

# THE INFLUENCE OF LOW SELF ESTEEM AND PEER PRESSURE ON DEPRESSION AMONG ADOLESCENT IN SELECTED SECONDARY SCHOOLS IN OGUN STATE NIGERIA

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## Abstract

The rates of young people who get depressed are the highest of all psychological disorders among their age group and these disorders affect millions of youngsters. The issue of depression is a major social problem because a depressed person usually has a sense of hopelessness and despair which can lead to suicide. Having a knowledge and awareness on correlates of depression among adolescent will help in preventing depression, and empowering community and schools to developing preventive programmes. The population of the study in total was 5478 which made up the totality of students in the local government and 400 respondents was drawn in strata from the four towns selected. Psychosocial risk factors (low self-esteem and peer pressure) of depression were measured, with a validated scale. Result showed that there was a positive significant relationship between depression and peer pressure among adolescents ( $r = .502$ ,  $N = 397$ ,  $p = .000$ ) implying that peer pressure contribute to the development of depression in adolescents. Also, findings showed that the analysis of the variance of the multiple regression data produces an F-ratio value significant at 0.05 level ( $F_{1,395} = 123.582$ ;  $P = .000$ ). This finding implies that the lower the self-esteem of adolescents, the greater the likelihood of the onset of depression in them. The study validated that Low self-esteem and Peer pressure positively influence depression in that both peer pressure and low self-esteem contribute to the development of depression in adolescents. The study also established the relationship between depression as a dependent variable, low self-esteem and peer pressure as independent variables.

**Keywords:** Depression, Low self Esteem, Peer Pressure, Psychosocial

## Introduction

Depression is a common mental disorder that presents with depressed moods, loss of interest or pleasure, decreased energy, feeling of guilt or low self-worth, disturbed sleep or appetite, and poor concentration. Moreover, depression often comes with symptoms of anxiety. These problems can become chronic or recurrent and lead to substantial impairments in an individual's ability to take care of his or her everyday responsibilities. At its worst, depression can lead to suicide. Almost 1 million lives are lost yearly due to suicide, which translate to about 3000 suicide deaths every day. For every person who completes a suicide, 20 or more may attempt to end his or her life (WHO, 2012).

There are multiple variations of depression that a person can suffer from, with the most general distinction being depression in people who have or do not have a history of manic episodes (WHO, 2012). In a depressive episode, symptoms such as depressed mood, loss of interest and enjoyment, and

increased fatigability are seen. Depending on the number and severity of symptoms, a depressive episode can be categorized as mild, moderate, or severe. An adolescent with mild depressive episode will have difficulty in continuing with ordinary work and social activities, but will probably not cease to function completely. During a severe depressive episode, on the other hand, it is very unlikely that the sufferer will be able to continue with social, work, or domestic activities, except to a very limited extent. (WHO, 2012). On the other hand, a bipolar affective disorder typically consist of both manic and depressive episode separated by periods of normal mood. Manic episodes involves elevated mood and increased energy, resulting in over-activity, pressures of speech and decreased need for sleep. (WHO, 2012). Rates of unipolar depression before puberty are significantly low but rise from early teens. Adolescents depression which is on the increase nowadays is associated with a range of adverse later consequences including suicidality, problems with social functioning, poor physical and mental health (Maughan, Collishaw & Stringaris, 2013)

Self-esteem is defined as an individual's evaluation of his/her worth as a person, and is related to personal and social life outcomes (Steiger, Allemand, Robins & Fend, 2014). Although self-esteem is regarded as a rather stable part of personality, it also fluctuates depending on recent fails or accomplishments (Telles, Singh & Bhardwaj, 2013). There is an association between low self-esteem and negative outcomes for young people's behavioural and mental health problems, including health-compromising behaviours such as substance abuse, early sexual activity, and eating problems (Keane & Loades, 2017)). Although it is well documented that low self-esteem and depression are related but there has been a robust argument on the relationship between low self-esteem and depression .

The relationship between self-esteem and depression has been extensively studied in health research over the past decade (Orth & Robins, 2013; Sowislo & Orth, 2013; Steiger et al. 2014) and two important models have been found to explain the relationship. One of these explanations is the Vulnerability model which states that Low self-esteem is a risk factor for depression and anxiety and the other is the Scar model which states that low self-esteem is an outcome, not a cause of depression and anxiety (Giovanna, Giorgio, Sonia, Maria & Sandro, 2016). Adolescence is a challenging developmental phase with many physical and psychological changes, which may generate stress.

According to Erikson, adolescence is the age in which people must set up an identity to escape identity diffusion and confusion. At this age, adolescent give much importance to their friends who have a power over them. Peer pressure as the influences from members of the same group. Indeed peer pressure is one of the most factors that influences the adolescent's psychological development and leads to depression. According to Bronfenbrenner (as cited in Oswald & Suss, 1988) a Russian psychologist who had developed many theories in the developmental psychology, asserts, 'the first level of the ecology or the context of human development is the microsystem (that is) family, school, peer groups as well as the specific culture within which the family identifies . This means that adolescents are mostly influenced by their families and their surroundings. In previous findings, family was the only responsible for adolescents' behavior, especially in what concerns academic achievement (Oswald & Suss, 1988).

Depression in adolescents is a serious psychiatric illness and has a serious consequences for life and also health. The incidence of adolescents suffering from depressive disorders seems to be increasing and early depression increases the risk of depression in later life. Depression in teenagers has a serious negative consequence for education, relationship, general functioning and health and many adolescents engage In self-harming behaviors(Wenche, Ole, Manjit & Kaj, 2016). Not only this, once depression sets

in, it can become fatal due to its association with suicide in addition to the challenges of its immediate clinical and social consequences. Finding risk factors that play a central role in the etiology of depression is critical for the development of prevention and treatment programs for the adolescents and it is in this view that this research examined the influence of low self-esteem and peer pressure on depression among adolescent.

## **Methods**

**Research design:** The study adopted a correlational research design. This is so because this method enabled the researchers to understand the relationship that occurs between the variables of the study.

**Population of the study:** The population of the study was 5478 students of 4 public secondary schools from Ikenne Local government area of Ogun state, Nigeria.

**Sample and sampling techniques:** A sample size of 400 respondents was used. The sampling technique used was the multi stage technique. Firstly, the local government was divided into five major administrative zones as Ikenne, Ilishan, Iperu, Ogere, and Irolu respectively. Secondly, random sampling technique was used to select the four towns out of the five. Also, one secondary school each was selected from the four towns while 100 students each were selected randomly from each school, making 400 participants in all.

**Instrumentation:** The validated questionnaires of Beck scale of depression, Rosenberg self-esteem scale and WHO childhood adversity scale were adapted for the study. The questionnaire was divided into (2) sections. **Section A:** This contained the demographic information of the respondent such as age, religion, ethnicity and respondent level of education. **Section B:** This consisted of adapted questions from the validated Beck scale of depression, Rosenberg self-esteem, WHO childhood adversity scale and peer pressure to generate questions relating to the psychosocial risks factors of depression among the adolescent in selected secondary schools. The respondents were asked to respond to four point questions ranging from Strongly Agree (SA), Agree (A), Strongly Disagree (SD) and Disagree (D). A pretest was done using a sample of 40 respondents from a similar population to measure the internal consistency of the instrument. A Cronbach's alpha of 0.766 was achieved before the instrument was used for the study.

**Method of data analysis:** The data collected were analyzed using simple linear regression and correlation matrix respectively.

## Results

**H<sub>01</sub>:** There is no significant influence of low self-esteem on depression among the adolescents.

**Table 1: Results of linear regression analysis to determine the influence of low self-esteem on depression**

Model	Sum of Squares	Df	Mean Square	F	Sig.	Remarks
Regression	723.093	1	723.093	123.582	.000 <sup>b</sup>	Significant
Residual	2311.185	395	5.851			
Total	3034.277	396				

R=.488<sup>a</sup>  
R square=.238  
Adjusted R square=.236

a. Dependent Variable: depression

b. Predictors: low self-esteem

Table 1 shows that the independent variable (low self-esteem) yielded a coefficient of multiple regression R (adjusted) of 0.488, and a multiple R<sup>2</sup> (adjusted) of 0.236. This implies that 23.6% of the variance in adolescents' depression is accounted for by the low self-esteem. The table reveals that the analysis of the variance of the multiple regression data produces an F-ratio value significant at 0.05 level ( $F_{1,395} = 123.582$ ;  $P = .000$ ). This finding implies that the lower the self-esteem of adolescents, the greater the likelihood of the onset of depression in them

**H<sub>02</sub>:** There is no significant relationship between depression and peer pressure among adolescents.

**Table 2: The Pearson product-moment correlation coefficient of depression and peer pressure among adolescents**

		Depression	Peer Pressure
<b>Depression</b>	Pearson Correlation	1	.502**
	Sig. (2-tailed)		.000
	N	397	397
	Pearson Correlation	.000	1
<b>Peer Pressure</b>	Sig. (2-tailed)	.502**	
	N	397	397

\*\* = significant at less than 0.05

Table 2 above showed that there was a positive significant relationship between depression and peer pressure among adolescents ( $r = .502$ ,  $N = 397$ ,  $p = .000$ ). Therefore, the earlier set hypothesis was rejected while the alternate hypothesis was accepted. This finding implies that peer pressure increases the likelihood of depression in adolescents i.e. depression is positively influenced in adolescents by peer pressure.

## Discussion of findings

Findings from this research showed that there is an influence of low self-esteem on depression. Being that depression is positively influenced by low self-esteem. Adolescents with low self-esteem are more prone to development of depression. This is also the opinion of Thapar, Collishaw, Potter and Thapar, (2010), where he validated that low self-esteem in young adulthood has a detrimental impact on depression in middle adulthood. In the same vein, Erol and Orth (2011) also buttressed this by admitting that Low self-esteem is not only associated to depression, but it's also associated to other conditions such as learning disorders, antisocial behavior, eating disorder, and suicidal ideation. In the submission of Masselink, Van Roekel and Oldehinkel, (2018), ample research has shown that low self-esteem increase the risk to develop depressive symptoms during adolescence. He did not fail to note that the mechanism underlying the association was largely unknown, as well as how adolescents with low self-esteem remain vulnerable to developing depressive symptoms.

The Vulnerability model which states that low self-esteem functions as a predictor for the development of depressive symptoms and the scar model which assumes that depressive symptoms leaves scar in individuals resulting in lower self-esteem were validated by Steiger et al, (2015) who also noted that both adolescent self-esteem and depressive symptoms were prospectively related to adult self-esteem and depressive symptoms three decades later. The findings from a study by Rawanaand Morgan, (2014) revealed that Adolescent girls were at increased risk for depressive symptoms throughout adolescence and young adulthood compared to boys; this effect was compounded by low levels of self-esteem across adolescence and young adulthood.

The study's findings also contributed to basic etiologic research regarding the trajectory of depressive symptoms in adolescence and young adulthood suggesting that mid-adolescents may be most vulnerable to depression compared to other adolescent age groups. The findings among other things also underscore the importance of fostering positive self-esteem among adolescent girls and young women to prevent depression. More so, a relationship between peer pressure and depression was established in the study, which correspond with the finding from a study by Biggs, Nelson and Sampilo, (2010) where it was noted that Contrary to expectations, qualities of adolescents' best friendships did not emerge as mediators of, and were largely unrelated to symptoms of anxiety and depression. Implications of the findings as added included the importance of addressing peer relations difficulties, especially peer acceptance and victimization, in the treatment of anxiety and the prevention of depression among anxious youth. Also, La Greca and Harrison, (2015) opined that Peer crowd affiliations (high and low status), positive qualities in best friendships, and the presence of a dating relationship protected adolescents against feelings of social anxiety, whereas relational victimization and negative interactions in best friendships predicted high social anxiety. In contrast, affiliation with a high-status peer crowd afforded some protection against depressive affect; however, relational victimization and negative qualities of best friendships and romantic relationships predicted depressive symptoms. Some moderating effects for ethnicity were observed. Findings indicate that multiple aspects of adolescents' social relations uniquely contribute to feelings of internal distress.

In a study in Kenya by Mugambi and Gitonga (2015), it was revealed that adolescents' exposure to the conflicting relationship with parents, traumatic life experiences, peer pressure, broken relationships, and school related problems are the major psychosocial risk factors for depression in Nairobi County thus supporting the finding from the research. Although it was noted that a more

comprehensive research is recommended to examine the extent of psychosocial risk factors for depression in Kenyan schools.

## Conclusion

Depression which is a major mental disorder and a high risk factor for suicide was formally a mental condition of the adults but has now become common with the adolescents. Depression in adolescents is very common, could be severe and could be life threatening. Several factors have contributed to the onset of, and worsening of this condition in adolescents. Identifying the risk factors for depression in adolescents is a major panacea in the treatment/management of depression as no vaccine is available for its cure. As identified and validated by this study, Low self-esteem and Peer pressure are risk factors for depression in adolescents. Having identified and validated these factors, efforts must be geared toward reducing the incidences of these factors in order to prevent depression in adolescents.

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