al., 2016). The reason to support this assertion is that people tend to forget their unpleasant life events when a little positive events occurs. For example when students graduate, he tends to forget all the difficulties and the hardship he experienced during his tenure in the school.

The reasons and interpretation of depression between male and female may differ in some cases. Females ascribe importantly more to interpersonal communication, while on the other hand, males pay more attention to sporty skill. Girls tend to express their issues based on their associations with others, while boys are more likely to express their own through rivalry and fitness (Li et al., 2016; Li Yuxia, 2013).

Females have more traits that are associated with depression (Li et al., 2016). Woman was reported to be strongly associated with scores on depression scale than the reasons based on race, age or socio-economic status. Gender gap or sex differences was not simply due to women reporting distress or seeking help more than the men, study also reported high depression rate in a community apart from those women seeking helps in the community (Weisman et al., 1973). Another reason why depression is more common among women in this study can be attributed to their role in life which makes the women more susceptible to depression, and that a woman's traditional role is related to more of the stressful events which are likely to precipitate depression. This is congruent with the study of Weisman et al., (1977). Furthermore, women are more likely than men to be seen in the depression treatment seeking behaviour. Women are also more willingly to report their depression to the people or friends, while men tend to hide their symptoms.

According to Kraemer (2000) men have difficulties to identify their psychological difficulties. They are reluctant to seek help and do not express and share their pain. They may not share their problems and tend to ignore their health distresses and conflicts in order not to seem destitute or weak. Good and Wood (1995) Study found that college students are ashamed to seek psychological help (Good & Wood, 1995). Same source reported that to bring men closer to accessible assistance or creating a safe approachable way of giving a psychological support is one of the major tasks in male depression and other psychopathologies.

This research finding supported those findings that there is sex differences in self-report behavior, rather than in actual depression rates. There may be also be a bias by the researchers or the diagnostic system toward identifying depression among women. Depression in men due to their anatomical and physiological system may take other forms and thus be given other diagnoses, such as substance abuse or dependency. All these reasons can account for only part of sex differences in depression than made women seen as more depressed as revealed by Li Yuxia (2013). Genetic and hormonal differences were also reported to influence depression among gender. Females have a greater disposition to mental and emotional disorders as a result of hormonal and biological factors. Sociological variables have also been used to explain this gender differences in depression. The women's traditional sex role is subservience to men and lack of occupational opportunities and decision making may produce more depression among women.

5. CONCLUSION

This study finding have an implication for mental health, counselling, therapy socialization especially at sex acceptable behavior which allows females few or little opportunities to express their problems, needs and active participation in the therapy sections. Additionally, the findings of this study is crucial for the health policy makers and the stakeholders in both the federal and state ministry of health, social and medical professionals as well as the health tertiary institutions. The findings of this study indicated on the need to provide a professional psychologist for proper assessment and early detection of emotional problems among students in order to help in formulating policies on how to help the students with such problems.

Furthermore, lecturers and health tertiary institutions or any other institutions of higher learning should avoid academic and administrative practices that may further exacerbate the stress occasioned task by the economic crunch. Guidance and counselling on the appropriate course and program of the students will help to reduce confusion anxiety. The counsellors should do well in helping students with their academic family and social problems that may likely generate conflict and anxiety. Psychology center should be establishes and government with the collaboration of the psychology professionals should make a screening of depression as a routine for any patients or clients on admission.

One of the major shortcomings of this study is inability to cover all the life events in the original questionnaire. This is because some of the items in the questionnaires are not directly relevant to the students under studied. Secondly most of the respondents cannot remember precisely the time each events happened to them. Since this is a survey

research, time and money constituted a challenge, but the result of the study are consistent with some previous study. Finally, there is need for re-evaluation of the life experience survey scale because many items are similar and interrelated which they attracts similar responses. Research on larger sample using longitudinal approach is recommended for further study.

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