Journal of Advanced Guidance and Counselling
Vol. 6 No. 2 (2025)
DOI: https://doi.org/10.21580/jagc.2025.6.2.28490
Journal Homepage

Measuring the prevalence and factors determining depression among adolescents and young adults in Nigeria

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Article Information:
Received:
26 August 2025
Revised:
28 November 2025
Accepted:
9 December 2025

Keywords:
Prevalence, psychological factor, biological factor, environmental factor, depression, adolescents, young adults.

Abstract

Purpose – This study measures the prevalence of depression and the factors that determine it among adolescents and young adults in Nsukka Local Government Area, Enugu State.

Method – Six research questions and six null hypotheses guided the study. The design of the study was a descriptive survey design. A sample size of 150 adolescents and 150 young adults participated in the study. Three instruments were used to generate data. Mean and Standard Deviation were used to answer the research questions, while the t-test was used to test the null hypotheses at the .005 level of significance.

Result – Findings of the study revealed that the prevalence of depression among adolescents are in existence as well as the prevalence of depression among young adults. Additionally, the findings also showed that the extent to which psychological, biological, and environmental factors contribute to depression among adolescents and young adults are high, while the symptoms of depression experienced by adolescents and young adults are positive.

Implication – Some recommendations were made which include among others that: awareness programs should be implemented by governments and counsellors to help adolescents and young adults develop resilience skills to cope with environmental stressors, schools should provide training for teachers and staff members to recognize the signs of depression and offer appropriate support to students, governments should allocate resources to expand access to mental health services for adolescents and young adults, including increasing the availability of counselling services in schools.

Originality/Value – This research is a research that discusses the measuring the prevalence and factors determining depression among adolescents and young adults.

For citation: Ede, M. (2025). Measuring the prevalence and factors determining depression among adolescents and young adults in Nigeria. *Journal of Advanced Guidance and Counseling*. *6*(2). 69-94. https://doi.org/10.21580/jagc.2025.6.2.28490

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Kata Kunci:
Prevalensi, faktor psikologis, faktor biologis, faktor lingkungan, depresi, remaja, dewasa muda.

Abstract

Tujuan – Studi ini mengukur prevalensi depresi dan faktor-faktor yang mempengaruhinya di kalangan remaja dan dewasa muda di Wilayah Pemerintahan Lokal Nsukka, Negara Bagian Enugu.

Metode – Enam pertanyaan penelitian dan enam hipotesis nol menjadi panduan dalam penelitian ini. Desain penelitian menggunakan desain survei deskriptif. Sebanyak 150 remaja dan 150 dewasa muda berpartisipasi dalam penelitian ini. Tiga instrumen digunakan untuk mengumpulkan data. Rata-rata dan Simpangan Baku digunakan untuk menjawab pertanyaan penelitian, sementara uji t digunakan untuk menguji hipotesis nol pada tingkat signifikansi 0,005.

Hasil – Temuan penelitian menunjukkan bahwa prevalensi depresi di kalangan remaja dan dewasa muda memang ada. Selain itu, temuan juga menunjukkan bahwa kontribusi faktor psikologis, biologis, dan lingkungan terhadap depresi di kalangan remaja dan dewasa muda cukup tinggi, sementara gejala depresi yang dialami oleh remaja dan dewasa muda bersifat positif.

Implikasi – beberapa rekomendasi diajukan, di antaranya: program kesadaran harus dilaksanakan oleh pemerintah dan konselor untuk membantu remaja dan dewasa muda mengembangkan keterampilan ketahanan dalam menghadapi stresor lingkungan, sekolah harus memberikan pelatihan bagi guru dan staf untuk mengenali tanda-tanda depresi dan memberikan dukungan yang sesuai kepada siswa, pemerintah harus mengalokasikan sumber daya untuk memperluas akses layanan kesehatan mental bagi remaja dan dewasa muda, termasuk meningkatkan ketersediaan layanan konseling di sekolah.

Orisinalitas/Nilai – Penelitian ini merupakan penelitian yang membahas pengukuran prevalensi dan faktor-faktor yang menentukan depresi di kalangan remaja dan dewasa muda.

Introduction

It is a common human experience to encounter moments of sadness amid life's trials and tribulations. From academic pressures to social conflicts and the stresses of part-time jobs, everyday challenges can trigger temporary dips in mood for adolescents and young adults. Responsibilities such as schoolwork and extracurricular activities further compound these emotional fluctuations. Yet, amidst these normal fluctuations lies a more concerning issue, which is depression. In the 21st century, this widespread health issue continues to exert a profound influence, affecting both individuals and entire communities. Its reach extends across continents, influencing millions and shaping global health landscapes. Recognized by health organizations worldwide as a pressing concern, this common challenge carries profound economic and social ramifications, underscoring the imperative for concerted efforts to mitigate and resolve it. This is because it leads to sadness, discouragement, and a loss of self-worth (Ali, Al Harbi & Rahman, 2018).

This mental health challenge is not merely a transient emotional state but a complex and debilitating condition that can have far-reaching consequences if left unaddressed. Its impact extends beyond the individual, affecting relationships, work performance, and overall quality of life. Thapar, Collishaw, Pine, and Thapar (2017) defined depression as a cluster of specific symptoms with associated impairment. It stands apart from the typical shifts in mood or fleeting emotional reactions to daily challenges. When it persists over an extended period and reaches a moderate or severe level, depression transforms into a significant health concern. Its impact can be profound, causing substantial suffering and impairing one's ability to perform effectively in professional, academic, and familial spheres. In its most severe form, depression may even escalate to the point of contemplating suicide (Thapar, Collishaw, Pine, & Thapar, 2017; Mubarok & Karim, 2022).

In the words of Higvera and Holland (2019), depression is a recurrent mental health problem, usually characterized by a diminished quality of life, reduced work productivity, poor academic performance, and suicidal ideation. Corroboratively, Schalaak (2018) noted that depression is a low, sad state in which life seems dark and its challenges overwhelming. It is an internal sadness characterized by feelings of hopelessness, despair, helplessness, low self-worth, and a sense of loss of control (Rostami, Bahmani, Bakhtyar, & Movallali, 2014). From the above definitions, depression can thus be viewed as a common and serious mood disorder that causes persistent feelings of sadness, hopelessness, and a lack of interest or pleasure in daily activities.

Statistics from reputable sources shed light on the staggering scale of this phenomenon, indicating its far-reaching impact on human lives. Depression has a profound impact on a global scale, affecting approximately 322 million people worldwide, with 29.2 million individuals in Africa alone (Ali, Al Harbi & Rahman 2018). The World Health Organization (2016) identifies depression as the leading cause of global disability. Over 80% of this burden is experienced in low- and middle-income countries. In 2016, an estimated 62,000 adolescents died by self-harm, and suicide, frequently linked to depressive symptoms, ranks as the third leading cause of death in older adolescents (15-19 years). Depression also stands as a significant factor in suicide deaths, which reach nearly 800,000 annually (WHO, 2016). Recent studies indicate a global point prevalence of depression at 4.7% (3.7–5.5). According to Adewuya, Atilola, and Ola (2018), the Lagos State Mental Health Survey (LSMHS) specifically found a 5.5% rate of depression among the general adult population in Nigeria.

Depression has been a part of human history and has been previously described in various ways, such as attributing it to feelings of loss or even satanic attacks (Nemade, Reiss, & Dombeck, 2017). However, contemporary scholars have broadened the understanding of depression by incorporating biological, psychological, and sociological perspectives (World Health Organization [WHO], 2016). Depression can lead to a variety of emotional and physical problems, and its symptoms can vary from mild to severe, including feelings of sadness, changes in appetite or weight, disrupted sleep, and feelings of excessive guilt or low self-worth (WHO, 2016). Ali, Al Harbi, and Rahman (2018) outlined that for a diagnosis of depression to be rendered, five out of nine symptoms must persist for at least two consecutive weeks. These symptoms comprise a pervasive sense of sadness or depressed mood, diminished interest or pleasure in once-enjoyable activities, disturbances in sleep patterns, fluctuations in weight and appetite, changes in energy levels, negative self-perception accompanied by feelings of worthlessness and guilt, difficulties in concentration, and recurrent thoughts of death or suicide. Crucially, either a persistent depressed mood or a loss of interest and pleasure must be among the five symptoms for diagnosis. Additional symptoms may encompass low self-esteem and somatic complaints. Depression, recognized as a recurrent disorder, has exhibited a steady increase over the past half-century, particularly among adolescents worldwide (Davison & Neale, 2011).

The increasing prevalence of depression among adolescents and young adults is a matter of escalating concern, as highlighted by Lewinsohn, Rohde, and Seeley (2018). Depression is pervasive across all age groups and geographic regions, affecting individuals worldwide, including adolescents and young adults. This rising trend in depression rates poses significant global health challenges, attributable to the adverse psychological and environmental factors alongside genetic predispositions. The World Health Organization (2018) has noted that individuals grappling with severe mental illnesses, including moderate to severe depression, often face a shortened life expectancy compared to the general population, underscoring the urgent need to address mental health issues, especially among vulnerable demographics such as adolescents and young adults. It is therefore call for research to understand the factors responsible for depression among adolescents and young adults. Understanding that will help such populations to monitor their mood. Addressing these emotional and physical problems becomes paramount, especially when considering the prevalence of depression among adolescents and young adults is important.

The prevalence of depression among adolescents and young adults is a critical topic that necessitates thorough examination. This mental health concern significantly impacts individuals in this age group, potentially leading to a range of emotional and physical challenges. Adeniyi, Okafor, and Adeniyi (2018) observed that data on the precise prevalence and level of depression among adolescents in Nigeria are relatively scarce. However, the prevalence of adolescents and young adults experiencing severe depressive symptoms in their study (5.7%) aligns closely with the findings reported by Dabana and Gobir (2018), which indicated a prevalence level of 5.8% among adolescents and young adults. Notably, the findings of the study are higher in percentage compared to the research conducted by Aluh, Okonta, and Odili (2019), which reported a prevalence of 25.2%. Additionally, Adewuya, Atilola, and Ola (2018) documented a prevalence of major depressive disorder at 6.9% among a group of Nigerian adolescents. These studies provide insights into the prevalence and factors determining depression among adolescents and young adults, emphasizing

the importance of understanding the various socio-cultural and demographic factors that contribute to depression.

Examining the prevalence of depressive symptoms among adolescents provides an understanding of depression within this age group. Adolescents face unique developmental challenges marked by rapid physical, cognitive, and emotional changes, along with increased social pressures and identity exploration. Sweirzewski (2014) highlighted the tumultuous nature of adolescents, suggesting that factors such as academic demands, peer relationships, and familial expectations contribute to the emergence of depressive symptoms among adolescents. These challenges create fertile ground for the manifestation of depressive symptoms, emphasizing the importance of understanding and addressing depression within the adolescent population.

On the other hand, the prevalence of depressive symptoms among young adults reflects a different set of circumstances. While still contending with stressors related to education and career pursuits, young adults may possess greater autonomy and coping resources acquired through experience and maturity. Adewuya, Atilola, and Ola (2018), Aluh, Okonta, and Odili (2019), among others, have suggested that young adults may experience depressive symptoms at lower rates compared to adolescents, reflecting the unique developmental contexts and stressors characteristic of this transitional period. However, individual differences and contextual factors play crucial roles in shaping the prevalence and severity of depressive symptoms among young adults, underscoring the need for tailored approaches to address depression within this demographic.

The determining factors of depression refer to the various influences and conditions that contribute to the onset and development of depressive symptoms in individuals. Identifying the determining factors of depression is not only crucial for improving clinical practices and treatment outcomes but also plays a pivotal role in shaping societal attitudes. However, the exact cause of depression is still a subject of debate among scholars. Sweirzewski (2014) identifies a family history of depression, specific types of brain chemistry, and stressful or traumatic life events as determining factors that could significantly contribute to the occurrence of depression. Generally, the most likely determining factors of depression are believed to result from a combination of genetic, biological, environmental, and psychological factors (National Institute of Mental Health, NIMH, 2012). This study, however, adopts and restricts itself to three determining factors that contribute to depression, which are the psychological, biological, and environmental factors.

Psychological factors play a significant role in the development of depression. Psychologically, stressful events, challenging relationships, and trauma are recognized triggers for depression (NIMH, 2012; Komarudin et al, 2022). Depression usually finds companionship with low self-esteem, a fragile sense of self-worth that renders individuals susceptible to the tumultuous waves of negative emotions. The inability to effectively cope with these emotions becomes a critical factor, creating a breeding ground for the accumulation of stressors that can ultimately tip the balance towards depression (Aluh, Okonta & Odili, 2019). The challenging relationships serve as a stage where psychological factors manifest. Interpersonal relationships can undergo strain, significantly contributing to psychological distress. The lack of social support or the difficulty in forming secure connections with others creates a loneliness which is a fertile ground for depression (Davison & Neale, 2011). Sometimes people experience events where loss occurs, and this can bring on depression. The experience of loss can encompass various aspects, such as the loss of a loved one

due to bereavement or separation, the loss of a job, the end of a friendship, missing out on a promotion, losing face in a situation, or the loss of support, among other possibilities (Sweirzewski, 2014).

Biological factors exert a substantial influence on the development and manifestation of depression. From a biological perspective, magnetic resonance imaging has revealed structural differences in the brains of individuals with depression compared to those without, and specific types of depression tend to run in some families (Kessler & Bromet, 2013). The authors further stated that biological factors that may influence depression encompass genes, hormones, and brain chemicals. The observation that depression often runs in families suggests that individuals may inherit genes making them susceptible to developing depression. Depression is a polygenic disorder, meaning it involves multiple genes (Higvera & Holland, 2019). Specific gene variants may increase risk, but the interactions among various genes and environmental factors contribute to the complexity of genetic influences (Amoran, Lawoyin & Lasebikan, 2017). However, while many individuals may carry this genetic vulnerability, not all will experience depressive illness. Research indicates hormonal changes before and during depressive episodes, and specific brain regions are affected. In general, depression is attributed to an imbalance in brain chemistry (Miller, 2018).

Environmental factors exert a profound influence on the development of depression. Environmental stress during childhood could potentially emerge as one of the most significant risk factors for both adolescent and adult-onset depression. Miller (2018) noted that exposure to adverse childhood experiences, such as abuse, neglect, or household dysfunction, has been consistently linked to an increased risk of depression later in life. Studies indicate that children with inadequate parental relationships, poor academic functioning, and a history of mistreatment before age eleven have a high-risk profile for depression (Schimelpfening, 2020). Limited access to resources, educational opportunities, and healthcare can compound the impact of economic challenges on mental health.

Additionally, Miller (2018) stated that environmental factors related to the living environment, such as urban stressors versus rural tranquility, may influence depression rates. Urban settings characterized by noise, pollution, and a fast-paced lifestyle may contribute to heightened stress levels. Environmental therapists argue that the roots of depression in individuals can be traced to negative cognitions about the self, the world, and the future. These negative thought patterns may involve skewed interpretations of events, such as dichotomous thinking, selective abstraction, overgeneralization, or personalization (Miller, 2018). Such ways of interpreting events often lead to a pessimistic explanatory style, contributing to major or minor depression (Beck, Arria, & Calderia, 2019). Thus, as adolescents and young adults navigate their environment, they may find themselves experiencing symptoms of depression.

The number of adolescents and young adults experiencing symptoms of depression, and even depression itself, appears to be on the rise, presenting considerable health challenges worldwide. Depression symptoms can vary from mild to severe, encompassing feelings of having a depressed mood, loss of interest or pleasure in once-enjoyed activities, changes in appetite leading to weight loss or gain unrelated to dieting, sleep disturbances such as trouble sleeping or excessive sleep, loss of energy or increased fatigue, purposeless physical activity or slowed movements and speech, feelings of worthlessness or guilt, difficulty thinking, concentrating, or making decisions, and

thoughts of death or suicide (Pearce, Little & Perez, 2020). The World Health Organization (WHO) reported that depression is a major contributor to morbidity on a global scale, affecting approximately 121 million people (WHO, 2016). Depression tends to first manifest in adolescents or early adolescents. Hence, Born, Shea, and Steiner (2015) describe this period as the most confusing, unsettling, and stressful phase of life. To date and to the best knowledge of the researcher, there is no study on the prevalence and factors determining depression among adolescents and young adults in Nsukka Local Government Area, Enugu State. However, while adolescents and young adults' depression seems to be common across the world, the researcher also noted that many adolescents in Nsukka Local Government Area appear to be unaware of the symptoms of depression, the severity of the disorder, and some of the determining factors that can make them susceptible to depression. The emergence of depression among adolescents and young adults in Nsukka Local Government Area is crucial to personal, community, and national development. Consequently, it is unsurprising that the mental health status of adolescents and young adults has become a matter of public concern. A quick review of available studies highlights the accessibility of statistics on the prevalent levels of depression among adolescents and young adults in developed nations. Studies such as "Current prevalence, comorbidity and associated factors for symptoms of depression and generalized anxiety in the Lagos State" by Adewuya, Atilola, and Ola (2018), "Depression among students of a Nigerian University" by Dabana and Gobir (2018), and "Depression and physical activity in a sample of Nigerians" by Adeniyi, Okafor, and Adeniyi (2018) shed light on this pressing issue. However, the same cannot be said for adolescents and young adults in developing countries, particularly in Nigeria, where the population exceeds 150 million and there are approximately 100 public and private universities (Born, Shea & Steiner, 2015).

Evidence suggests that a significant number of them left suicidal notes, emphasizing the depths of their depression before making this tragic decision. Ozor (2019) reported a case where a young adult ended his life by drinking Sniper, and in 2019, it was also reported that another young adult took her life by hanging. Egbejule (2019) documented a case of a student committing suicide by jumping from a faculty building, and numerous other instances of this distressing trend have been reported. This worrisome phenomenon prompts the need to investigate whether depression is indeed prevalent among adolescents and young adults in Nsukka Local Government Area. If so, it becomes crucial to identify the symptoms to watch out for and explore effective ways to provide assistance and support to these young individuals. Counsellors, parents, educators, mental health workers, and society as a whole need to gain a deeper understanding of the signs, symptoms, risk factors, and behavioral issues linked to depression in adolescents and young adults. On this basis, this study sought to measure the prevalence and the factors determining depression among adolescents and young adults in Nsukka Local Government Area, Enugu State.

The following null hypotheses guided this study:

Ho_1 There is no statistically significant difference between the mean response scores of male and female adolescents on the prevalence of depression.

Ho_2 There is no statistically significant difference between the mean response scores of male and female young adults on the prevalence of depression.

Ho_3 There is no statistically significant difference between the mean response scores of adolescents and young adults on the extent to which psychological factors contribute to depression.

Ho_4 There is no statistically significant difference between the mean response of adolescents and young adults on the extent to which biological factors contribute to depression.

Ho_5 There is no statistically significant difference between the mean response of adolescents and young adults on the extent to which environmental factors contribute to depression.

Research Methods

The research design adopted for this study is the descriptive survey research design. The sample size for this study is 300 respondents, with 150 adolescents (SS2 students) and 150 young adults. A purposive sampling technique was used to select this sample from the larger population of 2,880 adolescents and young adults in Nsukka Local Government Area, Enugu State. Purposive sampling is a nonprobability sampling method in which the researcher intentionally selects participants based on specific traits or expertise relevant to the study's goals. These participants were selected based on professional reports by counselors confirming their depressive symptoms, which guided their inclusion in the study.

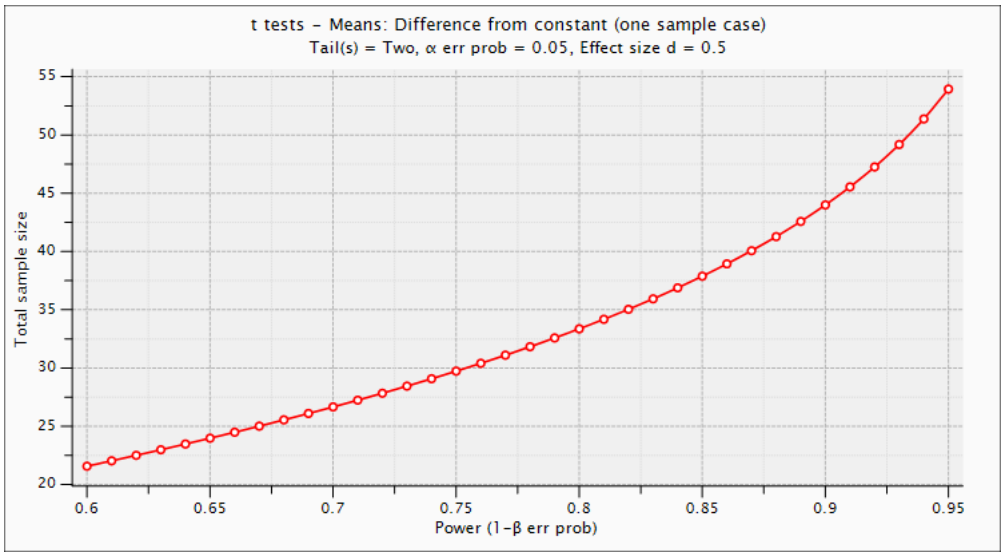

Figure 1: Sample size calculation

The selection of 150 adolescents and 150 young adults was deliberate to ensure representation from both developmental stages in the population. By including an equal number of adolescents and young adults, the study aims to maintain balance and thoroughly explore the perspectives and experiences of both age groups. Figure 1 illustrates a sample calculation demonstrating the adequacy of the sample size. The number of participants was predetermined using the GPower statistical technique, indicating good representation with a power of 0.81. Although the expected sample size was 55 participants, the researcher ensured a robust representation by increasing it to 300 participants.

Table 1: Demographic characteristics of the participants.

S/N	Variable	Categorization	Young Adults	Adolescents	$\chi 2$	*p.value*
1	Gender	Males	66(51.6%)	62(48.4%)	.218	.641
		Females	84(48.8%)	88(51.2%)		
2	Age	12 to 18 Years	43(48.3%)	46(51.7%)		
		19 to 24 Years	34(44.7%)	42(55.3%)	1.849	.604
		25 to 31 Years	30(53.6%)	26(46.4%)		
		32 to 37 Years	43(54.4%)	36(45.6%)		
3	Faculties	Education	66(51.2%)	63(48.8%)		
		Social Science	36(48.0%)	39(52.0%)	.190	.979
		Arts	24(50.0%)	24(50.0%)		
		Physical Science	24(50.0%)	24(50.0%)		
4	Academic Year	Year One	43(43.9%)	45(56.1%)		
		Year Two	39(59.1%)	27(40.9%)	6.595	.086
		Year Three	40(57.1%)	30(42.9%)		
		Year Four	28(42.4%0	38(57.6%)		
5	Parental SES	Low	67(46.5%)	77(53.5%)		
		Moderate	53(55.2%)	43(44.8%)	1.736	.420
		High	30(50.0%)	30(50.0%)		

Table 1 demonstrated that there is no significant difference in the demographic characteristics of young adult and adolescent participants in terms of gender (χ^2=.218, p=.641), age (χ^2=1.849, p=.604), faculties (χ^2=.190, p=.979), academic year (χ^2=6.595, p=.086), and parental socioeconomic status (χ^2=1.736, p=.420).

Instruments

Adolescents Depression Scale (ADS) is a 41-item self-report questionnaire that assesses the prevalence of depression among adolescents (Revah-Levy, Birmaher, Gasquet, & Falissard, 2007). ADS has two sections, A and B. Section A elicited information on respondents' biodata, namely sex, age, faculty, academic year, and parental socioeconomic status. In contrast, Section B elicited information on the prevalence of depression among adolescents. The following response options of Strongly Agreed (4), Agree (3), Disagree (2), Strongly Disagree (1) were used. In this study, we found an internal consistency of .93 using the Nigerian adolescent population.

The Young Adults Depression Scale (YADS) is a 29-item self-report questionnaire that assesses the prevalence of depression among young adults (DISC Development Group of Columbia University, 2002). YADS has two sections, A and B. Section A elicited information on the respondents' biodata, namely sex, age, faculty, academic year, and parental socioeconomic status. In contrast, Section B elicited information on the prevalence of depression among young adults. The following response options of Strongly Agreed (4), Agree (3), Disagree (2), Strongly Disagree (1) were used. The reliability coefficient value of .98 was found in this study.

The Factors Determining Depression Questionnaire (FDDQ) is a 43-item self-report questionnaire that assesses the factors determining depression among adolescents and young adults. The researchers developed FDGQ and has two sections, A and B. Section A elicited

information on the respondents' biodata, namely sex, age, faculty, academic year, and parental socioeconomic status. Section B is further divided into four clusters A-D. Cluster A addressed the extent to which psychological factors contribute to depression among adolescents and young adults, cluster B elicited information on the extent to which biological factors contribute to depression among adolescents and young adults, and cluster C elicited information on the extent to which environmental factor contributes to depression among adolescents and young adults. The following response options of Strongly Agreed (4), Agree (3), Disagree (2), Strongly Disagree (1) were used. The reliability coefficient value of 0.95 was found in this study.

Data Collection

The researchers obtained an ethical approval letter from the Directorate of Strategic Contacts, Ethics, and Publications (STRACEP), the university of two of the authors. Also, the researchers ensured that the participants gave oral consent to participate in the study. The instruments or data collection were administered to 150 adolescents and 150 young adults in Nsukka Local Government Area, Enugu State. The researchers used two research assistants to distribute the instruments to the respondents. The two research assistants were apprised of the modalities for giving out the instrument to the respondents. The distribution of research instruments spans across three days, allowing ample time for thorough coverage by the research assistants. One of the research assistants handled the adolescents while the other handled the young adults to prevent overlap. Instruments were distributed and collected at central and accessible locations, such as the school. Also, a short letter of introduction from the researchers, acquainting the aim and purpose of the instrument for data collection, was coupled with each copy of the instrument. Upon distribution, participants were instructed to complete the instrument within a specified time frame. Adolescents were allotted up to 1 hour, acknowledging their developing cognitive abilities and potential lack of exposure. At the same time, young adults were given a shorter time frame of 30 to 45 minutes, assuming greater cognitive maturity and previous familiarity with similar instruments. Of the 150 copies of the questionnaire distributed to adolescents, 119 were recovered. However, 26 copies of the questionnaire were incorrectly filled out and therefore discarded, while 5 copies were never returned. On the other hand, of the 150 copies of the questionnaire distributed to young adults, 141 were recovered. However, six copies of the questionnaire were incorrectly filled out and therefore discarded, while three copies were never returned.

Data Analysis

The mean and Standard Deviation were used to analyze the data and address the research questions. At the same time, the null hypotheses were assessed using t-test statistics at the 0.05 significance level. The assumption was satisfied by ensuring that the data were normally distributed. Additionally, for research questions one and two, a percentage was employed. The decision rule was established based on a criterion mean of 2.50. Items with mean scores of 2.50 or higher were deemed acceptable, while those below 2.50 were considered unacceptable.

Results and Discussions

Research Question I: What is the mean response of adolescents in Nsukka Local Government Area on the prevalence of depression among them?

Table 2: Mean response of adolescents in Nsukka Local Government Area on the prevalence of depression among them.

S/N	Item Statement	SA	A	D	SD	Total	Decision
1.	I'm not getting anywhere right now	12.6%	31.1%	41.2%	15.1%	100	Disagree
2.	I'm getting upset about nothing	28.6%	45.4%	10.9%	15.1%	100	Agree
3.	Deep down, I don't feel up to it	36.1%	37.8%	13.4%	12.6%	100	Agree
4.	I don't like anything right now	29.4%	17.6%	40.3%	12.6%	100	Disagree
5.	My ideas are a mess	37.8%	42.9%	10.1%	9.2%	100	Agree
6.	I'm getting lost in work right now, but it's not working	39.5%	38.7%	12.6%	9.2%	100	Agree
7.	I don't have energy for school or for work	37%	40.3%	10.9%	11.8%	100	Agree
8.	I want to lie down and sleep regularly	42.9%	33.6%	10.1%	13.4%	100	Agree
9.	At least in my bed, I don't think about anything anymore	37%	41.2%	8.4%	13.4%	100	Agree
10.	I have hard time thinking	26.1%	12.6%	52.9%	8.4%	100	Disagree
11.	I feel sadness, it's overwhelming me right now	42%	34.5%	11.8%	11.8%	100	Agree
12.	I don't enjoy doing my activities like I used to	42%	30.3%	15.1%	12.6%	100	Agree
13.	Thinking, reflecting, reading, or working requires effort	43.7%	30.3%	12.6%	13.4%	100	Agree
14.	I have horrible dreams	32.8%	11.8%	16%	39.5%	100	Disagree
15.	I'm afraid that this will all become unbearable	31.9%	10.9%	45.4%	11.8%	100	Disagree
16.	I feel like I should not be alone	38.7%	37.8%	10%	13.4%	100	Agree
17	There's nothing that interests me, nothing that amuses me anymore.	37.8%	14.3%	14.3%	33.6%	100	Disagree
18	I even have trouble supporting my friends	33.6%	47.1%	5.9%	13.4%	100	Agree
19	I feel like what I do is useless	11.8%	36.1%	37%	15.1%	100	Disagree
20	I can't take my life anymore right now	31.1%	17.6%	18.5%	32.8%	100	Disagree
21	At the moment, I have no control over what is happening	37%	32.8%	12.6%	17.6%	100	Agree
22	School, work, that doesn't interest me at the moment, I can't do it	37.8%	39.5%	11.8%	10.9%	100	Agree
23	I can't stand anything	37%	44.5%	9.2%	9.2%	100	Agree
24	I'm having trouble putting my thoughts together	46.2%	24.4%	10.1%	19.3%	100	Strongly Agree
25	I can't stand a lot of people	34.5%	35.3%	13.4%	16.8%	100	Agree

S/N	Item Statement	SA	A	D	SD	Total	Decision
26	I can stay in bed for hours doing nothing	36.1%	42.9%	10.9%	10.1%	100	Agree
27	I feel alone inside of me	32.8%	35.3%	16.8%	15.1%	100	Agree
28	Deep down, when it's like that, I want to die	39.5%	7.6%	41.2%	11.8%	100	Disagree
29	I can not concentrate	37.8%	37.8%	13.4%	10.9%	100	Agree
30	I find that nothing is worth it at the moment	37%	46.2%	7.6%	9.2%	100	Agree
31	I see clearly that I have to push myself for schoolwork	43.7%	36.1%	11.8%	8.4%	100	Strongly Agree
32	With my friends, at least I don't think about anything	30.3%	38.1%	20.2%	13.4%	100	Agree
33	I can't stand much pressure	31.9%	44.5%	10.1%	13.4%	100	Agree
34	What I do isn't worth much	40.3%	37%	11.8%	10.9%	100	Strongly Agree
35	I absolutely don't want to be all alone; otherwise, I feel like things won't work	39.5%	32.8%	10.1%	17.6%	100	Strongly Agree
36	I feel discouraged in anything I want to do	36.1%	39.5%	15.1%	9.2%	100	Agree
37	I find everything too difficult	37%	39.5%	11.8%	11.8%	100	Agree
38	Lately, I stopped my hobbies; they mean nothing to me anymore	10.1%	38.7%	13.4%	37.8%	100	Disagree
39	I get annoyed easily	34.5%	37%	13.4%	15.1%	100	Agree

Table 2 presents findings from the analysis of data collected to determine the mean response of adolescents in Nsukka Local Government Area on the prevalence of depression among them. The results were presented in an item statement, followed by the percentage of responses in each category, totaling 100%. The data indicate a high prevalence of depression among adolescents in Nsukka Local Government Area. Of the 39 items, 29 (74.4%) have a combined "Strongly Agree" and "Agree" response rate. In contrast, only 10 items representing 25.56% of "Disagree" responses indicate a lower prevalence of depression. On the whole, the majority of responses, with 74.4% agreement, indicated that the prevalence of depression among adolescents in Nsukka Local Government Area was high.

Research Question 2: What is the mean response of young adults in Nsukka Local Government Area on the prevalence of depression among them?

Table 3: Mean response of young adults in Nsukka Local Government Area on the prevalence of depression.

S/N	Item Statement	SA	A	D	SD	Total	Decision
40.	Little interest or pleasure in doing things	29.08%	40.43%	19.15%	11.35%	100	Agree
41.	Feeling tired or having little energy	34.04%	41.13%	13.48%	11.35%	100	Agree
42.	Feeling bad about yourself, or feeling that you are a failure, or that you have let yourself or your family down	39.01%	41.13%	9.22%	10.64%	100	Agree
43.	Trouble concentrating on things like schoolwork or reading.	34.04%	39.72%	15.6%	10.64%	100	Agree

S/N	Item Statement	SA	A	D	SD	Total	Decision
44.	Thoughts that you would be better off dead, or of hurting yourself in some way.	24.82%	14.89%	26.24%	34.04%	100	Disagree
45.	I got upset about little things	34.75%	41.13%	10.64%	13.48%	100	Agree
46.	I felt dizzy, like I was about to faint	14.18%	7.8%	41.84%	36.17%	100	Disagree
47.	I did not enjoy anything	27.66%	43.26%	12.77%	16.31%	100	Agree
48.	I had trouble breathing (e.g. fast breathing), even though I wasn't exercising and I was not sick.	9.93%	34.75%	33.33%	21.99%	100	Disagree
49.	I hated my life	32.62%	13.48%	33.33%	20.57%	100	Agree
50.	I found myself over-reacting to situations	38.3%	36.17%	10.64%	14.89%	100	Agree
51.	My hands felt shaky	37.59%	34.04%	13.48%	14.89%	100	Agree
52.	I was stressed about lots of things	37.59%	33.33%	18.44%	10.64%	100	Agree
53.	I felt terrified	31.91%	36.88%	10.64%	20.57%	100	Agree
54.	There was nothing nice I could look forward to	14.89%	9.22%	36.17%	39.72%	100	Disagree
55.	I was easily irritated	35.46%	34.04%	13.48%	17.02%	100	Agree
56.	I found it difficult to relax	34.04%	40.43%	16.31%	9.22%	100	Agree
57.	I could not stop feeling sad	36.88%	34.75%	13.48%	14.89%	100	Agree
58.	I got annoyed when people interrupted me	23.4%	34.04%	24.82%	17.73%	100	Agree
59.	I felt like I was about to panic	36.17%	37.59%	10.64%	15.6%	100	Agree
60.	I felt like I was no good	29.79%	40.43%	14.18%	15.6%	100	Agree
61.	I could feel my heart beating really fast, even though I hadn't done any hard exercise	34.04%	41.84%	9.22%	14.89%	100	Agree
62.	I felt scared for no good reason	9.22%	27.66%	45.39%	17.73%	100	Disagree
63.	I felt that life was terrible	14.18%	34.75%	33.33%	17.73%	100	Agree
64.	I was easily annoyed	43.97%	36.17%	7.8%	12.06%	100	Agree
65.	Little interest or pleasure in doing things	29.08%	41.84%	12.77%	16.31%	100	Agree

Table 3 presents findings from the analysis of data collected to determine the mean response of young adults in Nsukka Local Government Area on the prevalence of depression among them. The results were presented as item statements, followed by the percentage of responses in each category, totaling 100%. The data indicate a high prevalence of depression among young adults in Nsukka Local Government Area. Out of the 26 items, 21 items representing 77.9% have a combined percentage of "Strongly Agree" and "Agree. In contrast, only 6 items representing 22.1% have a percentage of "Disagree" responses, indicating a lower prevalence of depression. On the whole, the majority of responses, with 79.9% agreement, indicated that the prevalence of depression among young adults in Nsukka Local Government Area was high.

Research Question 3: What is the mean response of adolescents and young adults in Nsukka Local Government Area on the extent to which psychological factor contributes to depression among them?

Table 4: Mean response of adolescents and young adults in Nsukka Local Government Area on the extent to which psychological factor contributes to depression among them.

S/N	Item Statement	Adolescents N	Mean	SD1	DEC1	Young Adults N	Mean	SD2	DEC2
1.	I have low emotional clarity, which makes me unproductive	119	2.98	0.98	HE	141	3.02	1.02	HE
2.	Due to my dysfunctional attitudes, I find it difficult to relate to people around me	119	2.95	1	HE	141	3.0	0.99	HE
3.	My cognitive fusion with negative self-talk led to my self-doubt	119	2.98	1.05	HE	141	2.96	1.07	HE
4.	Negative thinking makes me sad	119	2.87	1.07	HE	141	2.9	1.05	HE
5.	I am usually bias in my Interpretation	119	2.92	1.07	HE	141	2.89	1.08	HE
6.	My negative self-image has affected my self-confidence	119	2.95	1.02	HE	141	3.01	0.89	HE
7.	Due to past experiences, I found myself stuck in ruminating on past emotional pains	119	3.12	0.98	HE	141	2.98	1.05	HE
8.	My past mental health conditions influenced my decisions	119	2.99	0.99	HE	141	3.14	0.91	HE
9.	My attachment style led to constantly seeking reassurance in my relationships with people	119	2.92	1.04	HE	141	3.05	1.02	HE
10.	My maladaptive perfectionism drove me to my obsession over minor mistakes, leading to fear of failure	119	3.05	0.98	HE	141	2.96	0.99	HE

S/N	Item Statement	N	Adolescents Mean	SD1	DEC1	N	Young Mean	Adults SD2	DEC2
	Cluster Mean	**119**	**2.93**	**1.01**	**HE**	**141**	**2.99**	**1.07**	**HE**

Table 4 presents findings from the analysis of data collected to determine the mean responses of adolescents and young adults in Nsukka Local Government Area regarding the extent to which psychological factors contribute to depression among them. The data presented show the mean rating scores of adolescents on the one hand and young adults on the other. Based on the data on both adolescents and young adults responded positively to all items. In summary, the findings reveal a significant contribution of psychological factors to depression among both adolescents and young adults in Nsukka Local Government Area. Specifically, the cluster mean for adolescents stands at 2.93, indicating a considerable impact of psychological factors on depression within this age group. Similarly, young adults had a notably high cluster mean of 2.99, suggesting a stronger association between psychological factors and depression among young adults. The mean differences between the two groups are relatively small, which indicates a similar impact of psychological factors on depression among them.

Research Question 4: What is the mean response of adolescents and young adults in Nsukka Local Government Area on the extent to which biological factor contributes to depression among them?

Table 5: Mean response of adolescents and young adults in Nsukka Local Government Area on the extent to which biological factor contributes to depression among them.

S/N	Item Statement	N	Adolescents Mean	SD1	DEC1	N	Young Mean	Adults SD2	DEC2
11.	Due to chronic stress, my Immune system dysfunction led to frequent illnesses	119	3.02	1.03	HE	141	3.07	1.06	HE
12.	I get stressed due to a lack of relaxation	119	3.06	1.00	HE	141	3.00	0.94	HE
13.	My imbalanced hormone control system results in to range of symptoms, e.g, mood swings, fatigue	119	3.06	0.99	HE	141	2.94	1.07	HE
14.	Lack of rest resulted to a change in brain growth in my early growth stage	119	2.98	0.95	HE	141	2.89	1.06	HE

S/N	Item Statement	Adolescents N	Mean	SD1	DEC1	Young Adults N	Mean	SD2	DEC2
15.	My hormonal imbalance causes severe health challenges	119	3.20	0.93	HE	141	2.92	1.10	HE
16.	My genetic Vulnerability to addictions makes it difficult to quit	119	2.97	1.04	HE	141	3.06	0.92	HE
17.	My physical health conditions affect my level of effectiveness	119	2.92	1.02	HE	141	2.95	0.99	HE
Cluster Mean		**119**	**3.03**	**0.99**	**HE**	**141**	**2.97**	**1.02**	**HE**

Table 5 presents findings from the analysis of data collected to determine the mean responses of adolescents and young adults in Nsukka Local Government Area regarding the extent to which biological factors contribute to depression among them. The data presented show the mean rating scores of adolescents on the one hand and young adults on the other. Based on the data on both adolescents and young adults responded positively on all items. In summary, the findings indicate a significant contribution of biological factors to depression among both adolescents and young adults in Nsukka Local Government Area. Specifically, adolescents had a cluster mean of 3.03, suggesting a notable impact of biological factors on depression within this age group. Similarly, young adults had a higher cluster mean of 2.97, indicating an association between biological factors and depression within their demographic. The mean differences are minimal, which shows that both groups have a similar impact of biological factors on depression among them.

Research Question 5: What is the mean response of adolescents and young adults in Nsukka Local Government Area on the extent to which environmental factor contributes to depression among them?

Table 6: Mean response of adolescents and young adults in Nsukka Local Government Area on the extent to which environmental factor contributes to depression among them.

S/N	Item Statement	Adolescents N	Mean	SD1	DEC1	Young Adults N	Mean	SD2	DEC2
18.	My present environment has led to severe traumatic experiences	119	2.99	1.03	HE	141	2.98	1.03	HE
19	My childhood experience of abandonment shaped my relationship as an adult	119	2.98	1.05	HE	141	3.00	0.97	HE
20.	Lack of good guidance has led to several unfavorable life events	119	2.95	0.95	HE	141	3.03	0.94	HE

S/N	Item Statement	Adolescents				Young Adults			
		N	Mean	SD1	DEC1	N	Mean	SD2	DEC2
21.	Absence of social support from family has led to my unhealthy decision	119	2.94	1.07	HE	141	2.97	1.04	HE
22.	Financial difficulties and poverty have deprived me of good life opportunities	119	3.01	0.98	HE	141	2.93	0.95	HE
23.	Exposure to environmental toxins in my childhood was linked to my current developmental disorder	119	3.09	0.91	HE	141	3.01	1.05	HE
24.	The exposure to unrealistic standards on social media has led to a decrease in my self-esteem and body satisfaction	119	3.05	0.96	HE	141	2.95	1.06	HE
25.	Academic pressure and performance-related stress have affected my grades	119	2.98	0.98	HE	141	3.09	0.98	HE
26.	Stressful work environments have resulted to my poor performances	119	3.04	1.00	HE	141	2.99	1.00	HE
27.	Disparities in access to resources and opportunities have led to my poor self-growth	119	3.02	1.02	HE	141	2.95	1.02	HE
	Cluster Mean	**119**	**3.01**	**0.99**	**HE**	**141**	**2.99**	**1.00**	**HE**

Table 6 presents findings from the analysis of data collected to determine the mean responses of adolescents and young adults in Nsukka Local Government Area on the extent to which environmental factors contribute to depression among them. The data presented show the mean rating scores of adolescents on the one hand and young adults on the other. Based on the data on both adolescents and young adults responded positively on all items. In summary, the findings highlight a significant contribution of environmental factors to depression among adolescents and young adults in Nsukka Local Government Area. Adolescents had a cluster mean of 3.01, suggesting a substantial impact of environmental factors on depression within this age group. Similarly, young adults had a higher cluster mean of 2.99, indicating an association between environmental factors and depression among young adults. The mean differences between the two groups are relatively small, which shows a similar impact of environmental factors on depression among them.

Hypothesis 1: There is no statistically significant difference between the mean response scores of male and female adolescents in Nsukka Local Government Area on the prevalence of depression among them.

Table 7: T-test analysis of the difference between the mean response scores of male and female adolescents in Nsukka Local Government Area on the prevalence of depression among them.

Gender	N	Mean	SD	df	Sig. (2-tailed)	Mean Difference
Male	54	58.60	9.08	298	.404	-.53100
Female	96	57.55	9.69	288.624		

Table 7 presents data used for testing hypothesis one. The data in Table 7 show that the probability value for the difference in the mean ratings of male and female adolescents in Nsukka Local Government Area on the prevalence of depression is .404. Since the probability value of .4.04 is greater than .05, the null hypothesis is not rejected. Thus, there is no statistically significant difference between the mean response scores of male and female adolescents in Nsukka Local Government Area on the prevalence of depression among them.

Hypothesis 2: There is no statistically significant difference between the mean response of male and female young adults in Nsukka Local Government Area on the prevalence of depression among them.

Table 8: T-test analysis of the difference between the mean response scores of male and female young adults in Nsukka Local Government Area on the prevalence of depression among them.

Gender	N	Mean	SD	Df	Sig. (2-tailed)	Mean Difference
Male	36	44.65	6.85	298	.404	-.53100
Female	114	44.39	7.04	288.624		

Table 8 presents data used for testing hypothesis two. The data in Table 8 show that the probability value for the difference in the mean ratings of male and female young adults in Nsukka Local Government Area on the prevalence of depression is 404. Since the probability value of 404 is greater than .05, the null hypothesis is not rejected. Thus, there is no statistically significant difference between the mean response scores of male and female young adults in Nsukka Local Government Area on the prevalence of depression among them.

Hypothesis 3: There is no statistically significant difference between the mean response of adolescents and young adults in Nsukka Local Government Area on the extent to which psychological factor contributes to depression among them.

Table 9: T-test analysis of the difference between the mean response scores of adolescents and young adults in Nsukka Local Government Area on the extent to which psychological factor contributes to depression among them.

Respondents	N	Mean	SD	Df	Sig. (2-tailed)	Mean Difference
Adolescents	119	41.28	7.44	298	.644	-.17598
Young Adults	141	41.40	7.05	268.471		

Table 9 presents data used for testing hypothesis three. The data in Table 9 show that the probability value for the difference between the mean ratings of adolescents and young adults in Nsukka Local Government Area on the extent to which psychological factors contribute to depression among them is .644. Since the probability value of .644 is greater than .05, the null hypothesis is not rejected. Thus, there is no statistically significant difference between the mean response scores of adolescents and young adults in Nsukka Local Government Area on the extent to which psychological factor contributes to depression among them.

Hypothesis 4: There is no statistically significant difference between the mean response of adolescents and young adults in Nsukka Local Government Area on the extent to which biological factor contributes to depression among them.

Table 10: T-test analysis of the difference between the mean response scores of adolescents and young adults in Nsukka Local Government Area on the extent to which biological factor contributes to depression among them.

Respondents	N	Mean	SD	df	Sig. (2-tailed)	Mean Difference
Adolescents	119	298	27.60	5.11	.196	.38692
Young Adults	141	253.264	27.90	4.80		

Table 10 presents data used for testing hypothesis four. The data in Table 10 show that the probability value for the difference between the mean ratings of adolescents and young adults in Nsukka Local Government Area on the extent to which biological factors contribute to depression among them is .196. Since the probability value of .196 is greater than .05, the null hypothesis is not rejected. Thus, there is no statistical significant difference between mean response ratings of adolescents and young adults in Nsukka Local Government Area on the extent to which biological factor contributes to depression among them.

Hypothesis 5: There is no statistically significant difference between the mean response of adolescents and young adults in Nsukka Local Government Area on the extent to which environmental factors contribute to depression among them.

Table 11: T-test analysis of the difference between the mean response scores of adolescents and young adults in Nsukka Local Government Area on the extent to which environmental factors contribute to depression among them.

Respondents	N	Mean	SD	df	Sig. (2-tailed)	Mean Difference
Adolescents	119	298	57.22	6.57	.844	.07344
Young Adults	141	252.715	58.04	9.53		

Table 11 presents data used for testing hypothesis five. The data in Table 11 show that the probability value for the difference in the mean ratings of adolescents and young adults in Nsukka Local Government Area on the extent to which environmental factors contribute to depression among them is .844. Since the probability value of .844 is greater than 0.05, the null hypothesis is not rejected. Thus, there is no statistically significant difference between the mean response scores of adolescents and young adults in Nsukka Local Government Area on the extent to which environmental factors contribute to depression.

Discussion

Regarding the responses of adolescents in Nsukka Local Government Area on the prevalence of depression, it was found that the prevalence of depression among them was high. This finding was in line with the study of Schalaak (2018), who outlined depression in adolescents as a state characterized by a low, sad mood, where life appears dark and its challenges overwhelming. It is an internal sadness accompanied by feelings of hopelessness, despair, helplessness, low self-worth, and a sense of loss of control. The prevalence of depression among adolescents is a significant concern in contemporary society. Research indicates that adolescents are particularly vulnerable to experiencing symptoms of depression due to the various biological, psychological, and environmental changes they undergo during this developmental stage. Therefore, parents, educators, healthcare professionals, and policymakers must prioritize mental health promotion and provide adolescents with access to appropriate resources and support services

Regarding the responses of young adults in Nsukka Local Government Area on the prevalence of depression, it was found that the prevalence of depression among them was high. This is in agreement with Neavin, Joyce, and Swintak (2018), who opined that young adults experiencing persistent boredom or disinterest in daily activities due to depression may display agitation and challenging behavior, often mischaracterized as troublemaking by others. Adeniyi, Okafor, and Adeniyi (2018) also noted that studies have shown that the transition from adolescence to young adulthood is often accompanied by increased stress, academic pressure, financial instability, and social changes, all of which can contribute to the onset or exacerbation of depressive symptoms. The stigma surrounding mental health issues often impedes young adults from seeking help or accessing appropriate support services. Additionally, factors such as social isolation, substance abuse, and inadequate coping mechanisms can exacerbate depressive symptoms among young adults. Therefore, by raising awareness, fostering resilience, and providing accessible resources, communities can work towards mitigating the burden of depression among young adults.

The findings of the study in Table 3 indicated the mean response of adolescents and young adults in Nsukka Local Government Area on the extent to which psychological factor contributes to depression among them. The extent to which psychological factor contributes to depression among them is high. This is in corroboration with Aluh, Okonta, and Odili (2019), who stated that depression tends to accompany low self-esteem, creating a fragile sense of self-worth that makes individuals more vulnerable to negative emotions. The inability to cope effectively with these emotions becomes a crucial factor, allowing stressors to accumulate and potentially lead to depression. The findings of this study also align with the observations of Adeniyi, Okafor, and Adeniyi (2018), who found that challenging relationships provide a platform for psychological factors to manifest, as strained interpersonal connections contribute to psychological distress. The absence of social support or difficulties in forming secure connections can foster loneliness, creating fertile ground for depression. Therefore, efforts to promote social support networks and enhance coping skills are instrumental in mitigating the risk of depression and improving overall mental well-being among adolescents and young adults in Nsukka Local Government Area.

The data obtained from Table 4 reveals the mean response of adolescents and young adults in Nsukka Local Government Area on the extent to which biological factor contributes to depression among them. The extent to which biological factor contributes to depression among them are high.

This is in agreement with Amoran, Lawoyin, and Lasebikan (2017), who opined that the observation that depression often runs in families suggests a genetic predisposition, with depression being a polygenic disorder involving multiple genes. While specific gene variants may increase risk, the interplay among genes contributes to the complexity of genetic influences. Miller (2018) also noted that research indicates hormonal changes before and during depressive episodes, and specific brain regions are affected. By recognizing the biological underpinnings of the disorder, healthcare professionals can tailor interventions to address specific biological mechanisms involved in depression, thereby improving outcomes for individuals affected by the condition.

The data in Table 5 reveal the mean responses of adolescents and young adults in Nsukka Local Government Area regarding the extent to which environmental factors contribute to depression among them. The extent to which biological factor contributes to depression among them is high. This finding corroborates the submissions of Iyer and Chan (2018), who stated that environmental factors of depression encompass a range of events, including stress, traumatic experiences, childhood difficulties, exposure to synthetic chemicals, noise pollution, and natural disasters, among others. Negative thought patterns and cognitive distortions, such as pessimistic explanatory styles and skewed interpretations of events, can also contribute to depression. These cognitive factors may interact with environmental stressors to exacerbate depressive symptoms and impair coping mechanisms.

Conclusion

The research measures the prevalence and factors determining depression among adolescents and young adults in Nsukka Local Government Area, Enugu State. Data were collected and analyzed based on the following: Prevalence of depression among adolescents, prevalence of depression among young adults, extent to which psychological factors contributes to depression among adolescents and young adults, extent to which biological factors contributes to depression among adolescents and young adults, extent to which environmental factor contributes to depression among adolescents and young adults and the symptoms of depression experienced by adolescents and young adults.

Based on the findings of the study, the prevalence of depression among adolescents and young adults in Nsukka was high, as it was shown in feelings of hopelessness, sadness, loss of interest, fatigue, disturbed sleep, irritability, feelings of worthlessness, and thoughts of self-harm. In addition, the study found that psychological factors, biological factors, and environmental factors significantly contribute to depression in both groups, manifesting as low emotional clarity, dysfunctional attitudes, cognitive fusion with negative self-talk, biased interpretations, and negative self-image impacting self-confidence. The findings, therefore, underscore the urgent need for targeted interventions to address depression among adolescents and young adults in Nsukka Local Government Area.

The study found that the prevalence of depression among adolescents was high. This implies that educational institutions need to implement mental health awareness programmes and create supportive environments where students feel comfortable seeking help. This will benefit students by providing the resources and support they need to manage their mental health effectively. They should involve rational emotive behavioural therapists who would assist the students leaving with

depressive symptoms in the university. This is because evidence that REBT techniques and principles have a significant impact I reducing depressive symptoms in students (Ede et al 2020; Ezegbe et al 2018).

It was evidenced that the prevalence of depression among young adults was high. This implies that there is a need to offer counselling services, mental health awareness programmes, and access to psychiatric care to mitigate depression. These initiatives will benefit young adults by providing them with essential support and resources to address and manage their depression effectively.

It was shown that the extent to which psychological factors contribute to depression among adolescents and young adults are high. This implies that there is a need for schools to provide accessible and confidential psychological counselling services staffed by trained professionals. This will benefit adolescents, young adults, and the community at large by offering them professional support to address their mental health concerns.

It was evidenced that the extent to which biological factors contribute to depression among adolescents and young adults are high. This implies that there is a need for early intervention and screening programmes to identify at-risk students and connect them with appropriate support services. This will benefit adolescents, young adults, parents, teachers, and counsellors by facilitating timely identification and intervention for individuals at risk of depression due to biological factors.

It was shown that the extent to which environmental factors contribute to depression among adolescents and young adults are high. This implies that schools should develop peer support networks to help students cope with environmental stressors and support their mental health. This will benefit adolescents, young adults, parents, teachers, and school administrators by fostering a supportive and inclusive school environment that promotes mental well-being.

The findings of this study show that the symptoms of depression experienced by adolescents and young adults are positive. This implies that there is a need for support and intervention strategies, such as rational emotive behaviour approaches, to improve academic performance, social functioning, and overall quality of life. This will benefit adolescents, young adults, parents, teachers, counsellors, and policymakers by providing them with valuable insights into the mental health needs of adolescents and young adults in the community.

The following recommendations have been made based on the findings and discussions.

1. Since it is evidence that the prevalence of depression among adolescents is high, school teachers should identify students in need of school counselling and refer them to school counsellors and cognitive behaviour therapists. By empowering adolescents with coping strategies and providing a nonjudgmental space for self-expression, counsellors can significantly contribute to reducing depression among adolescents
2. The prevalence of depression among young adults is high, hence, mental health education and support programmes should be implemented in schools and communities to raise awareness about depression, its symptoms, and available resources for seeking help among young adults.
3. The extent to which psychological factors contribute to depression among adolescents and young adults is high therefore, governments should allocate resources to expand access to

mental health services for adolescents and young adults, including increasing the availability of counseling and therapy services in schools, universities, and community health centers.

4. The extent to which biological factors contribute to depression among adolescents and young adults are high, hence schools should provide training for teachers and staff members to recognize the signs of depression and offer appropriate support to students. This can include workshops on mental health awareness, suicide prevention, and creating a supportive environment for adolescents and young adults.
5. Since it is evidenced that the extent to which environmental factors contribute to depression among adolescents and young adults are high, awareness programmes should be implemented to help adolescents and young adults develop resilience skills to cope with environmental stressors. This can involve teaching problem-solving skills, emotion regulation techniques, and positive coping strategies to navigate challenging situations effectively.
6. The findings from the study show that the symptoms of depression experienced by adolescents and young adults in Nsukka Local Government Area are positive. The study, therefore, recommends that the government and the community should take proactive measures, such as launching educational campaigns to raise awareness about the complexities of depression symptoms and the need for early intervention.

In the course of the study, several limitations were encountered, impacting the depth and breadth of the research findings. Specifically, the limitations of the study are as follows;

1. One of the limitations of the study was the lack of integration of qualitative data to complement the quantitative analysis. Relying only on numbers and statistics made the study miss important details and a deeper understanding of the reasons behind depression among adolescents and young adults. By also including stories and experiences from people through interviews or observations, the study could have gotten a better grasp of the situation.
2. Another limitation was the sample size, which focused exclusively on young adults and adolescents. This narrow demographic scope limits the generalizability of the study's findings to broader populations. A more diverse sample, including individuals from different age groups and backgrounds, would have enhanced the study's external validity, enabling broader generalizations beyond the specific population studied.
3. Most of the respondents, who were secondary school students, were not cooperative. Some of them refused to fill out the questionnaire for fear of the unknown.

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