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Research report

Prevalence and determinants of depressive symptoms among university students in Ghana

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ABSTRACT

Background: Over two million Ghanaians suffer from moderate to mild mental disorders but prevalence levels and determinants among university students remains fairly unknown. A better understanding of depression and its determinants is necessary in developing appropriate interventions in this population group.
Method: A convenient sample of 270 students from a public university (132 males and 138 females) were interviewed using a questionnaire to record socio-demographic variables, HIV risk behaviours. Depressive symptoms were measured using Centre for Epidemiological Studies Short Depression Scale (CES-D 10). Multiple logistic regression was used to identify the determinants.
Results: The mean age was 22 (SD=2.39). Using a cut-off point of 10 of the CES-D10, the overall prevalence of depression was 39.2%; with 31.1% of mild to moderate depression and 8.1% severe depressive symptoms. Significant predictors included lack of social support, religion not having an impact on life, heavy alcohol consumption and traumatic experiences such as being forced to have sex, physically and sexually abused as a child, and beaten by a sex partner.
Limitations: Given the cross-sectional nature of the research, the findings are limited highlighting the need for further research. Also, relying on self-report of symptoms could have influenced the outcome. The use of a single university means that there could be regional differences in depression in other universities.
Conclusion: Depression occurs in a significant number of students. An appropriate intervention must be implemented to help reduce the burden of depression, especially to those found to be at risk.
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1. Introduction

Depression as a psychiatric disorder characterized by symptoms of persistent feelings of hopelessness, dejection, has been designated as the leading cause of disability and the fourth leading cause of total disease burden worldwide (World Health Organization report, 2002). depressive disorders often start at a young age; they reduce people's functioning and often are recurring (Marcus et al., 2012). Students' academic performance is known to be affected by depression (Blackman et al., 2005) and that a young adult psychological functioning (e.g., depression and anxiety) has also been connected to a youth's ability to perform academically (Blackman et al., 2005; Masten et al., 2005). There are also evidence to show that individual with depressive symptoms can be predisposed to diseases such as HIV infection, diabetes, and even death from suicide (Garlow et al., 2008; Pitpitan et al., 2012; Nduna et al., 2010). Despite these detrimental effects of depression on students, few studies in Ghana have addressed mental health problems in institutions of higher education.

The prevalence of depression varies across cultures (Dorahy et al., 2000), with studies from developed countries reporting higher levels of depression compared to those from developing countries (Kessler and Bromet, 2013). In an extensive review of literature on the prevalence of depression among university students globally, Ibrahim et al. (2013) revealed that reported prevalence rates among students ranged from 10% to 85%. The authors of the same report suggested that depression rates as reported by students are far higher than those found in the general population (Ibrahim et al., 2013). Using the Centre for Epidemiological Studies Short Depression Scale (CES-D10), a study among undergraduate students in Nigeria found a prevalence rate of 32.2% (Peltzer et al., 2013).

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An earlier study using a different instrument with a different sample of over 200 medical students found that 23.3% had probable depression (Aniebue and Onyema, 2008). Among Kenyan university students, moderate prevalence rate of 35.7% was found whilst 5.6% reported severe depressive symptoms (Othieno et al., 2014). An equally high level of depression was recorded by Ibrahim et al. (2012) in Egypt with 37% of the students scoring above the threshold for moderate depression.

Depression among university students has been associated with various factors. Depression occurs more often in students with the following factors: gender female, higher levels of study/age, lower socioeconomic status, stressful and traumatic situations such as posttraumatic stress and addictive behaviours such as higher alcohol consumption and tobacco use (Ibrahim et al., 2013; Othieno et al., 2014; Peltzer et al., 2013). Other factors associated with depression include poor academic performance, religiosity/spirituality, and HIV risk behaviour such as substance use in the context of sex (Berry and York, 2011; Othieno et al., 2014; Peltzer et al., 2013; Agardh et al., 2012).

Psychological distress in the general Ghanaian population is high, with 18.7% of the sample reported either moderate (11.7%) or severe (7.0%) psychological distress (Sipsma et al., 2013). Among university students, however, few studies in Ghana had measured depressive levels explicitly. For example, Atindanbila and Abasimi (2011) despite using the Beck Depression Inventory, did not state the levels of depression in their sample when examining the relationship between depression and coping strategies among students in the University of Ghana. Nevertheless, the authors indicated that 16.1% of the students showed signs of mild depression (Atindanbila and Abasimi, 2011). Similarly, Nyarko and Amissah (2014) used the BDI but did not reveal the prevalence of depression. The focus of their study was to examine possible relationship between cognitive distortions and depression among selected university students in Ghana.

1.1. Objectives

The above literature shows that we are not fairly well informed of the prevalence of depression and its associated factors within the Ghanaian context. We aimed to assess the prevalence of depressive symptoms and to describe the determinants among a sample of university students in Ghana. The main research questions examined are: (1) what is the prevalence of depression among university students? and (2) what factors are associated with depression among university students in, Ghana? The findings of this study could inform interventions that could target university students who could be at risk for depressive symptoms.

2. Method

2.1. Participants and procedure

Samples of 270 university students were conveniently selected from the Department of Psychology of a public university in the Greater Accra Region of Ghana. The sample consisted of 132 males and 138 females, and participation in the study included the following selection criteria: (a) a registered student, (b) voluntary participation in the study and (c) aged 18 years and above. On the days of data collection, any student present in any of the lecture rooms used for psychology lectures participated in the study. Students filled a written consent form, and data collection took place in the lecture rooms after a teaching session had ended in the absence of the researchers. Students were informed to drop the filled questionnaire in a box left in front of the lecture hall. To ensure anonymity, no form(s) of identifiers were on the questionnaire and the participants were informed that participation was voluntary and they could withdraw from the study at any stage if they so desire. Ethical approval was obtained from the University of Ghana, after the Head of Department had given permission for the students to participate in the study. Data collection lasted for a period of 30 days. The participants did not receive any form of inducement or reimbursement.

2.2. Measures

The questions used to access the variables in this study were structured and formulated based on the previous studies conducted on depressive symptoms among university students in both developed and developing countries. We assessed sociodemographic characteristics (gender, age, marital status, year of study, family background), depression, social support, substance use, traumatic experiences and HIV risky behaviours.

2.2.1. Socioeconomic/family status

Socioeconomic/family status was measured by a single statement “How would you rate your family background”. Response options were 1=quite poor (within the lowest 25%), 2=not well off (within the 25–50% range), 3=quite well off (within the 50–75% range) and 4=wealthy (within the top 25%). Students were subsequently divided into two groups: poorer (quite poor and not well off) and wealthier (quite well off and wealthy).

2.2.2. Depressive symptoms

The Centre for Epidemiological Studies Short Depression Scale (CES-D10) which consisted of 10 questions was used to assess depressive symptoms of the participants. A cut-off point of 10 was set, and those who had scores of 11 and above were considered as having probable depression. A score of 11–20, and scores above 20 represented mild-moderate depression and severe depressive respectively. The CES-D10 has been used extensively in other countries in Sub-Saharan Africa (Othieno et al., 2014; Kilbourne et al., 2002; Peltzer et al., 2013), and had a strong reliability of 0.84 in the Ghanaian context (Utsey et al., 2014). A Cronbach alpha coefficient value of 0.72 was found for this study.

2.2.3. Social support

The Multidimensional Scale Perceived Social Support (MSPSS) (Zimetet al., 1988) was used to measure perceived social support along three dimensions: from the family, friends and significant others in the form of a 12-item, self-administered questionnaire. The scale is rated on a 5-point Likert type ranging from 5 (strongly agree) to 1 (strongly disagree). The MSPSS have been found reliable in various different samples internationally including Ghana. Acceptable reliability coefficients have been reported in Ghanaian samples ranging from 0.80 to 0.91 for all the three dimensions (Doku, 2012). The overall Cronbach alpha coefficient for the present study was 0.89.

2.2.4. Traumatic experiences

Participants were asked 4 questions including if they had been forced to have sex, sexually abused as a child, beaten by a sex partner and physically abused as a child. These questions were coded as yes/no.

2.2.5. HIV risk behaviours

This was assessed with four (4) components of HIV risk namely having multiple sexual partners, protected/unprotected sexual intercourse, alcohol used in the context of sex, and having been diagnosed with an STI. Responses were coded as yes/no

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