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Research Article

Gender Differences, Loneliness, Self Esteem and Depression in A Sample of Nigerian University Students

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Abstract

Loneliness is a hurtful feeling that has been attributed to a discrepancy between desired and achieved levels of social contact, self esteem has to do with an individual's overall evaluation of his or her sense of worth, whereas depression was associated with isolated lives, the absence of pleasure as well as social and vocational impairment.

The UCLA loneliness scale (version 3), the Rosenberg Self Esteem Scale (SES), and the Beck Depression Inventory (BDI-2) were used to assess loneliness, self esteem and depression among 610 university students. Result revealed various levels of loneliness, self esteem and depression among the students.

Keywords: Loneliness; Self Esteem; Depression; University students

1. Introduction

Loneliness is the feeling of distress that arises when an individual perceives his or her social relationships as being less satisfying than what is desired or situations where the intimacy an individual wishes for has not been realized [1, 2]. People who are lonely often crave human contact but their state of mind makes it difficult for them to form connections with other people. Loneliness is not necessarily being alone; an individual may be in the midst of people and still feels lonely, while he may be alone for a long period without feeling lonely [3].

Self esteem has to do with an individual's overall evaluation of his or her sense of worth. In this regard, Hewitt [4], argued that self esteem encompasses beliefs such as when somebody tells himself or herself, "I am competent"; or "I am worthy", as well as emotions such as triumph, despair, pride and shame. Self-esteem is having confidence in oneself, a satisfaction of what one is and the self-respect that confidence brings. It is the appraisal or assessment of a person about his or her self worth [5].

According to DSM-IV-TR [33], some of the signs of depression include deep sorrow or grief, insomnia, loss of appetite, unpleasant mood, hopelessness, irritability, self dislike and suicidal tendencies. Rabkin et al. [6], further argued that depression was associated with isolated lives, the absence of pleasure as well as social and vocational impairment. Depression may impair adolescents' academic performance, lead to school refusal as well as other forms of antisocial behaviors including truancy, delinquency, promiscuity, teenage pregnancy and equally can increase the risk of suicide among adolescents [7-9]. It has been revealed that self esteem influences depression and some had suggested that depression leads to low self esteem. For instance Furnham et al. [34] reported that self esteem is an important predictor of happiness and that higher levels of self esteem predict lower levels of depression. Studies have reported that loneliness is associated with low self esteem [10-12]. Horowitz et al. [13] found that lonely people have greater difficulty than non lonely people in generating effective solutions to their interpersonal problems. When they explored lonely people's attributional styles, these researchers found that lonely people were more likely than non lonely people to attribute their lack of interpersonal successes to their own abilities and deficient traits, thereby suggesting that loneliness might negatively influence self-esteem. It has been argued that growth and change during college years produces a variety of feelings in students. In addition to feelings of excitement and anticipation, there may also be feelings of loneliness and depression. For instance, Booth et al. argued that lonely students often report feeling depressed, angry, afraid, and misunderstood, that they may become highly critical of themselves, overly sensitive or self-pitying, or even become critical of others, blaming others for their situations. Brink et al. [14], explored the relationship between hypochondriasis, loneliness, and social

functioning, and found that both hypochondriasis and poor coping skills were highly correlated with loneliness. Subdividing depression into introjective (self-critical) and anaclitic (dependency) components, Schachter et al [15], found that both subtypes of depression were highly correlated with loneliness, concluding that, while the introjective subtype accounted for more of the variance in the loneliness scores, the anaclitic subtype was also significantly related to loneliness.

Lewinsohn et al. [16] posited that passing through the process of identity development can be associated with some problems including self doubt, social withdrawal, loneliness, lowered self esteem and depression. In their study of 1,455 students, Fur et al. [17], reported that of those students who experienced depressive symptoms since beginning college, the four most commonly cited reasons for their depression were academic problems, loneliness, economic problems and relationship difficulties. Drawing from the point of view of positive psychology, present study assesses loneliness, self esteem and depression in a sample of Nigerian university students, with a view to making more empirical data available in this area, since no known study has been conducted on this subject matter within the study location. It will also make recommendations on the need to screen and identify students who may be at the risk of developing loneliness, low self-esteem and depression, so that adequate psychological support will be provided for them to help them adjust normally and make meaningful contributions to national development.

The study hypotheses are (1) There will be varying degrees of loneliness, depression and self esteem among university students. (2) There will be gender differences in the level of loneliness, self esteem and depression among university students. (3) Loneliness, self esteem and depression will vary significantly among university undergraduates according to years of study, as well as age group.

2. Method

2.1 Design

This is a cross sectional descriptive study carried out at the University of Nigeria between the months of July and August 2016. This university was the first indigenous university established by the federal government of Nigeria in 1960. The university has a population of over ten thousand undergraduate and post graduate students. However, only undergraduate students were used for the present study because they constitute the bulk of the student population.

2.2 Subjects

Subjects for the study are male and female undergraduates who are studying various disciplines and are at various years of study ranging from first to final years. Using the formula for prevalence study [18], a total of 610

undergraduates were selected and surveyed for the study. Inclusion criteria were undergraduate students who gave their consent to participate in the study, while exclusion criteria are post graduate and undergraduate students who did not consent to participate and those who were sick as at the time of data collection. Participants who met the inclusion criteria were then enrolled consecutively until the sample size was reached.

All the subjects were assured that their responses will be treated with the strictest confidence and no respondent will be identified in person, thereby assuring them of the anonymity of their responses. Ethical permit for the study was obtained from University of Nigeria research Ethics Committee.

2.3 Measures

Data for the study was collected by the authors between the months of July and August 2016. The subjects were given self administered instrument that was made up of four parts. Part one contained basic socio-demographic information such as age, gender, religion and year of study.

Part two was the Self esteem scale (SES) by [19], and this was used to assess self esteem among the participants. The SES is a widely used and validated self-report measure for assessing self esteem. This is a ten-item measure that is scored on a 4-point Likert type response format starting from 1=strongly disagree to 4= strongly agree. Sample items in the SES include 'I think I have a number of good qualities' and 'I feel I do not have much to be proud of'. In the SES five of the items (2,5,6,8,9) are reverse scored. Total obtainable score including the reverse scores ranged from 10-40 with high scores indicating high self esteem. For ease of analysis, we dichotomized self esteem into high and low, thus scores ranging from 10-20 indicates low self esteem while scores ranging from 21-40 indicates high self esteem. The SES has a reported reproducibility coefficient of .92 and a test-retest correlation of .85 over a two week period. In a study, AL Khatib [20] reported the cronbach alpha of the scale to be .86 and a two week test-retest reliability coefficient of 0.79. For the present study the cronbach alpha of the scale was .84 and the two week test-retest reliability coefficient was 0.76. Furthermore the SES has been used for studies in Nigeria [21]. Part three was the Revised University of California Los Angeles (UCLA), loneliness scale (version 3), [22]. The test is used to assess subjective feelings of loneliness or social isolation; it is a widely used measure of loneliness with over 500 citations. This is a 10-item scale that consists of self relevant statements that respondents answer on a 4 point scale ranging from 1= 'not at all' to 4= 'frequently'. So scores ranged from 1= 'low loneliness' to 4= 'high loneliness'. The reliability coefficient of the scale was calculated as .94 by the test retest method, while the cronbach alpha's reliability coefficient was found to be 0.96.

Total scores ranging from 15-20 indicate average loneliness; 21-30 indicates frequent loneliness, while scores ranging from 31-40 indicates severe loneliness. This scale has equally been used for studies in Nigeria [23]. Part four was the Beck Depression Inventory, second edition (BDI-2) developed by Beck et al. [24]. The BDI-2 was used to assess depression among the respondents. It is a well-known self-report measure used to assess depression and its severity. The validity and reliability of the BDI-2 has been well established across a broad spectrum of clinical and non-clinical population. The BDI-2 positively correlated with the Hamilton Depression rating scale $r=0.71$, has a one week test-retest reliability of $r=0.93$ and an internal consistency $\alpha =.91$ Beck et al. [25-27].

The BDI-2 is a 21-item self report questionnaire, it is scored by adding the ratings of the 21 items. Each item is scored on a 4-point scale ranging from 0-3. The maximum total score is 63. The questions in the BDI-2 cover a broad area of an individual's feelings such as sadness, self-dislike, past failure and loss of pleasure. Sample questions include: I do not feel sad; I feel sad much of the time; I am sad all the time and I am so sad or unhappy that I can't stand it. In the BDI-2 total scores ranging from 0-9 indicates absence of depression; 10-18 indicates mild depression; 19-29 indicates moderate depression while scores ranging from 30-63 indicates severe depression. The BDI-2 has been used for studies in Nigeria [28].

2.4 Data Analysis

Data for the study was analyzed using the Statistical package for social science, SPSS version 16.0. Means, standard deviations, percentages and the Student t-test were performed to find relationships between variables. The level of significance chosen for this study was $p \leq 0.05$ at 95% confidence interval.

3. Result

Age of respondents ranged from 16-30 years (mean age= 20.9; STD =2.82). There was equal representation of males and females (50% each), majority were Christians. Their years of study ranged as follows: 27.4% were in first year, 21.3% were in second year, 24.4% were in third year, 8.0% were in fourth year, 4.8% were in fifth year, while 14.1% were in final years respectively (Mean=2.84; STD=1.681).

With regards to loneliness, depression and self esteem, 19.0% reported frequent loneliness, while 7.2% reported severe loneliness respectively (Mean=1.33; STD=0.606). Equally 20.2% indicated mild depression, 5.4% reported moderate depression whereas 2.0% reported severe depression (mean=0.37; STD=0.678). Furthermore, 72.0% indicated having high self esteem, whereas 28.0% manifested low self esteem (Mean=1.28; STD=0.450), (Table 1).

Result further revealed no significant association between loneliness, self esteem and gender but there was a significant association between gender and depression, $\chi^2 = 9.605$; $p \leq 0.02$. (Table 2) Furthermore, there was significant association between loneliness and year of study as well as depression and year of study, $\chi^2 = 26.173$; $p \leq 0.01$ and $\chi^2 = 42.790$; $p \leq 0.01$ respectively, (Table 3). With regards to age group, result revealed significant associations between age group and loneliness, age group and depression as well as age group and self esteem, $\chi^2 = 41.6$; $p \leq 0.05$; $\chi^2 = 75.8$; $p = 0.001$; $\chi^2 = 29.5$; $p = 0.005$ respectively, (Table 4).

Age	Frequency (N=610)	Percentage
16-25	562	92.1
26-30	48	7.9
Gender		
Male	305	50
Female	305	50
Religion		
Christian	601	98.5
ATR	4	0.7
Others	5	0.8
Year of Study		
First Year	167	27.4
Second Year	130	21.3
Third Year	149	24.4
Fourth Year	49	8
Fifth Year	29	4.8
Final Year	86	14.1
Loneliness		
No Loneliness	450	73.8
Frequent Loneliness	116	19
Severe Loneliness	44	7.2
Depression		
No Depression	442	72.5
Mild Depression	123	20.2
Moderate Depression	33	5.4
Severe Depression	12	2
Self Esteem		
High Self Esteem	439	72
Low Self Esteem	171	28

ATR = African Traditional Religion.

Table 1: Distribution of socio-demographic variables, self esteem, loneliness and depression among the respondents.

	Gender	
	MALE (n1=305)	FEMALE (n2=305)
Loneliness		
No Loneliness	221(72.5)	229 (75.1)
Frequent Loneliness	62 (20.3)	54 (17.7)
Severe loneliness	22(7.2)	22 (7.2)
Self Esteem		
High Esteem	217 (71.1)	222 (72.8)
Low Self Esteem	88 (28.9)	83 (27.2)
Depression		
No Depression	214 (70.2)	228 (74.8)
Mild Depression	68 (22.3)	55 (18.0)
Moderate depression	21 (6.9)	12 (3.9)
Severe depression	2 (0.6)	10 (3.3)
	$X^2 = 9.605; P = 0.02 *$	

* = Significant

Table 2: Loneliness, self esteem and depression among gender.

	Year of Study					
	First	Second	Third	Fourth	Fifth	Final
Loneliness						
None (n=450)	105	99	118	34	23	71
Frequent (n=116)	50	22	16	11	5	12
Severe (=44)	12	9	15	4	1	3
			(A)*			
Self Esteem						
High (n=439)	126	91	112	31	17	62
Low (n=171)	41	39	37	18	12	24
Depression						
None (n=442)	134	102	114	29	14	49
Mild (n=123)	24	24	28	13	11	23
Moderate (n=33)	6	3	4	5	4	11
Severe	3	1	3	2	0	3
			(B)*			

(A)* $X^2 = 26.173; P \leq 0.01*$; (B)* $X^2 = 42.790; P \leq 0.01*$

* = Significant

Table 3: Loneliness, self esteem, depression and year of study.

	Age Group	
	16-25 (N=562)	26-30 (n2=48)
Loneliness		
No Loneliness	418 (74.4)	32(66.7)
Frequent loneliness	101 (18.0)	15 (31.3)
Severe loneliness	43 (7.6)	1 (2.0)
	$X^2 =41.6; P \leq 0.05^*$	
Self Esteem		
High self esteem	405(72.1)	34 (70.8)
Low self esteem	157 (27.9)	14 (29.2)
	$X^2 =29.5; P \leq 0.005^*$	
Depression		
Non	415(73.8)	27 (56.3)
Mild	110 (19.6)	13 (27.1)
Moderate	28 (5.0)	4 (8.3)
Severe	8 (1.6)	4 (8.3)
	$X^2 =75.8; p =0.001^*$	

* = Significant

Table 4: Loneliness, self esteem and depression among the age group.

4. Discussion

The result of this study had revealed varying degrees of loneliness, depression and self esteem among the respondents. 19.0% reported frequent loneliness, while 7.2% reported severe loneliness respectively. Equally 20.2% indicated mild depression, 5.4% reported moderate depression whereas 2.0% reported severe depression. Furthermore, 72.0% indicated having high self esteem, whereas 28.0% manifested low self esteem. This pattern of findings had previously been documented in various studies. For instance, Booth et al. [11], argued that lonely students often report feeling depressed, angry, afraid, and misunderstood, that they may become highly critical of themselves, overly sensitive or self-pitying, or even become critical of others, blaming others for their situations. In their own contribution [14], explored the relationship between hypochondriasis, loneliness, and social functioning, and posited that both hypochondriasis and poor coping skills were highly correlated with loneliness. Equally, [15], subdivided depression into introjective (self-critical) and anaclitic (dependency) components and posited that both subtypes of depression were highly correlated with loneliness. They concluded that, while the introjective subtype accounted for more of the variance in the loneliness scores, the anaclitic subtype was also significantly related to loneliness. Lewinsohn et al. [16] posited that passing through the process of identity development can be associated with some problems including self doubt, social withdrawal, loneliness, lowered self esteem and depression. The

varying degrees of loneliness, self esteem and depression noticed among the subjects in this study corroborates these earlier findings. The findings of this study equally relate to that of Fur et al. [17] who surveyed 1,455 students and found that of those students who experienced depressive symptoms since beginning college, the four most commonly cited reasons for their depression were academic problems, loneliness, economic problems and relationship difficulties.

Result further revealed significant association between gender and depression. Previous studies had equally reported gender differences in depression [29-31]. Furthermore, mood disorders in general had been reported to be much more common in females than males, with the pattern of difference between the sexes being consistent across different cultures [32].

Loneliness and depression significantly correlated with the subjects' years of study. This might be as a result of the inability of some of the students to form attachments with their fellow students coupled, may be, with the unfamiliar nature of the school environment, especially for those in the lower years of study, as well as being far away from home. Furthermore, their inability to form new attachments and relationships with their new colleagues can equally make them feel lonely and depressed. In this regard Cacioppo et al., maintained that loneliness is not necessarily being alone, since an individual may be in the midst of people and still feel lonely, while he may be alone for a long period without feeling lonely. Equally John et al., opined that loneliness is a hurtful feeling that has been attributed to a discrepancy between desired and achieved levels of social contact. Whereas Peplau et al., linked the causes of loneliness to factors such as changes in ones social networks, loss of significant relationships, separation from ones personal networks, as well as personality traits like lack of social skills, fear of rejection and anxiety.

Result of the study further revealed significant associations between loneliness, depression, self esteem and age group. This may be as a result of the social hierarchy, by way of seniority, that existed among students in Nigerian universities. Junior students may have some feelings of inferiority interacting with senior ones, since most of them are still passing through the process of identity development, which Lewinsohn et al., argued can be associated with some problems including self doubt, social withdrawal, loneliness, lowered self esteem and depression.

5. Conclusion/Recommendation

The level of loneliness, self esteem and depression noticed among the Nigerian university students studied is high. Effort should be made by government to identify these students and introduce regular psychological services to

help mitigate these problems, so that it will not affect their academic pursuit.

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Conflict of Interest

The authors have no conflict of interest in this research work.

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