GENDER, DEPRESSION AND DRUG ABUSE AMONG SENIOR SECONDARY SCHOOL STUDENTS IN CALABAR EDUCATION ZONE OF CROSS RIVER STATE, NIGERIA

Obogo, Godwin Obogo[1i], Joy N. Njoku[2]
[1]Department of Educational Foundations, University Of Calabar,
Pmb 1115, Calabar, Cross River State, Nigeria
[1]Phd, Department of Educational Foundations, University Of Calabar,
Pmb 1115, Calabar, Cross River State, Nigeria

Abstract:

This study aimed at investigating if there is any significant difference between gender, depression and drug abuse among senior secondary school students in Calabar, Cross River State, Nigeria. The survey design was adopted. The study population was 1002 students from three senior secondary schools. However, 20% of the population which is 200 students were sampled using simple random sampling to form the sample of the study, only 190 students completed the study, two instruments were adapted and used for data collection namely: Beck's Depression Inventory (BDI) and Drug Abuse Screening Test (DAST). The data collected were analyzed using descriptive statistics and independent t-test. The study revealed that there is significant difference in depression between the male and female students. The female students were more depressed than the males. There is also a significant difference in the way the male and female students abuse drugs. The male students abuse drugs more than the females. The results were discussed and it was recommended that homes and schools should be made more friendly to avoid depression in students and all sources of illicit drugs should be blocked.

Keywords: gender, depression, drug abuse, prevalence, senior secondary

[i] Correspondence: email adaafugodee@gmail.com, jnnjoku3@gmail.com

Introduction

The scale of drug and substance abuse in recent times among senior secondary school students is on the increase. Youths (both males and females) take some drugs for various reasons which include making them feel "high", bold and courageous. It could also be as a result of peer influence, to repress feelings of anxiety and depression and so on. Drug abuse in the context of this research is the use of illegal or unprescribed drugs or substances that some people smoke, inhale, or inject for its physical or mental effects, for personal reasons.

The climate change, socio-political and economic challenges in the society and Nigeria in particular, and the physiological changes in the adolescent exert so much effect on them physically and emotionally. This makes some of the vulnerable ones to seek for a way to repress their worry. These drugs range from hard drugs like cocaine, marijuana, heroin to over the canter drugs like cigarette, inhalants and cough syrups. According to researchers like Sanja, Dadic-Hero and Ruzic (2013) anxiety and depression are seen as the risk factors that "push" adolescents to drug abuse. Fergusson and Woodward cited by Espada, Sussman, Medina, and Alfonso (2011) observed that depressive symptoms are important predictors for the initiation of substance use in vulnerable individuals. Bansal, Goyal, and Scriverstowa (2009) noted that 3-9% of teenagers meet the criteria for depression at any time, and at the end of adolescence as many as 20% report a lifetime prevalence of depression. Substance use and drug abuse increase with the severity of depressive symptoms (Kelder, Murray, Orpinac, Prohorov, McReynolds, Zhang, & Roberts, 2011). Also, Thompson (2015) pointed out that mood disorders like depression, and substance abuse go together so frequently that doctors have coined a term for it as dual diagnosis.

Pang, Farrahi, Glazier, Sussman, and Leventhal (2014) noted that in adolescent samples there was evidence that higher level of depressive symptoms associated with an increase in smoking uptake and progression, and increased risk for early life initiation of alcohol or illicit drug use. Some school-based studies have provided evidence that associations exist between depressive symptoms and drinking behaviour (Crum, Storr, Talongo & Anthony, 2008). Zhan, Shaboltas, Sokchilove, Kozlov, Krasnoselskikh, and Abdala (2012) affirmed that there is gender difference in the relationship between alcohol use and depressive symptoms.

In a study by Zhan *et al* (2012) using the Alcohol use Disorder Identification Test (AUDIT), and the center for Epidemiological Studies Depression Scale (CES-D-10) to measure alcohol use and depressive symptoms (respectively) among 307 patients who attended a clinic for sexually transmitted infections, it was found that the AUDIT mean scores for male and females were 13.4 and 9.0 respectively. They also found out that males were nearly twice as likely as females to abuse alcohol (84.1% males vs 44.8% of

females). The CES-D-10 mean scores for males and females were 5.7 and 6.9 respectively. This implies that males were less likely to have depressive symptoms than females. This also implied that 17.3% of males vs 27.6% of females were depressed. They concluded that the association between alcohol use and depressive symptoms differed by gender. They recommended that strategies to reduce alcohol-related problems needed to consider those differences.

Chinawa, Manyik, Obu, Aronu, Odutola, and & Chinawa, (2015) carried out a study on depression among adolescents in secondary schools in south east Nigeria (Enugu and Ebonyi metropolises), they use 453 adolescents (198 males and 255 females). They used the Goldber Depression Questionnaire for data collection. They found the prevalence of moderate depression to be lowest (2.3%) at age 10, and highest (6.2%) at 13, and severe depression lowest (1.9%) at 11 and highest (7.4%) at 12. They found out that females have the highest risk factor for depression as they showed higher prevalence in all spectrum of depression studied. Their study agreed with that of Zhan *et al* (2012) who observed that males and females showed severe depression but females were more likely to be depressed.

Oshod; Ania and Onajole (2008) conducted a study to investigate the prevalence of substance abuse among secondary school students in an urban setting in Nigeria (Surulere in Lagos). They used 402 students (175 males and 227 females from 10 secondary schools. The Cross sectional and descriptive designs were used. The WHO Students' Drug use questionnaire was used for data collection. They found that for most of the substances, there were more male abusers or users than females, but that the gender differences were small and statistically non-significant. The reasons advanced for the students use of drugs included staying awake to read late into the night, self-medication for ailments and relief from stress. They recommended that there was need to review existing health education programmes.

Agu, Nwankwo, Obi Sydney-Agbor and Mgbenkemdi (2013), carried out a study to ascertain the effects of gender and locality on alcohol abuse among secondary school students in Enugu state, Nigeria, using 130 students (62 females and 68 males). They used a 15 item drug abuse questionnaire for data collection and the systematic sampling techniques (every 10th case) by using the two ways ANOVA for data analysis. It was revealed that gender significantly influenced drug abuse, the males abuse drugs more them females. They remarked that) the findings of their study did not support the findings of some western studies that reported that teenage girl use drugs as much as their male counterparts. Perhaps, this may be as a result of geographical, cultural or racial differences. They recommended that school authorities should include in their curriculum subjects like moral education which condemn drug abuse and other social vices.

Pang et al (2014) carried out a study in the United States of America investigating depressive symptoms, negative urgency and substance use initiation in adolescent. They used 807 students for the study. Youth Behaviour Risk Surveillance Survey (YBRSS) and Monitoring The Future Questionnaire (MTFQ) were used for data collection. They reported that depressive symptoms associated with the life time use of cigarettes and other products like marijuana, alcohol, inhalants.

Several longitudinal studies have investigated the demographic and psychological correlates of drug abuse, but the findings have been sometimes conflicting (Deykin, Levy and Wells, 1987). Degenhardt, Hall and Lynskey (2003) observed that a number of longitudinal studies of children and adolescents have examined the association between depression at younger age and later cannabis use. These studies have failed to find a significant association.

In a longitudinal study by Kandel and Colleagues cited by Degenhardt (2003), they found that cannabis use at age 15-16 was not associated with depressive symptoms at age 24 -25 but greater involvement with cannabis was associated with a lower degree of life satisfaction, and other factors that make adolescents resort to drug use or abuse. These factors may include depression, anxiety, poor performance in school, parent's or friend's use of drugs, for self-medication, to boost self-esteem and other reasons.

For these reasons, substance use and drug abuse has become a common trend among adolescents in Nigeria. Despite all the campaigns against this, and the penalties, the trend is still on the increases, the objectives of this study were to investigate:

1. The difference in prevalence of depression between male and female senior secondary school students.
2. The differences between gender and drug abuse among senior secondary school students. The study therefore sought to address the following researcher hypotheses:
3. There is no significant difference in depression between male and female senior secondary school students.
4. There is no significant difference between male and female students use of drugs in senior secondary school.

This study was carried out in the Calabar education zone of Cross River State, Nigeria. The zone is located at the state capital. The area lies between longitude 7^0 50' and latitude 9^0 23' east of the Greenwich Meridian east longitude 4^0 27' and latitude 5^0 23' north of the equator. The people are predominantly civil servants and commercial businessmen/women. Though educationally disadvantaged, the people are very sociable.

Research method

The research design adopted was survey. Consent of the school authorities and the students were obtained before embarking on the research. The population of the study was one thousand and two (1002) senior secondary school students. Two sampling techniques were used (purposive and random sampling). The purposive sampling was used to select three (3) big secondary schools in the zone (one co-education school, one boys' school, and one girls' school). The random sampling was used to select 20% of the students' population. The sample therefore was 200 students.

Two instruments were used for data collection namely: Beck's Depression inventory (BDI) which was used to collect data for depression and an adapted version of Drug Abuse Screening Test (DAST) originally developed by Skinner (2001). BDI is a 20 item questionnaire, scored on a 4 point scale ranging from 0 - 3 in increasing order of severity. The maximum score is 60 while the minimum is zero. Respondents answered by ticking the options that most represent their behavior. Each respondent's scores were summed up. Using the BDI interpretation manually, respondents were classified as follows;

Total scores	Level of depression
0-10	Normal life ups and down
11-16	Mild mood disturbances
17-20	Border line clinical depression
21 – 30	Moderate depression
31- 40	Severe depression
Over 40	Extreme depression

The DAST adapted version from skinner (2001) was a 12 item questionnaire. DAST has 'Yes' and 'No' responses. Every 'Yes' was scored 1mark and 'No' zero. Maximum score was 12 and minimum zero. Data collected from this research was analyzed using simple descriptive statistics and independent t-test. The questionnaires were distributed among 200 students but only 190 successfully completed the two questionnaires. The responses were scored and interpreted.

Table 1: Distribution of students according to school

School	N	Sample (20%)
School 1 (Mixed)	485	97
School 2 (Boys)	262	52
School 3 (Girls)	255	51
Total	**1002**	**200**

Results

Table 2: Distribution of students according to their level of depression

Level of depression	N	%
Normal life ups and down (0-10)	91	49.89%
Mild mood disturbance (11-16)	28	14.74%
Borderline (linical depression (17-20)	17	8.95
Moderate depression (21-30)	29	15.26
Severe depression (31-40)	20	10.53
Extreme depression (Dver 40)	05	2.63
Total	**190**	**100**

Table 3: Mean and standard deviation for BDI and DAST

Sex	N	$\overline{X}$	SD
BDI	190	14.87	11.377
DAST	190	3.42	2.034

Table 4: Independent t-test showing depression between male and female students

Sex	N	$\overline{X}$	Sd	t-cal	t-crit	df
Male	101	13.3	10.7		14.87	11.377
				1.507	.221	188
Female	89	16.6	118			

Significant at .05

Table 5: Independent t-test showing drug abuse between male and female students

Sex	N	$\overline{X}$	Sd	t-cal	t-crit	df
Male	101	3.58	2.21			
				1.217	.031	188
Female	89	3.22	1.80			

Significant at .05

Discussion of Findings

Table 4 shows the result for hypothesis one which says that there is no significant difference in depression between male and female students. The result indicates that there is a significant difference in the prevalence of depression between the male and female students. The calculated t is 1.507 which is higher than the t-critical .221. And depression is more prevalent among the females having a mean of 16.56 as against the males having 13.30.

The result of this study is in line with those of Zhan *et al* (2012) and Chinawa *et al* (2015). This may not be unconnected with issues like break in relationship (which females are more vulnerable), worries about meeting female needs, thoughts of

physiological and   physical changes. The females also have more anxiety when faced with academic challenges.

Table v provides result for hypothesis two that says there is no significant difference in drug abuse between male and female students. The result reveals that there is a significant difference in drug abuse between the male and female students with the t calculated of 1.217 as against the t-critical .031, and the prevalence is higher among the males with a mean of 3.58 as against the females with 3.22.

This finding supports the findings of Oslodi et al (2008), Agu *et al* (2013). This should be because males, especially adolescents have more reasons than females to use drugs. These reasons peculiar to males include to have Dutch-courage (to be able to approach the opposite sex or other persons), to feel among, to get charged for actions, to enable them do better in mental and physical activities, for self-medication, for sexual reason and others.

This research showed that though females are endowed to bear physical pain, they are very weak in bearing mental and psychological pains. This is why they easily get depressed. The Nigerian government is making efforts to improve the girl-child confidence and self-image, yet they still fall victims of fear, anxiety, shyness and timidity. These eventually often result to depression. If women will succeed in the advocacy for gender equality, they must be able to handle academic and life challenges successfully.

Conclusion

Depression is a medical condition that negatively affects the brain chemistry and function, while drug abuse is the act of smoking, drinking, inhaling or injecting into the body any substance that is not prescribed by the doctor for treatment of diseases or other personal reasons. These tendencies exist among secondary school students.

Depression by the findings of the research is more prevalent among female students while drug abuse is higher among male students. Both depression and drug abuse are negative tendencies that should not be allowed in schools and homes. Efforts should be geared towards preventing them. The rate of criminality in our society today is likely connected to the rate of drug abuse among the youths.

Recommendations

Behavior analysis and modification should be primary concern in homes and schools. This will help to prevent indulgence of students into these habits and help those who are already victims to be treated. The campaign for gender equality and female empowerment should be encouraged in order to continue to encourage the girl-child.

The school with the help of the government agencies should block all sources of illicit drugs so as to save the students.

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