

DEPRESSION AND SUICIDAL ATTITUDE AMONG ADOLESCENTS IN SOME SELECTED SECONDARY SCHOOLS IN LAGOS STATE, NIGERIA.

By

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Abstract

The study examined depression and suicidal attitude among adolescents in some selected secondary schools in Lagos State, Nigeria. A total number of 97 students were randomly selected from four secondary schools. The subjects were exposed to "Psychological State of the Adolescents Questionnaire". The questionnaire consists of 25 items. Three hypotheses were raised. The data were analysed using t-Test statistics. Results showed that adolescents' thought line was significantly related to the depressive suicidal attitude with t-cal of 2.696 at 0.05 level of significance. The adolescents' thought line that is their cognition which shows their belief, difficulty in making decision, negative view of themselves, and the world around them was significantly related to the depressive suicidal attitude. This showed that their cognition changes when they are depressed, while personal feelings and peer acceptance were not significantly related to the depressive suicidal attitude with t-cal of 0.954 and 0.952 respectively at 0.05 level of significance.

Key Words: *Suicidal Attitude, Depressive feelings, Adolescents' thought line, peer pressure.*

Introduction:

Adolescence period is a very sensitive period that requires proper handling and adequate monitoring by parents and those who are concerned like teachers, counsellors and other caregivers. The developmental changes that adolescents experience sometimes pose serious problems for them, especially if they have not been counselled before the actual development started. According to Compass (2004), the experience of difficult changes or challenges is associated with depressive system in adolescence.

Most of the time, adolescents are depressed based on the various changes they are experiencing in their bodies. Roediger, et al (1996) noted that adolescents, particularly the females, sometimes suffer depression because of difficult bodily issues which seem to contribute most to the elevated incidence of depression symptoms. Depression is more likely to occur in adolescence than in childhood. Graber (2004) observed that adolescent girls consistently have higher rates of depression than adolescent boys. According to the author, among the reasons for sex differences are the following:

- Females tend to ruminate in their depressed mood and amplify it.
- Females' self-image, especially the body image is more negative than males'.
- Females face more discrimination than the males do.
- Puberty occurs earlier for girls than for boys and as a result girls experience a pulling up of changes and life experiences in the middle years which can increase depression.

Adolescent girls, especially early-maturing girls like adult women are especially subjected to depression. Harter et al (2001) noted that this gender differences may be related to biological changes coupled with puberty or to the ways girls socialize and their greater vulnerability to stress in social relationship.

Shamrock (2005) observed that other reason that may likely contribute to depressive attitude in adolescence is the quality of parent adolescent relationship. When the quality of parent-adolescent relationship decreased, there is a tendency for the symptoms of depression to increase. As noted by Graber (2004), family factors place adolescents at risk for developing depression. Such factors include having depressed parents, emotionally unavailable parents, parents, who have high marital conflicts and parents with financial problems. Bowlby, (2000) stated that the death of the father when a child is young is associated with a greatly increased risk of later depression.

Schooling and related issues could also constitute additional factors responsible for depression in adolescents. Depression is more common in the adolescent years than in elementary school, Plotnik & Kouyomdjian (2008) noted that failure in school work, environmental factors based on negative reinforcement that the person receives from his or her environment sometimes triggers depression. Graber (2004) added that poor peer relationship is associated with adolescent depression, not having a close relationship with somebody one considers as a best friend, having less contact with friends and, experiencing peer rejection, all these increase depressive tendencies in adolescents.

According to Adegoke (2003), peer groups strongly influence adolescents' decision in their belief about life, sexual decision and relationship. As they grow older, peer group relationship

increases in importance while their parents influence decreases. Adegoke believes that adolescents are thirsty for belongingness and this makes them to affix themselves to a particular group without considering the benefits and cost of joining such group. Adolescents seem to be very responsive to peer pressure as measures of self-worth and self-esteem.

Many individuals experience depression when they are discouraged, sad and empty. Ge et al (2001) noted that psychological condition ranges from mild sadness to a state in which a victim loses all interest in normal activities and becomes gloomy and often spends a great deal of time in bed. Roediger et al (1996) observed that depression arises when people view themselves as unworthy, see their world as empty and see their situation as hopeless. The individual who is experiencing major depression is deeply unhappy and find little or no pleasure in life. Such an individual believes that the future is bleak, holds a negative opinion of self and others and often sees no reason why he should still be living. As observed by Bowlby (2000), individuals who are undergoing depression sometimes suffer increased or decreased sleep, increased or decreased appetite, loss of interest in school work, loss of energy or excessive energy, inability to make concrete decisions and sometimes think of death, and are more liable to commit suicide.

Depression is primarily a disorder of mood and there are three types identified. They are cognitive, motivational and somatic symptoms which are common with adolescents. According to Clark et al (1999), cognitive symptoms occur when depressed people have difficulty in respect of treating and making decisions. They usually have low self-esteem because they believe that they are inferior, inadequate and incompetent. Cognitive factors also include negative view of oneself, the world, in which one lives and the future which causes individuals to experience life in such negative terms that they develop depression. As viewed by Mean et al (2004), negative views of oneself are critical components of depression.

Individuals who believe that they can be happy only when they are in close relationship are understandably more likely to respond to the loss of a relationship with depression than those individuals who do not hold this dependent belief. Harter et al (2002), noted that when a person becomes depressed, his cognition changes. He becomes more pessimistic, more critical of himself and he is more likely to blame himself for everything bad that happens. Indeed, as observed by Passer et al (2003), depressed individuals distort their views of themselves.

The motivational symptoms in depression involve an inability to get started and to exhibit behaviours that might produce pleasure or accomplishment. In other words, depressed people find it difficult to get out of bed to eat and to dress up. They sometimes talk slowly or walk slowly, while somatic or bodily symptoms often include loss of appetite and weight loss in moderate and severe depression. For instance, sleep disturbances, particularly insomnia; weight loss might lead to fatigue and weakness. They also lose sexual desire and responsiveness.

Plotnik and Kouyoumdjian (2008) observed that the most notable emotional feature of depression is profound sadness and depression and is the most frequently cited factor associated with adolescent suicide which is the third leading cause of death in 10-19 years old. Harter et al (2001) asserted that hopelessness, low self-esteem and high self blame are associated with adolescent suicide. Suicide is defined by Passer et al, (2003) as the willful taking of one's own life. Many depressed people consider suicide as a way to escape from unhappiness.

According to Anderson (2002), suicide adolescents tend to think poorly of themselves, feel hopeless, and have poor impulse control and low tolerance for frustration and stress. Their feelings of depression may be marked as boredom, apathy, hyperactivity or physical problems. Such adolescents are alienated from their parents and have no one outside the family to turn to. Many of these adolescents are from troubled families with history of unemployment, imprisonment and suicidal behaviours and of abuse or neglect. Mean et al (2004) observed that males are four to five times more likely to commit suicide than females. Santrock (2003) noted that adolescent girls, especially early maturing girls like adult women, are especially subjected to depression. This gender difference may be related to biological changes connected with puberty or to the ways girls socialize and their greater vulnerability to stress in social relationship.

Males generally choose far more violent methods such as guns and knives. Sometimes, availability of guns and dangerous weapons at home is a major factor in adolescent suicide. Apart from this, they may consider hanging as another method. Females on the other hand tend to rely on less violent options such as drug overdose, jumping into well or river and on coming vehicle. Apart from committing suicide, two other important indices of suicide behaviours are suicidal attempts and suicidal ideation that is thinking seriously about suicide.

According to Mean et al (2004), males commit suicide more than females in many parts of the world. Females attempt suicide at least three times as often. This high incidence may reflect the fact that more females than males are depressed and that depression is strongly related to suicide attempts.

Purpose of the Study:

The purpose of the study is to find out the relationship between adolescents' thought line and suicidal attitudes. It is also aimed at findings out whether depression in adolescents could lead to suicide.

The Hypotheses:

In order to establish the fact that there is relationship between depression and suicide among adolescents, three hypotheses were formulated and tested at 0.05 level of significance.

- There is no significant difference between adolescents' thought line and suicidal attitude.
- There is no significant difference between adolescents' personal feelings and depressive suicidal attitude.
- There is no significance difference between peer pressure and depressive suicidal attitude.

Sampling and Sampling Technique:

Adolescents were randomly sampled from four secondary schools in Lagos State. The samples were from public secondary schools day students that were exposed to a lot of stress and depression before they could get to the school everyday. A total number of 100 students were sampled only 97 students returned their questionnaire.

Research Instrument:

The research instrument used for this study is titled “Psychological State of the Adolescents”. The questionnaire is made of two sections. Section A covers the school, area and age of the adolescents, while Section B contains 32 items to answer the psychological state of the adolescents. Items 1 – 16 of the questionnaire are based on the depression and suicidal attitude of the adolescents. Some of the items asked were: I find it hard to keep my mind on a task; I frequently find myself worrying about something; I worry quite a lot over everything; my hardest battle is with myself and so on. Items 12 – 19 were based on personal feelings of the adolescents. Questions like – No one seems to understand me; I have had very peculiar and strange experiences; I wish I could be as happy as others seem to be sometimes; I feel life has been unkind to me and so on, were asked. The last set of the items were based on peer acceptance and suicidal attitude. For instance, items like I do many things with my friends which I regret afterwards, some forces I cannot understand seem to ride my thoughts and so on were asked.

The psychometric properties of the research instruments were ascertained by the researcher.

Results:

Hypothesis One: There is no significant difference between adolescents’ thought line and suicidal attitude.

Table 1:

Variable	N	Mean	Std Dev	Df	t.cal	t.tab	Decision
Adolescents’ Thought line	9	54.33	9.179	16	2.696	1.000	*S
Suicidal Attitude	9	42.67	9.179				

*Significant

The $t\text{-cal} = 2.696 . > t\text{-val} 1.000$ at 0.05 level of significance. Thus, the hypothesis which states that there is no significant difference between adolescents’ thought line and suicidal attitude is rejected.

Hypothesis Two: There is no significant difference between adolescents’ personal feelings and depressive suicidal attitude.

Table 2:

Variable	N	Mean	Std Dev	Df	t.cal	t-value	Decision
Personal feelings	14	45.36	17.43	26	.954	1.000	NS
Suicidal Attitude	14	51.64	17.43				

NS = Not Significant.

The result of the t-test shows that no significant difference exists between adolescents' personal feelings and depressive suicidal attitude $t(26) = .954$; $P > 0.05$

Hypothesis Three: There is no significant difference between peer acceptance and depressive suicidal attitude of adolescents.

Table 3:

Variable	N	Mean	SD	Df	Sig	t.cal	Decision
Peer Acceptance	3	45.33	8.145	4	1.00	.952	NS
Suicidal Attitude	3	51.67	8.145				

Ns = Not Significant

From the t-test performed, $t\text{-cal} = .952 < t\text{-val } 1.000$ at 0.05 level of significance. This implies that there is no significant difference between peer acceptance and depressive suicidal attitude of adolescents. Hence, the hypothesis is upheld.

Discussion:

The prevalence of depression increases most of the time during the developmental stage of adolescents. The findings of Mean et al (2001), Passer et al (2003) and Graber (2004) show that when a person becomes depressed, his cognition changes and this is what makes the depressed individuals to distort their views of themselves. These findings served as rationale for the present study that examined the relationship between depression and suicidal attitudes among adolescents.

The results in table 1 indicate that there is significant difference between adolescents' thought line and depression. This implies that adolescents are affected by the way they think and also it shows that they sometimes thought of suicide whenever they are depressed. This finding corroborates with Mean et al (2004), that depression is strongly related to suicidal attitude.

Table 2 shows that there is no significant difference between adolescents' personal feelings and suicidal attitude. This implies that personal feelings of adolescents may not lead to suicidal attitude. Anderson (2002) supports this finding that adolescents' personal feeling of depression may be marked by boredom, apathy, suicide and so on.

Table 3 reveals that there is no significant difference between peer acceptance and depressive suicidal attitude. This implies that those who hold peer acceptance strongly may feel rejected and think of suicide than those who do not hold it strongly. This finding supports Graber (2004) that poor peer relationship is associated with adolescents' depression and that peer rejection may increase depressive and suicidal attitude in adolescents.

Recommendations:

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

- That adolescents should control their thinking ability by focusing their minds and thoughts on worthwhile issues and events of life.
- That parents and those who have one form of relationship with the adolescents should be careful in the way and manner they react to the needs and demands of the adolescents.
- That adolescents should face reality and accept that life is full of ups and downs and one is faced with situations that are positive and negative in nature everyday.
- That no one is justified on any ground to take his or her life because life is worth living.

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