
Depression and Suicidal Ideation: Awareness and Experience Among Students of Tertiary Institutions in South-South Nigeria

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ABSTRACT

AIM: Depression and suicidal ideation: Knowledge, perception and determinant among the students.

METHODS: A cross-sectional analytical study was carried out among 406 students of Igbinedion University, Okada, Edo State. The respondents were selected by multistage sampling method; all the students were stratified based on the faculties, departments and year of study. The sampling ratio for each year of study was calculated and a proportional allocation was carried out. Simple random sampling was applied to select the number of students from each college and year of study by using computer generated numbers. Structured, pre-tested, interviewer-administered questionnaire were the tools used for data collection. Data was analyzed using IBM SPSS version 20.0 and level of significance was set at $p < 0.05$.

RESULTS: Almost all, 98.5% and 80.3% of the respondents had good awareness on depression and suicidal ideation respectively, 12.1% had been diagnosed of depression, 11.3% experienced feeling down, depressed or hopeless nearly every day and 7.5% had intention of acting on thoughts about killing themselves.

CONCLUSION: Most of the respondents had good awareness about depression, a few diagnosed of depressive illness and about a tenth of them have had intention of acting on thoughts about killing themselves. Therefore, government at all levels and policy-makers should prioritize preventive interventions especially among vulnerable population. The Plan will include nationally agreed strategies relating specifically to depression and suicidal ideation.

KEYWORDS: Depression, Suicidal Ideation, Experience, Students, Edo State.

INTRODUCTION

Depression is a frequent and significant medical condition that affects a person's feelings, thoughts, and actions. Depression generates melancholy and/or a loss of interest in previously appreciated activities, which can lead to a number of mental and physical issues that might impair one's capacity to function.¹

Several factors contribute to the onset of depression at college, one of which arises from the fact that university students are a unique group of people who are passing through a vital transitional time from adolescence to adulthood.² This shift can be more difficult than imagined for a variety of reasons, making college students more susceptible to depression.² Homesickness, concern about deciding on a career route, a lack of awareness or tools to prioritize healthy self-care alongside other duties, resulting in burnout, variations in sleep habits, differences in food intake, and financial stress are just a few of the causes.² As a result, depression can have a detrimental impact on many aspects of a student's life, including their quality of life, academic accomplishment, physical health, and contentment with their college experience, as well as their relationships with friends and family members. Students' future career, earning potential, and overall health may be harmed as a result of these concerns.^{3,4}

Intoxication is a significant risk factor for both substance dependence and major depressive disorder.⁵ Alcohol is a significant predictor of severe depressive illness among females, according to data collected from young college students who appeared to be in good health and were functioning normally.⁶ Drug misuse is strongly linked to both Major Depressive diseases (MDD) and other mental illnesses in both sexes.⁶ College students who satisfy the criteria for MDD and substance addiction nearly always experience depression first, followed by substance abuse.⁶

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In a qualitative study done using focused group discussion strategy in 2019 in 2 universities in Enugu, some students expressed that threats of failing, worry about carrying over, and having to repeat courses taught by despised lecturers are among the academic difficulties that put students under a lot of stress.⁷ "You will not know what you did to them, and they will be threatening that you will fail their course," as one student put it.⁷ Due to this, some students carry over their programs for an additional five years, continuing in school after their friends have finished.⁷

Suicide ideation, on the other hand, is a severe psychological, social, and cultural public health issue that is currently causing a lot of concern among individuals from all walks of life all over the world.⁸ Suicidal ideation is one component of suicidal behavior that relates to human ideas that life is pointless to live, as well as present plans and so engage in suicide wishes and thoughts.⁹ According to statistics obtained from the Center for Disease Control and Prevention (CDC), suicide is the third biggest cause of mortality among teenagers and young people.¹⁰ Depression, along with substance abuse, adverse life events, family history, a history of sexual abuse, troubled relationships, and difficulties with sexual identity, has long been considered a risk factor for suicide.¹¹

In Nigeria, studies have revealed a high level of ignorance about mental illness and negative attitudes toward people with mental disorders.^{12,13,14} Because mental illness is frequently perceived as a spiritual attack, traditional healers and religious leaders are frequently the first point of contact.^{12,15,16,17}

The student offers suboptimal performance or no performance at all of tasks in teamwork with fellow students which can affect the overall outcome of the group.¹⁸ Depression can also lead to vices such as substance abuse, alcoholism and smoking which may progress to secondary destructive behavioral problems like stealing, murders and domestic violence thus constituting a source of harm to himself, fellow students and community at large.¹⁸

In a study done in 2020 in three universities of Sialkot Pakistan, showed that the frequency of depression, anxiety and stress among university students was found 75.0%, 88.4% and 84.4% respectively.¹⁹ In a study done among University Students in Jordan, 75.0% of the university students exhibited some degree of depressive symptoms. Tobacco, painkillers, stimulants, tranquilizers, inhalants, and alcohol respectively were the most used substances.²⁰ Depressive symptoms were positively correlated with hostility and tobacco use. Similarly, depression had a positive correlation with the frequency of using painkillers, inhalants, stimulants, tranquilizers, and heroin.²⁰

The prevalence of suicidal ideation was 15.2% in a study done among university students in Ghana, attempted suicide was 6.3%, death wishes 24.3% and suicidal plan 6.8%.²⁰ Psychological distress was a risk factor for both suicidal ideation and suicidal attempt.²⁸ Subject wellbeing was protective of suicidal attempt while self-esteem was protective of suicidal ideation.²⁰

In a study done in 2018 among students in Ahmadu Bello University (ABU), Zaria, Majority of the respondents (58.2%) had depression, with 37.0%, 15.7%, 3.9%, and 1.6% having mild, moderate, moderately-severe, and severe depression, respectively.²¹

A study conducted in 2013 among western Nigerian students showed 25.2% of the respondents were suffering from moderate to severe depression while 7.0% suffered from severe depression.²² Another study in the Niger Delta university in southern Nigeria reported 8.3% of students suffering minor depressive disorder with 2.7% a major depressive disorder.²³

Psychological morbidity in undergraduate students represents a neglected public health problem and holds major implications for campus health services and mental policymaking.²⁴ In terms of life quality, understanding the impact of this neglected public health phenomenon on one's educational attainment, prospective occupational success, and relationship with family is very important.

In most countries around the world, the social, economic, and psychological costs of suicide are intolerable.²⁵ When there is a suicide, communities, organizations, and society at large are frequently plunged into grief.²⁶ Such melancholy states frequently affect productivity, induce worry and terror, diminish the worth of human existence, and lead to societal unrest.²⁶ The rising trend of suicide in Nigeria is disheartening, the number of documented cases is steadily increasing, and there may be more that have gone unreported due to social stigma and also due to the fact that suicide is considered a crime in Nigeria.^{27,28} Suicide research in Africa is limited and even less is known about attempted suicide across the continent.²⁹

The study determined the awareness and experience of depression and suicidal ideation of a tertiary institution in Edo State, Nigeria. This will help to review suicide research in Nigeria and reveal a deficit in knowledge about suicide among university students, therefore this research will contribute to closing the gap by focusing research on university students and therefore adding to the already existing information for designing effective interventions for this at-risk group.

METHODOLOGY

A cross-sectional analytical study was carried out among 406 students of Igbinedion University, Okada, Edo State. The respondents were selected by multistage sampling method; all the students were stratified based on their college and year of study. The sampling ratio for each year of study was calculated and a proportional allocation was carried out. Simple random sampling was applied to select the number of students from each year of study by using computer generated numbers. Data was collected with the aid of an interviewer administered questionnaire in Igbinedion University, Okada. The data was assessed for completeness, serialized, coded and entered into SPSS version 20 for analysis. The results were presented in frequency tables, charts and prose. Means were compared using t-test and bivariate analysis was done using chi-squared test. A $p < 0.05$ was considered statistically significant. The

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information obtained was based on self-reporting and therefore subject to information bias. Ethical clearance was obtained from the Ethic and Research Committee of Igbinedion University Teaching Hospital, Okada, Edo State (Ethic clearance number: IUTH/R.24/VOL.1/34C) before administration of the questionnaire. Confidentiality was assured by informing respondents that personal information will not be divulged. Written and informed consent was obtained from all respondents. All data in hard and soft copies were stored safe, sealed away and pass-worded.

CONFLICT OF INTEREST: None

RESULT

TABLE 1: ASSESSMENT OF LEVEL OF AWARENESS TOWARDS DEPRESSION AND SUICIDAL IDEATION.

VARIABLE	Frequency	Percent
Ever heard of Depression	(n = 396)	
Yes	390	98.5
No	6	1.5
Source of information	(n = 390**)	
Television	218	55.1
Radio	92	23.2
Books	216	54.5
School	149	37.6
Others*	60	15.2
Ever heard of Suicidal ideation	(n = 396)	
Yes	318	80.3
No	78	19.7
Source of information	(n = 318**)	
Television	188	47.5
Radio	56	14.1
Books	114	28.8
School	113	28.5
Others*	54	13.6
Depression is a Mental Health illness	(n = 390)	
Correct	359	92.0
Incorrect	31	8.0
Suicide is an offence punishable by law	(n = 318)	
Correct	238	74.8
Incorrect	80	25.2
Number of respondents to be assessed for awareness of depression and suicidal ideation	(n = 396)	
Assessed	312	78.8
Not Assessed	84	21.2

*Internet, Social media, Experience **Multiple choice.

Almost all, 390 (98.5%) and 318(80.3%) of the respondents had heard of depression and suicidal ideation respectively while 92.0% believe depression to be a mental health disorder while above two thirds, 238(74.8%) of the respondents believe suicide to be an offence punishable by law.

The major sources of their information on depression 218 (55.1%) and suicidal ideation 188(47.5%) was television.

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TABLE 2: SOCIO-DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS AND AWARENESS OF DEPRESSION AND SUICIDAL IDEATION

VARIABLE	AWARENESS (n = 312)		Test Statistics	p-value
	Aware (n = 146)	Not aware (n = 166)		
	Freq. (%)	Freq. (%)		
Age group				
15 – 19	49 (33.6)	96 (57.8)	Fisher's Exact = <0.001	<0.001*
20 – 24	85 (58.2)	60 (36.2)		
25 – 29	12 (8.2)	8 (4.8)		
30 and above	0 (0.0)	2 (1.2)		
Gender				
Male	47 (32.2)	49 (29.5)	$\chi^2 = 0.261$	0.610
Female	99 (67.8)	117 (70.5)		
College				
Pharmacy	90 (61.6)	63 (38.0)	$\chi^2 = 17.447$	<0.001*
Law	56 (38.4)	103 (62.0)		
Class level				
100L	41 (28.1)	59 (35.5)	$\chi^2 = 8.647$	0.071
200L	26 (17.8)	37 (22.3)		
300L	27 (18.5)	24 (14.5)		
400L	22 (15.1)	29 (17.5)		
500L	30 (20.5)	17 (10.2)		
Religion				
Christianity	121 (74.4)	152 (78.9)	Fisher's Exact = 0.007	0.017
Islam	22 (22.2)	12 (18.4)		
African Traditional Religion	3 (2.1)	0(0.0)		
Others**	0 (0.0)	2 (2.7)		
Marital status				
Ever married	10 (6.8)	11 (6.6)	$\chi^2 = 0.006$	0.938
Never married	136 (93.2)	155 (93.4)		

*Statistically significant **No religion

The proportion of respondents who were aware of depression and suicidal ideation increased with decreasing age, while those who were not aware of depression and suicidal ideation decreased with increasing age. The association between awareness and age group was statistically significant ($p = <0.001$).

Majority of females 99 (67.8%) were aware of depression and suicidal ideation compared with males 47 (32.2%). The association between awareness and gender was not statistically significant ($p = 0.610$).

Those in College of Pharmacy 90 (61.6%) had a higher proportion of awareness of depression and suicidal ideation compared with College of Law with 56 (38.4%). The association between awareness and colleges was statistically significant ($p = <0.001$).

The 100 level respondents had the highest proportion of awareness of depression and suicidal ideation 47 (28.1%), compared to those in other class levels as follows: 200 level 26 (17.8%), 300 level 27 (18.5%), 400 level 22 (15.1%) and 500 level 30 (20.5%). The association between awareness and class level was not statistically significant ($p = 0.071$).

Christians had the highest proportion of awareness of depression and suicidal ideation with 67 (74.4%) compared with other religions. The association between awareness and religion was statistically significant ($p = 0.017$).

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Most of those who were never married (singles and co-habiting) 136 (93.2%) had more awareness of depression and suicidal ideation compared with those who were ever married (married and separated) 10 (6.8%). This association between awareness and marital status was not statistically significant ($p = 0.938$).

TABLE 3a: ASSESSMENT OF THE EXPERIENCE OF DEPRESSION AND SUICIDAL IDEATION

VARIABLE	Frequency	Percent
Respondents to be assessed for experience of depression and suicidal ideation	(n = 396)	
Assessed	312	78.8
Not Assessed	84	21.2
ON DEPRESSION	(n = 390)	
Diagnosed of Depression by a qualified health professional		
Yes	47	12.1
No	343	87.9
Little Interest or pleasure in doing things		
Not at all	120	30.8
Several days	109	27.9
More than half the days	73	18.7
Nearly every day	88	22.6
Feeling down, depressed or hopeless		
Not at all	178	45.6
Several days	113	29.0
More than half the days	53	13.6
Nearly every day	46	11.8
Trouble falling asleep or staying asleep, or sleeping too much		
Not at all	159	40.8
Several days	111	28.5
More than half the days	39	10.0
Nearly every day	81	20.7
Feeling tired or having little energy		
Not at all	89	22.8
Several days	147	37.7
More than half the days	78	20.0
Nearly every day	76	19.5
Poor appetite or overeating		
Not at all	196	50.3
Several days	112	28.7
More than half the days	40	10.3
Nearly every day	42	10.7
Feeling bad about yourself – or that you are a failure or have let yourself or your family down		

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Not at all	220	56.4
Several days	103	26.4
More than half the days	29	7.4
Nearly every day	38	9.8

Trouble concentrating on things such as reading, classes or watching television

Not at all	198	50.8
Several days	113	29.0
More than half the days	46	11.8
Nearly every day	33	8.4

A few 47(12.1%) of the respondents had been diagnosed of depression by a qualified health professional, 46(11.3%) experienced feeling down, depressed or hopeless nearly every day, 81(20.7%) experienced trouble falling asleep or staying asleep, or sleeping too much nearly every day 76 (19.5%) experienced feeling tired or having little energy nearly every day and 42(10.7%) of the respondents experienced poor appetite or overeating nearly every day.

A small proportion 38(9.8%) of the respondents experienced feeling about themselves or feeling like a failure or feeling like the let themselves or family down nearly every day and 33(8.4%) experienced trouble concentrating on things such as reading, classes or watching television nearly every day.

TABLE 3b: ASSESSMENT OF THE EXPERIENCE OF DEPRESSION AND SUICIDAL IDEATION

VARIABLE	Frequency	Percent
ON DEPRESSION	(n = 390)	
Moving or speaking so slowly that other people could have noticed? OR THE OPPOSITE – being so fidgety or restless that you have been moving around a lot more than usual		
Not at all	254	65.1
Several days	89	22.8
More than half the days	18	4.6
Nearly every day	29	7.5
Thoughts that you would be better off dead or of hurting yourself in some way		
Not at all	293	75.1
Several days	55	14.1
More than half the days	13	3.3
Nearly every day	29	7.5
ON SUICIDAL IDEATION	(n = 318)	
In the past few weeks, you wished you were dead		
Yes	46	14.5
No	272	85.5
In the past few weeks, you felt that you or your family would be better off if you were dead		
Yes	51	16.0
No	267	84.0
In the past few week, you been having thoughts about killing yourself		

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Yes	33	10.4
No	285	89.6

(n = 318)

ON SUICIDAL IDEATION

Thought about how you might kill yourself

Yes	44	13.8
No	274	86.2

Had any intention of acting on these thoughts of killing yourself

Yes	24	7.5
No	294	92.5

Ever tried to kill yourself

Yes	55	17.2
No	264	82.8

A few proportion 29(7.5%) of the respondents experienced moving or speaking so slowly that other people could have noticed or being so fidgety or restless nearly every day, 29 (7.5%) experienced having thoughts that they are better off dead or of hurting themselves in some way nearly every day, 33(1.4%) had experienced having thoughts about killing themselves, 44(13.8%) had experienced having thoughts about how they might kill themselves and 24(7.5%) of the respondent had intention of acting on thoughts about killing themselves

TABLE:4 SOCIO-DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS AND EXPERIENCE OF DEPRESSION AND SUICIDAL IDEATION

VARIABLE	EXPERIENCE/PREVALENCE		Test Statistics	p-value
	Experienced depression and suicidal ideation (n = 59)	Not experienced depression and suicidal ideation (n = 253)		
	Freq. (%)	Freq. (%)		
Age group			Fisher's Exact = 0.042	0.062
15 – 19	34 (57.6)	111 (43.9)		
20 – 24	25 (42.4)	120 (47.4)		
25 – 29	0 (0.0)	20 (7.9)		
30 and above	0 (0.0)	2 (0.8)		
Gender			$\chi^2 = 7.678$	0.006*
Male	27 (45.8)	69 (27.3)		
Female	32 (54.2)	184 (72.7)		
College			$\chi^2 = 6.674$	0.010*
Pharmacy	20 (33.9)	133 (52.6)		
Law	39 (66.1)	120 (47.4)		
Class level			$\chi^2 = 3.107$	0.540
100L	21 (35.6)	79 (31.2)		
200L	10 (16.9)	53 (20.9)		
300L	7 (11.9)	44 (17.4)		
400L	13 (22.0)	38 (15.0)		
500L	8 (13.6)	39 (15.5)		

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Religion				Fisher's Exact = 0.335	0.275
Christianity		56 (94.9)	217 (85.8)		
Islam		3 (5.1)	31 (12.3)		
African	Traditional	0 (0.0)	2 (0.8)		
Others**		0 (0.0)	3 (1.1)		
Marital status				Fisher's Exact = 0.018	0.022*
Ever married		0 (0.0)	21 (8.3)		
Never married		59 (100.0)	232 (91.7)		

The proportion of respondents who had experienced depression and suicidal ideation increased with decreasing age ($p = 0.062$). More Females 32(54.2%) had experience with depression and suicidal ideation than the males 27(45.8%). The association between experience and gender was statistically significant ($p = 0.006$). Law students had a higher proportion 39(66.1%) of experience of depression and suicidal ideation and the least 20(33.9%) was Pharmacy students and the association between experience and colleges was statistically significant ($p = 0.010$).

All 59(100.0%) the responds who were never married (singles and co-habiting) had experienced depression and suicidal ideation than those who were ever married (married and separated). This association between experience and marital status was statistically significant ($p = 0.022$).

DISCUSSION

Suicide is one of the leading causes of death among young people aged 15 to 29 years of age. Ideation or suicidal thoughts, which precedes suicide is sometimes normalized and excused thereby missing avertable deaths within a given context.³⁰ Understanding suicide ideation and the associated social correlates within contexts can provide cues on how to mitigate suicide.³⁰

Findings from the study showed that less than half of respondents was 15-19 years while the age group with the lowest response was 30 years and above. This is similar to the report of a study done in Benin City.³¹ This could also be attributed to the fact that majority of the students of Igbinedion University Okada falls within this age bracket and thus dominate the study population. This study equally reveals that more than half of respondents were females compared with males. This is in tandem with studies done in Oyo in 2016 and Benin in 2022, which both revealed a higher proportion of female respondents compared with Male respondents.^{31,32} This finding may also be attributed to the increase in the number of female students admitted into the university per session compare to the male students admitted. Most of the respondents were from College of Pharmacy compared with College of Law. This finding could be attributed to the disparities in the number of students in the faculty of pharmacy compared with that in the faculty of law.

Majority of the respondents were Igbos. This could be attributed to the fact that Igbinedion university okada is a culturally diverse university and will admit anyone that fulfills the admission requirements irrespective of ethnicity. This makes the university a place of innovation, growth, and success. It is well documented that cultural diversity benefits everyone as it paves the way to better problem-solving, more empathy and compassion, deepened learning, and approaches the world from various perspectives.

More than two-thirds of participants were Christians and others include Islam, African traditional religion and others. The preponderance of the Christian religion is a reflection of the location of the Igbinedion University and the faith of majority of the students being of the Christian faith. Christianity is the main religion in the southern part of Nigerian.³² This is also similar with the study carried out in Ile-Ife, south-south Nigeria. Christians had the highest proportion of awareness of depression and suicidal ideation with compared with other religions. The association between awareness and religion was statistically significant ($p = 0.017$). This could be explained by the fact that there is more awareness program among the Christian faith compare with other religion.³² Findings from this present study revealed that the most of the respondents were single, with other respondents being married, Co-habiting or separated. This is in tandem with studies done in Oyo and Benin in 2016 which reported a larger proportion of the respondent of the study to be single.³¹ More so, this finding could be attributed to the fact that a larger proportion of the respondent of this present study were within the age range of 15-19 years which directly account for the numbers of single respondents of the study group.

Most of the respondents were not aware of depression and Suicidal ideation, compared to those who were aware. This is similar with the report of high focus centers in 2018, which posited that many people don't truly understand mental illness, which can result in the belittling of those who are suffering from it.³³ When people who are depressed and having suicidal thoughts feel misunderstood or discriminated against, it can have deadly consequences such as increased incidence of mortality.³⁴

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The proportion of respondents who were aware of depression and suicidal ideation increased with decreasing age, while those who were not aware of depression and suicidal ideation decreased with increasing age. The association between awareness and age group was statistically significant ($p < 0.001$). This is similar to the study conducted in Lagos.²⁸ Furthermore, it has been reported, with younger age groups having higher rates of depression, lower rates in the middle age groups, and then increasing rates in the older age groups.^{35,36} therefore could be loss of man-hours, manpower and unproductivity due to suicide and death.

A higher proportion of females were aware of depression and suicidal ideation compared with males. The association between awareness and gender was not statistically significant ($p = 0.610$). This is in line with a 2013 study done in Nigeria. However previous studies have showed that the prevalence of depression was more among females than males which may directly account for the rate of awareness among the female students.³⁷ Therefore, we expect less female mortality from suicide since awareness is greater.

Those in College of Pharmacy had a higher proportion of awareness of depression and suicidal ideation compared with College of Law. The association between awareness and colleges was statistically significant ($p = < 0.001$). This finding may be attributed partially to the fact that pharmacy is a medically inclined course and students of this faculty are likely to be more informed on the high prevalence of depression in our society compared to the law students. Also respondents in College of Law had a higher proportion of negative perception towards depression and suicidal ideation compared with College of Pharmacy. The association between perception and colleges was not statistically significant ($p = 0.244$). Those in College of Law had a higher proportion of experience of depression and suicidal ideation compared with College of Pharmacy. The association between experience and colleges was statistically significant ($p = 0.010$). These findings could be attributed to academic performance on the part of the respondents.²⁹ Academic performance has been documented as a predictor of depression in students. Academic stress, academic failure and academic problems were discovered as correlating with depression in students and young adults in higher institutions.³⁶

Findings from this study revealed that only a minority had experienced depression and suicidal ideation compared to those who had not experienced depression and suicidal ideation. Also a higher proportion of females had a negative perception towards depression and suicidal ideation compared with males. The association between perception and gender was not statistically significant ($p = 0.339$). This is in tandem with the study conducted in South Australia in 2012 where 18% of the participants screened positive for depression, and 20% experienced occasional self-harm or suicidal thoughts.³⁸ However, this is at variance with a study carried out in Benin City in 2022 which showed that four in ten of the respondents screened positive for depression, and one in ten respondents had suicidal ideations.³¹ The proportion of respondents who had experienced depression and suicidal ideation increased with decreasing age, while those who had not experienced depression and suicidal ideation also increased with decreasing age. The association between experience and age was not statistically significant ($p = 0.062$).

Findings from this study showed that females had more experience with depression and suicidal ideation compared with males. The association between experience and gender was statistically significant ($p = 0.006$). Depression and suicidality in the work of Cheung and Dewa in 2006 were found to be higher in female students when compared to their male participants.³⁹ In 2002, it was reported that adolescent females were at higher risk for developing depression and suicidality than their male counterparts.⁴⁰ The reason for this gender difference observed in our study could be as a result of combined factors such as the effects of estrogen on stress hormone (cortisol), sexual assault as girls, chronic stress, higher poverty among females due to gender inequality and sexual harassment at workplace, role overload, and greater reactivity to stressors.³⁷ It has, however, been reported that though women are twice as likely to experience depression and suicidal ideation than men, but men were four times more likely than women to commit suicide.⁴¹

CONCLUSION

In conclusion, majority of the respondents were not aware of depression and suicidal ideation. The proportion of respondents who were aware of depression and suicidal ideation increased with decreasing age, while those who were not aware of depression and suicidal ideation decreased with increasing age. The association between age and awareness of depression and suicidal ideation was statistically significant.

Only a minority of the respondents had experienced depression and suicidal ideation compared to those who had not experienced depression and suicidal ideation. Hence, some of them could hardly empathize with the struggles associated with depression and suicidal ideation. The proportion of respondents who had experienced depression and suicidal ideation increased with decreasing age, while those who had not experienced depression and suicidal ideation also increased with decreasing age.

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