

# Hope and Depression among Secondary School Adolescents in Delta State

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**Abstract:** The study examined the relationship between hope and depression among adolescents in secondary schools in Delta State. A total of three research questions were raised and three hypotheses were formulated to guide the study. The study adopted a correlational research design. The population comprised all senior secondary school students in Delta State public secondary schools. A total of 1,000 senior secondary school students formed the sample size for the study. The multi-stage sampling procedure was adopted in the study. The instrument for the study is a questionnaire, which was used to collect the data. The face, content and construct validities of the research instrument was ascertained using expert judgement and factorial design. Cronbach alpha reliability coefficient was used to estimate the reliability of the instrument. The research questions were answered with the aid of Pearson's coefficient of determination. Hypotheses 1 were tested with regression statistics while hypotheses 2 and 3 were tested with Fisher's Z statistics. The hypotheses were tested at 0.05 level of significance. The findings of this study revealed a significant negative relationship between hope and depression among adolescents in secondary schools in Delta State; no significant moderating impact of sex on the relationship between hope and depression among adolescents in secondary schools in Delta State; and no moderating impact of location on the relationship between hope and depression among adolescents in secondary schools in Delta State. The researcher recommended that guidance counsellors should give a proper talk and properly guide the students on the need to be hopeful in order to prevent depression.

**Keywords:** Adolescence, hope, depression, sex, location

## INTRODUCTION

Adolescence is a transitional stage of physical and psychological development that generally occurs during the period from puberty to adulthood. Adolescence is a critical developmental period. At this stage, the individual goes through series of rapid developmental changes, which are physical, intellectual, social and emotional in nature. These changes make them very self-conscious. They worry about their own physical changes and are sensitive. It's possible that they will compare themselves to their classmates in hurtful ways. Adolescents may go through difficult phases as they adjust to bodily changes that do not always happen on a smooth, regular schedule. This can affect both how they look and how well they move. If a girl is not prepared for the start of her menstrual cycle, she may become nervous. If boys are unfamiliar with nocturnal emissions, they can worry. It is typical for adolescents to start to distance themselves from their parents and forge their own identities during this time. It is possible that their parents and other family members won't object in some situations. The parents' attempts to keep control, nevertheless, could lead to conflict in certain families. As teenagers distance themselves from their parents in search of their own identity, friendships take on greater significance. Their peer group might turn into a shelter for them. This enables the teen to experiment with new concepts. Early adolescence is a time when non-romantic connections predominate in the peer group. Frequently, these involve "groups," "gangs," or "clubs." Peer group members frequently make an effort to appear and look similar, establish hidden codes or rituals, and partake in the same pursuits. The peer group enlarges when they enter middle adolescence at the age range of 14 to 16 years and beyond to include sexual friendships. They start to feel the desire to define their sexual identity in mid- to late adolescence. They must learn to feel at ease with both their physical selves and their sexual desires. Adolescents acquire the ability to make and accept romantic or sexual approaches. The aforementioned changes in the adolescent stage of development have the potential to cause emotional stress on the person, leading to undesirable feelings like depression.

According to the World Health Organisation (WHO), depression is a mental condition marked by a persistently depressed state, a lack of interest and enjoyment, and decreasing energy that causes increasing weariness and decreased function (Oderinde, et al., 2018). It is defined as a cluster of specific symptoms with associated impairment. The clinical and diagnostic features of the disorder are broadly similar in adolescents and adults. The two main classification systems (international classification of diseases-10 [ICD-10] and the American diagnostic and statistical manual of mental disorders-IV [DSMIV]) define depression similarly. Despite the fact that the DSM-IV allows irritability rather than depression as a core detectable indicator in children and adolescents (Thapar, et al., 2012). But compared to adults, depression in teenagers is more frequently overlooked, maybe as a result of their propensity for irritation, their disposition responsiveness, and variable characteristics. Depression can also be misdiagnosed if the primary presenting problems are unexplained physical symptoms, eating disorders, anxiety, refusal to attend school, decline in academic performance, substance misuse, or behavioural problems. It is the most common form of emotional problem experienced during adolescence and may be accompanied by inappropriate guilt or regret, worthlessness, hopelessness, and confused thinking.

The incidence of depression among adolescents is becoming alarming. For instance, according to Uddin, Burton, Maple, Khan and Khan (2019), 17% of adolescents in low- and medium-income countries have displayed suicidal ideation, planned suicide, or attempted suicide in the previous year. Indeed, global estimates ranked suicide as the second leading cause of death among youths

aged 15-29 (WHO, 2019). In rural South West Nigeria, 12.6% of adolescents reported having probable depression, according to Omigbodun et al (as cited in Oderinde, et al., 2018).

In Delta State, although cases of depression are not entirely obvious and observable, suicide, which is mostly a manifestation of depression is on the increase. For instance, according to the Nation Newspaper, on May 18, 2020, an unidentified 13-year-old girl reportedly committed suicide in Warri, Delta State, following a beating she suffered from her sister for participating in sexual encounters. She used an insecticide and ended up behind a Total Filling Station at Warri Main Garage in the oil-rich city of Warri, where her body was found. On June 17, 2021, the Tribune Newspaper reported that a 12-year-old primary six pupils in Ekpan, Uvwie Local Government Area of Delta State committed suicide by shooting himself in the head. The incident occurred on Wednesday at River Road in Ekpan, next to a popular Catholic church, and was reported by witnesses. The youngster, who was claimed to be of Igbo ethnic descent, was said to have returned from school at approximately 3:00 p.m. and ran directly to his parent's apartment, bypassing his mother's shop as he had previously done.

According to Ukwu (2016), Azoma (2017) and Ebewore (2020), Delta State is ranked 4th among the seven leading States in Nigeria with the highest incidence of suicide. The Nation newspaper of February 26, 2021 reported that two lovers identified as Emmanuel Okikechukwu Ochiotu and Amaka Okafor, reportedly committed suicide in their home located in Enerhen, Uvwie council area of Delta state at the early hours of Thursday morning. In a different instance, a guy going by the name of Efe is said to have killed himself in Delta state's Okpe Council area's Okuokoko Community. The victim, who was reportedly in his 30s, was reportedly discovered dead in his flat on Sunday morning. He allegedly ingested poison before passing away (Nation Newspaper, September 14, 2020). The aforementioned incidents show that Delta State has a high rate of depression. Depression has a negative impact on the person. It can impede healthy development, create significant educational obstacles, and damage interpersonal connections with peers and families. In addition, Weersing et al. (2016) found a strong correlation between adolescent depression and adult depression, as well as suicidal thinking and behaviour. More than half of adolescent suicide victims are reported to have a depressive disorder at the time of death (Lancet, 2017)), making depression in adolescents a significant risk factor for suicide, which is the second- to third-leading cause of death in this age range. Additionally, depression increases the likelihood of smoking, substance abuse, and obesity while also having a major negative impact on social and academic functioning. Thus, to recognise and treat this disorder is important. However, before an effective treatment can be recommended, there is a need to recognise the factors that could predict depression among adolescents. Several factors have been suggested. However, the focus of the present study is on the possible influence of hope, social support and self-esteem on depression among secondary school students.

One concept that has recently gained relevance in the field of positive psychology is hope, a concept which has been described by numerous philosophers and authors over the centuries. Hope is a motivational state that helps an individual develop a positive expectation about future events. Higher hope in individuals is associated with satisfying outcomes of academics, sports, physical and psychological health. It plays an essential role in a successful transition from adolescence to satisfying adulthood. Adolescents with higher hope differed from those with average levels of hope because high hope is related to personal adjustment and global life satisfaction. Recently, professionals in psychology have tried to define and quantify hope in order to comprehend how it could affect a person's life (Samuel-Eliyahu, 2017). Snyder (1994) provided the most widely recognised operationalization of hope, which has served as the foundation for other investigations. According to Snyder's (1994) hope theory, hope is conceptualised as having three interrelated components; goals thinking, pathways thinking and agency thinking, which all begin to develop in early childhood. Goals serve as an anchor and function as a way of measuring hope, whereas pathways represent a person's perceived ability to develop specific strategies or routes to achieve a goal. Agency reflects the motivational component that ensures a person will be able to begin and sustain the effort required to follow a particular pathway towards a goal, even in the event of obstacles occurring in the pursuit of their goals (Edwards & McClintock, 2013).

Hope is an important phenomenon for all people across their lifetimes as it can function as a powerful protective factor. Research over the last few decades has found links between hope; psychological well-being and mental health outcomes in adults, and young people (Bernardo, 2015). Research on hope among adolescents supports the significance of this concept in the lives of adolescents, even though there is not as much research on it as there is on adults. Young people's hopeful thinking may be linked to greater psychological health and mental wellness, as well as higher perceived abilities, happiness in life, and more favourable opinions of oneself (Yeung et al., 2015). Furthermore, studies have concluded that how children think about their goals can make a difference in how they cope with life stressors (Esteves, et al., 2013). Evidence also suggests that hope is a significant predictor of psychological adjustment, a positive effect on school grades; conversely, hopelessness predicts suicide ideation (Niu, et al., 2020). People with low hope have been discovered to be at greater risk to report various health problems, such as the severity and frequency of disease. (Stevens, et al., 2018). Research reported that hope and optimism are important predictors of depression (Du, et al., 2016). Hope shows an inverse relation with depression and self-stigma (Schrank, et al., 2014).

One of the demographic variable that may moderate the relationship between hope and depression among secondary school adolescents is sex difference. Absolutely, the demographic variable of sex can indeed play a role in moderating the relationship between hope and depression among secondary school adolescents. This means that the impact of hope on depression may vary depending on whether the individual is male or female. Different societies and cultures often have distinct expectations and norms for how males and females should express their emotions and deal with challenges. These norms can influence how hope and depression manifest in each gender and consequently affect the relationship between the two. Boys and girls might have different

communication styles when it comes to expressing their feelings and seeking help. This can affect how they experience hope and depression, as well as how these feelings are perceived and understood by others. Males and females may employ different coping mechanisms when facing adversity. These coping strategies can influence the way hope functions as a protective factor against depression, and the way depression is experienced and managed. Biological differences between males and females, such as hormonal variations, can influence emotional regulation and responses to stress, potentially impacting the link between hope and depression. When conducting research on the relationship between hope and depression among secondary school adolescents, accounting for sex differences as a potential moderating variable can lead to a more nuanced understanding of the complexities involved.

Another variable of concern in this study is location. Given that location is a marker of levels of socio-economic advantages and disadvantages, a study of depression among urban and rural students become necessary. While some studies have shown that the rural students are more susceptible to depression (Lund & Cois, 2018), Ajaero, et al. (2018) found that adolescents in urban schools are more depressed compared to their rural counterparts. Furthermore, Ajaero, et al. (2017) showed that there were notable differences in the levels of depression and mental health among migrants and non-migrants in South Africa's provinces and districts. Probst, et al. (2016) found that people who live in rural areas are more likely than people who live in urban areas to experience situations, events, and actions that are health-challenging and may raise the incidence of depression. There is a higher chance of declaring fair or poor health, there is less physical activity, there is significant alcohol intake, and there are less frequent dental visits. (National Centre for Health Statistics, 2021). Rural residents are more likely to live in poverty than urban residents; poverty is associated with more morbidity (Auchincloss & Hadden, 2012).

The above observations and subsequent discussion emphasise the importance of conducting new research that examines the relationship among hope and depression among adolescents, who constitute a bulk of secondary school students in Delta State.

### **Statement of the Problem**

Most adolescents, especially in Delta State seem to have been exposed to different social, psychological and developmental challenges in the cause of their various interactions and these might have built up some stresses on them. Experience shows that life for many adolescents in Delta State is filled with mixed messages and conflicting demands from parents, teachers, friends and constituted authorities. Growing up to fit in well and express oneself effectively and efficiently in this social environment might not be an easy task for the growing youth. Interaction the researcher had with some of these students who face these challenges in counselling sessions, showed that such challenges might predispose them to depression. Depression, which is one of the most common forms of emotional problems experienced during adolescence, can be characterized by feelings of sadness, anxiety, fear, guilt, anger, contempt and confused thinking. Personal observation showed that some of these students seem to respond to the depressive symptoms by being less inclined to things they were used to doing, not interested in school or home activities. They might even attempt to run away from home or school, experience feelings of shame, failure or unworthiness. Others might even be thinking of committing suicide.

Several factors may account for the incidence of depression among secondary school students. These include self-esteem and interpersonal stressors and mental well-being. Others may also include exposure to psychosocial stressors; bullying victimization; and traumatic events. However, the variable of hope may have been grossly overlooked. The problem of this study therefore is, to what extent will hope predict depression among secondary school students in Delta State?

### **Research Questions**

The study was guided by the under-listed research questions:

1. What is the relationship between hope and depression among adolescents in secondary schools in Delta State?
2. What is the moderating impact of sex on the relationship between hope and depression among adolescents in secondary schools in Delta State?
3. What is the moderating impact of location on the relationship between hope and depression among adolescents in secondary schools in Delta State?

### **Hypotheses**

The research tested the under-listed hypotheses at 99% confidence level:

1. There is no significant relationship between hope and depression among adolescents in secondary schools in Delta State
2. There is no significant moderating impact of sex on the relationship between hope and depression among adolescents in secondary schools in Delta State
3. There is no significant moderating impact of location on the relationship between hope and depression among adolescents in secondary schools in Delta State

## **RESEARCH METHOD**

### **Research Design**

The study adopted a correlational research design. The correlational research design is a kind of design that investigates relationships between variables without the researcher controlling or manipulating any of them. The intensity and direction of the relationship between two or more variables are reflected in a correlation. A correlation may be positive or negative in direction.

### **Population of the Study**

The population of the study comprised all senior secondary school students in Delta State public secondary schools. The reason for choosing senior secondary school students is because students at this level of education are usually between the age bracket between 10 and 19, which has been identified as adolescent age bracket. As at the time of the time of carrying out this study, the total population size stood at 474 secondary schools and 128,026 senior secondary school students (61,401 males and 66,625 female students) in the 2021/2022 academic session (Ministry of Basic and Secondary Education, Asaba, 2022).

### **Sample and Sampling Techniques**

A total of 1,000 senior secondary school students formed the sample size for the study. The multi-stage sampling procedure was adopted in the study. For instance, in the first stage, the researcher sampled one school in each Local Government Area of the state to make a total of 25 schools. In doing this, the researcher adopted a simple random sampling technique of the balloting method. This method involved writing the name of all the schools in a particular Local Government Area in different sheets of paper, squeezed and put them in a container. Thereafter, the researcher picked one sheet of paper from the container to reveal what was written on it. Schools selected as part of this process were selected. This was done for the 25 Local Government Areas of Delta State.

In the second stage, the researcher selected the students from each of the selected schools. In doing this, the researcher adopted a proportionate stratified sampling technique, which means that the size of sample strata is proportional to the size of population strata; in other words, probability of unit being selected from the stratum is proportional to relative size of that stratum in population. The researcher in doing this, first determined the percentage of the sample size of

1,000 relative to the overall population of 128,026 students, which stood at 0.78%. Hence, for every Local Government Area, a percentage of 0.78 of the total population of students in that Local Government Area were selected (the computation is shown Appendix II). In the third stage, the researcher selected the students using stratified random sampling technique. The stratified sampling technique is a sampling technique which involve the researcher dividing subjects into subgroups called strata based on characteristics that they share (in this case, their sex). On a whole a total of 185 males and 201 female students were selected using this process.

### **Research Instrument**

Data for this study was collected using include Adolescent Hope Rating Scale (AHRS). The questionnaire is made up of two sections; A and B. Section A contains the demographic data of the respondents such as sex and school location; section B contains items on rating scales that will be used to elicit response of the respondents on the different variables of the study. The AHRS was adapted from Miller's Hope Scale, developed by Miller and Power (1988). It is made up of 40 items measuring adolescent hope about the future. The items were however, reduced to 22 after validation. The instrument was designed in light of important aspects of hope that emerged from both an exploratory examination of people's experiences with hope and from an in-depth review of the literature. The range of scores on the AHRS is 40 to 160, with high scores indicating high hope. The internal consistency alpha coefficient was 0.93 with a 2-week test-retest reliability of 0.82 (Miller & Powers, 1988).

### **Validity of the Instrument**

The face, content and construct validities of the research instrument was ascertained using different procedures. The face validity was estimated through experts' judgement. Copies of the instrument were printed and given to the research supervisors and other experts in the Department of Guidance and Counselling to screen. The experts made some suggestions in terms of spelling, sentence structure and grammar. Their suggestions were effected before a validation process was done on the instrument. In doing the validation process, the researcher administered the instrument on 100 students in locations different from the study area. The data obtained were subjected to a Principal Component Analysis (PCA) of factor analysis. The total cumulative variance was used to determine the content validity of the instrument. The result shows that adolescent hope sub-scale had 68.46% explained variance and 31.54% unexplained variance. This result implies that the scales have adequate content validity and therefore can be used for a research study. The rotated component matrix was used to determine the construct validity of the various scales in the instrument. The result shows that adolescent hope sub-scale had values that ranged between 0.52-0.85. This result implies that the instrument had an adequate construct validity and can therefore, be used for a research study.

### **Reliability of the Instrument**

In order to estimate the reliability of the instrument, the data obtained from the pilot-testing were subjected to a Cronbach alpha reliability coefficient, which estimate measures of internal consistency. It yielded coefficients which the researcher used to estimate the reliability of the instrument. The result shows that adolescent hope sub-scale had a coefficient of 0.75; adolescent social support sub-scale had a coefficient of 0.77; adolescent self-esteem sub-scale had a coefficient of 0.71; while adolescent depression sub-scale had a coefficient of 0.81. This result implies that the various sub-scales are reliable and can therefore, be used for a research study.

### **Method of Data Collection**

The researcher administered the questionnaire personally with the help of five research assistants. The research assistants were trained on the objectives of the study and how to go about the exercise. The research team visited the selected schools to administer the questionnaire. Prior to the administration, the research team sought and obtained permission from the principal of the various schools.

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For ethical purpose, no student was coerced to participate in the study. The activity was completely voluntary. The students were assured of confidentiality of their data. They were also reminded that they were free to discontinue whenever they feel uncomfortable with the process. The students were persuaded to as much as possible read the items carefully before responding to them. Salient areas were explained to them for clarity. The research team monitored and ensured that all copies of the instrument were properly filled and returned in good condition. The administration lasted for a period of six weeks in secondary schools across Delta State.

### Method of Data Analysis

The data obtained were collated, coded and entered into a computer system with the aid of the Statistical Package for Social Sciences (SPSS) version 26. After entering the data into the computer system, they were screened for error and corrected where appropriate before actual data analysis. The research questions were answered with the aid of Pearson's coefficient of determination. Hypotheses 1-4 were tested with regression statistics while hypotheses 5-10 were tested with Fisher's Z statistics. The hypotheses were tested at 0.05 level of significance. The reason for the use of 0.05 level of significance is because it corresponds to a p-value threshold of 0.05. When the p-value falls below this threshold, it is commonly interpreted as providing evidence against the null hypothesis. Using this significance level helps researchers in making consistent interpretations of statistical results.

### RESULTS AND DISCUSSION

In this chapter, the data obtained was presented and analysed based on the research questions and hypotheses raised.

#### Presentation of Data

**Research Question 1:** What is the relationship between hope and depression among adolescents in secondary schools in Delta State?

**Table 1:** Pearson's correlation and coefficient of determination of the relationship between hope and depression among adolescents in secondary schools in Delta State

Variable	N	Mean	SD	R	r <sup>2</sup>	r <sup>2</sup> %	Decision
Hope		70.02	8.38				Negative Relationship
Depression	1000	38.06	9.53	-0.231	0.053	5.3	

Table 1 shows the result of a Pearson's correlation and coefficient of determination, which the researcher used to find out the relationship between hope and depression among adolescents in secondary schools in Delta State. The result shows a negative relationship between hope and depression among adolescents ( $r = -0.231$ ;  $r^2 = 0.053$ ;  $r^2\% = 5.3$ ). From the result shown above, hope contributed 5.3% to the variation in depression among adolescents in secondary schools in Delta State. The negative relationship observed in the result indicates that the higher the level of hope, the lower the level of depression among the students. On the other hand, the lower the level of hope, the higher the level of depression among the students.

**Research Question two:** What is the moderating impact of sex on the relationship between hope and depression among adolescents in secondary schools in Delta State?

**Table 2:** Pearson's correlation and coefficient of determination of the moderating impact of sex on the relationship between hope and depression among adolescents in secondary schools in Delta State

Sex	Variable	N	Mean	SD	r	r <sup>2</sup>	r <sup>2</sup> %	Decision
Male	Hope		69.20	9.03				Negative Relationship
	Depression	422	38.16	9.78	-0.234	0.055	5.5	
Female	Hope		70.62	7.83				Negative Relationship
	Depression	578	37.99	9.36	-0.229	0.052	5.2	

Table 2 shows the result of a Pearson's correlation and coefficient of determination, which the researcher used to find out the moderating impact of sex on the relationship between hope and depression among adolescents in secondary schools in Delta State. The result shows a negative relationship between hope and depression among male and female adolescents ( $r = -0.234$ ;  $r^2 = 0.055$ ;  $r^2\% = 5.5$  for male and  $r = -0.229$ ;  $r^2 = 0.052$ ;  $r^2\% = 5.2$  for female). From the result shown above, hope contributed 5.5% and 5.2% to the variation in depression among male and female students respectively. The negative relationship observed in the result indicates that the higher the level of hope, the lower the level of depression among the students. On the other hand, the lower the level of hope, the higher the level of depression among the students.

**Research Question three:** What is the moderating impact of location on the relationship between hope and depression among adolescents in secondary schools in Delta State?

**Table 3:** Pearson's correlation and coefficient of determination of the moderating impact of location on the relationship between hope and depression among adolescents in secondary schools in Delta State

Location	Variable	N	Mean	SD	r	r <sup>2</sup>	r <sup>2</sup> %	Decision
Urban	Hope		70.73	8.14				Negative Relationship
	Depression	677	38.29	9.68	-0.255	0.065	6.5	
Rural	Hope		68.54	8.69				Negative Relationship
	Depression	323	37.60	9.21	-0.201	0.040	4.0	

Table 3 shows the result of a Pearson's correlation and coefficient of determination, which the researcher used to find out the moderating impact of location on the relationship between hope and depression among adolescents in secondary schools in Delta State.

The result shows a negative relationship between hope and depression among urban and rural adolescents ( $r = -0.255$ ;  $r^2 = 0.065$ ;  $r^2\% = 6.5$  for urban and  $r = -0.201$ ;  $r^2 = 0.040$ ;  $r^2\% = 4.0$  for rural). From the result shown above, hope contributed 6.5% and 4.0% to the variation in depression among urban and rural students respectively. The negative relationship observed in the result indicates that the higher the level of hope, the lower the level of depression among the students. On the other hand, the lower the level of hope, the higher the level of depression among the students.

**Hypothesis 1:** There is no significant relationship between hope and depression among adolescents in secondary schools in Delta State

**Table 4:** Regression analysis of the relationship between hope and depression among adolescents in secondary schools in Delta State

**Model Summary**

<i>R</i>	<i>R</i> <sup>2</sup>	<i>Adj. R</i> <sup>2</sup>	<i>Std Error</i>		
.231 <sup>a</sup>	.053	.052	9.28188		
<b>ANOVA</b>					
	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>Sig.</i>
Regression	4831.095	1	4831.095	56.076	.000 <sup>b</sup>
Residual	85894.805	997	86.153		
Total	90725.900	998			
<b>Coefficient</b>					
	<b>Unstandardized Coefficients</b>		<b>Standardized Coefficient</b>	<i>t</i>	<i>Sig.</i>
	<b>B</b>	<b>Std. Error</b>	<b>B</b>		
(Constant)	56.445	2.472		22.833	.000
Hope	-.262	.035	-.231	-7.488	.000

Table 4 shows the result of a regression statistics, which the researcher used to find out the relationship between hope and depression among adolescents in secondary schools in Delta State. The result shows a significant relationship exists between hope and depression among adolescents  $F(998) = 56.076$ ,  $p < 0.05$  alpha level. Hence, the null hypothesis is rejected. As shown in the  $R^2$  value of 0.053, hope contributed 5.3% to the variation in depression among adolescents. Hope predicted depression with the unstandardized regression coefficient (B) of -0.262; with the standardized coefficient ( $\beta$ ) of -0.231,  $t = -7.488$ ,  $p < 0.05$  alpha level.

**Hypothesis 2:** There is no significant moderating impact of sex on the relationship between hope and depression among adolescents in secondary schools in Delta State

**Table 5:** Pearson's correlation and Fisher's Z statistics of the moderating impact of sex on the relationship between hope and depression among adolescents in secondary schools in Delta State

<b>Sex</b>	<b>Variable</b>	<i>N</i>	<b>Mean</b>	<i>SD</i>	<i>r</i>	<b>Fisher-z</b>	<b>Remark</b>
Male	Hope	422	69.20	9.03	-0.234	0.079	Not Significant
	Depression		38.16	9.78			
Female	Hope	578	70.62	7.83	-0.229		
	Depression		37.99	9.36			

Table 18 shows a multiple correlation analysis, which was used to examine the moderating impact of sex on the relationship between hope and depression among adolescents in secondary schools in Delta State. The result shows that for male students,  $r = -0.234$ , while for female students,  $r = -0.229$ ;  $Z_{Obs} = 0.079$ . Hence, the null hypothesis is accepted, indicating that there is no significant moderating impact of sex on the relationship between hope and depression among adolescents in secondary schools in Delta State (See Appendix VII).

**Hypothesis 3:** There is no significant moderating impact of location on the relationship between hope and depression among adolescents in secondary schools in Delta State

**Table 6:** Pearson's correlation and Fisher's Z statistics of the moderating impact of location on the relationship between hope and depression among adolescents in secondary schools in Delta State

<b>Location</b>	<b>Variable</b>	<i>N</i>	<b>Mean</b>	<i>SD</i>	<i>r</i>	<b>Fisher-z</b>	<b>Remark</b>
Urban	Hope	677	70.73	8.14		0.921	Not Significant
	Depression		38.29	9.68	-0.255		
Rural	Hope	323	68.54	8.69			
	Depression		37.60	9.21	-0.201		

Table 6 shows a multiple correlation analysis, which was used to examine the moderating impact of location on the relationship between hope and depression among adolescents in secondary schools in Delta State. The result shows that for urban students,  $r = -0.255$ , while for rural students,  $r = -0.201$ ;  $Z_{Obs} = 0.921$ . Hence, the null hypothesis is accepted, indicating that there is no significant moderating impact of location on the relationship between hope and depression among adolescents in secondary schools in Delta State.

## Discussion of Findings

### Hope and Depression among Adolescents in Secondary Schools in Delta State

The first finding revealed a significant negative relationship between hope and depression among adolescents in secondary schools in Delta State. Hope contributed 5.3% to the variation in depression among adolescents in secondary schools in Delta State. The negative relationship observed in the result indicates that the higher the level of hope, the lower the level of depression among the students. On the other hand, the lower the level of hope, the higher the level of depression among the students. The possible reason for this finding is that hope is an important phenomenon for all people across their lifetimes as it can function as a powerful protective factor. Research over the last few decades has found links between hope; psychological well-being and mental health outcomes in adults, and young people (Bernardo, 2015). Studies of hope among adolescents show its importance in their lives, despite not having as extensive a literature as studies of hope in adults.

The aforementioned finding is consistent with Yeung, et al.'s (2015) research, which indicates that young people's hopeful thinking is frequently linked to improved mental and emotional health, higher perceived ability, life fulfilment, and more good self-image. The finding also supports the finding of Esteves, et al. (2013), which shows that how children think about their goals can make a difference in how they cope with life stressors. The finding is further in line with Niu, et al. (2020), who found that hope is a significant predictor of psychological adjustment, a positive effect on school grades; conversely, hopelessness predicts suicide ideation. The finding also agrees with Du, et al. (2016), who reported that hope and optimism are important predictors of depression. The finding is further consistent with the finding of Schrank, et al. (2014), which shows that hope have an inverse relation with depression and self-stigma.

### Sex, Hope and Depression among Adolescents in Secondary Schools in Delta State

The second finding revealed no significant moderating impact of sex on the relationship between hope and depression among adolescents in secondary schools in Delta State. Hope contributed 5.5% and 5.2% to the variation in depression among male and female students respectively, which is not statistically significantly different. This finding suggests that the relationship between hope and depression may not be different for male than for females. The possible reason for this finding may be because of the fact that at the adolescent level of development, both boys and girls may exhibit similar changes in terms of social and emotional behaviour. Hence, sex will not influence the relationship between hope and depression.

The above finding is in line with Ling, et al (2016), who reported no significant sex differences in each of the hope groups in their sample. The finding also agrees with Vacek, et al (2010), who reported no significant differences in hope scores between sexes. The finding is however, at variance with the finding of Wong and Lim (2009), which suggests that males obtained higher scores on both the total scale and hope subscales than females. The finding also disagrees with the findings of Ciarrochi, et al (2015) who found that females had higher hope scores than males.

### Location, Hope and Depression among Adolescents in Secondary Schools in Delta State

The third finding showed no moderating impact of location on the relationship between hope and depression among adolescents in secondary schools in Delta State. Hope contributed 6.5% and 4.0% to the variation in depression among urban and rural students respectively, which is not statistically significantly different. This finding shows that sex does not influence the relationship that may exists between hope and depression. The reason for this finding may be because of the fact that the influence of hope on depression may be the same for urban and for rural students, due to the nature of the developmental tasks of adolescents that cut across schools in urban and rural areas. Adolescents in urban and rural areas often pass through similar developmental milestones. So it is possible that the influence of hope on depression level will not be different for urban and rural students.

## Conclusion

Based on the findings of the study, the researcher concluded that hope is a factor that can predict depression among adolescents in secondary schools. This means that the level of hope exhibited by adolescents can help forecast their likelihood of experiencing depression. This finding implies that individuals with higher levels of hope might be less likely to experience depression, and vice versa. Sex did not moderate the relationship between hope and depression. This means that the impact of hope on depression is consistent across both male and female adolescents. In other words, the connection between hope and depression does not differ significantly based on the gender of the individuals involved. Also, location did not moderate the relationship between hope and depression.

## Recommendations

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

1. Guidance counsellors should give a proper talk and properly guide the students on the need to be hopeful in order to prevent depression
2. Guidance counsellors and other stakeholders should be mindful of the joint impact of hope on depression among adolescents in secondary schools, and make efforts towards reducing the level of depression among adolescents in secondary schools
3. Adolescent students in rural schools should be made to undergo periodic training on how to renew their hope.

## REFERENCES

- Ajaero C.K, Nzeadibe, C.T. & Igboeli. E.E(2018). Rural-urban differences in the prevalence and predictors of depression among adolescents in South Africa S. Afr. J. Child Health, 12 (2 Suppl.1), 71-74, 10.7196/SAJCH.2018.v12i2.1509
- Ajaero C.K, Ajaero, C.O. Odimegwu, V., & Obisie-Nmehielle, C. N. (2017). The influence of internal migration on mental health status in South Africa. *Int. J. Ment. Health Promot.*, 19 (4), 189-201.
- Asselmann, E., Wittchen, H. U., Lieb, R., & Beesdo-Baum, K. (2018). Sociodemographic, clinical, and functional long-term outcomes in adolescents and young adults with mental disorders. *Acta Psychiatr Scand.* 137(1), 6-17. doi:10.1111/acps.12792
- Ciarrochi, J., Parker, P., Kashdan, T. B., Heaven, P. C. L., & Barkus, E (2015). Hope and emotional well-being: A six-year study to distinguish antecedents, correlates, and consequences. *The Journal of Positive Psychology*, 10(6), 520–532. <https://doi.org/10.1080/17439760.2015.1015154>
- Du, H., King, R. B., & Chu, S. K (2016). Hope, social support, and depression among Hong Kong youth: Personal and relational self-esteem as mediators. *Psychology, Health & Medicine*, 21(8), 926-931.
- Edwards, L. M., & McClintock, J. B (2013). *Promoting hope among youth: Theory, research, and practice*. In Research, Applications, and Interventions for Children and Adolescents: A Positive Psychology Perspective (pp. 43–55). [https://doi.org/10.1007/978-94-007-6398-2\\_4](https://doi.org/10.1007/978-94-007-6398-2_4)
- Esteves, M., Scoloveno, R. L., Mahat, G., Yarcheski, A., & Scoloveno, M. A (2013). An Integrative Review of Adolescent Hope. *Journal of Pediatric Nursing*, 28(2), 105-113. <https://doi.org/10.1016/j.pedn.2012.03.033>
- Lancet (2017). Suicide prevention: keeping the momentum. *The Lancet Global Health*, 5(9), e838. doi: 10.1016/S2214-109X(17)30308-X
- Ling, Y., Huebner, E.S., Fu, P., Zeng, Y. and He, Y.A (2016) Person-Oriented Analysis of Hope in Chinese Adolescents. *Personality and Individual Differences*, 10, 446-450. <https://doi.org/10.1016/j.paid.2016.06.048>
- Lundervold, A. J., Breivik, K., Posserud, M. B., Stormark, K. M., and Hysing, M (2013). Symptoms of depression as reported by Norwegian adolescents on the Short Mood and Feelings Questionnaire. *Front. Psychol.* 4:613. doi: 10.3389/fpsyg.2013.00613
- Niu, L., Jia, C., Ma, Z., Wang, G., Sun, B., Zhang, D., & Zhou, L (2020). Loneliness, hopelessness and suicide in later life: A case-control psychological autopsy study in rural China. *Epidemiology & Psychiatric Sciences*, 29, e119. <https://doi.org/10.1017/S2045796020000335>
- Oderinde, K.O., Dada, M.U., Ogun, O.C., Awunor, N.S., Kundi, B.M., Ahmed, H.K., Tsung, A.B., Tanko, S.T. and Yusuff, A.A (2018) Prevalence and Predictors of Depression among Adolescents in Ido Ekiti, South West Nigeria. *International Journal of Clinical Medicine*, 9, 187-202. <https://doi.org/10.4236/ijcm.2018.93017>
- Onuh, J.C. Mbah P O., Ajaero., V.K., Orjiakor, C.T., Emeka E. I., Chijioko K. A. (2021). Rural-urban appraisal of the prevalence and factors of depression status in South Africa. *Journal of Affective Disorders Reports*, 4, 1-16,
- Samuel-Eliyahu, P (2017). Hope, Future Values and Social Comparison as Predictors of Mental Health and Well-Being in Adolescents. Unpublished PhD thesis, University College London.
- Schrank, B., Amering, M., Hay, A. G., Weber, M., & Sibitz, I (2014). Insight, positive and negative symptoms, hope, depression and selfstigma: A comprehensive model of mutual influences in schizophrenia spectrum disorders. *Epidemiology & Psychiatric Sciences*, 23(3), 271-279.
- Snyder, C. R (1994). *The psychology of hope: You can get there from here*. New York: Simon and Schuster.
- Stevens, E. & Guerrero, M. & Green, A. & Jason, L. (2018). Relationship of hope, sense of community, and quality of life. *Journal of Community Psychology*. 46. 10.1002/jcop.21959.
- Thapar, A., Collishaw, S., Potter, R., &Thapar, A. K (2010). Managing and preventing depression in adolescents. *BMJ (Clinical research ed.)*, 340, c209.
- Uddin R, Burton NW, Maple M, Khan SR, Khan A (2019) Suicidal ideation, suicide planning, and suicide attempts among adolescents in 59 low-income and middle-income countries: A population-based study. *Lancet Child Adolesc Health* 3:223–233.
- Vacek, K. & Coyle, L. & Vera, E. (2010). Stress, self-esteem, hope, optimism, and well-being in urban, ethnic minority adolescents. *Journal of Multicultural Counseling and Development*. 38. 10.1002/j.2161-1912.2010.tb00118.x.
- Weersing VR, Jeffreys M, Do MCT, Schwartz K, Bolano C. Evidence base update of psychosocial treatments for child and adolescent depression. *J Clin Child Adolesc Psychol* (2016) 46:1–33. doi: 10.1080/15374416.2016.1220310
- WHO (2019) Suicide in the world: global health estimates. World Health Organisation, Geneva
- Yeung, D. Y., Ho, S. M. Y., & Mak, C. W. Y (2015). Brief report: Attention to positive information mediates the relationship between hope and psychosocial well-being of adolescents. *Journal of Adolescence*, 42, 98–102. <https://doi.org/10.1016/j.adolescence.2015.04.004>
- Yoon, S., & Kim, Y. K (2018). Sex differences in depression. In Y. K. Kim (Ed.), *Understanding depression*, 297-307. Springer. [https://doi.org/10.1007/978-981-10-6580-4\\_24](https://doi.org/10.1007/978-981-10-6580-4_24)
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