



INSTITUTIONAL AND SOCIOECONOMIC FACTORS ASSOCIATED WITH DEPRESSION AMONG UNDERGRADUATES AT A NIGERIAN UNIVERSITY.

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ABSTRACT

Depression among university undergraduates remains a crucial public mental health concern, particularly within low and middle-income contexts where structural stressors intersect with academic demands. Guided by biopsychosocial and cognitive vulnerability-stress frameworks, this study examined the associations between institutional and socioeconomic factors and depressive symptoms among undergraduates in Ibadan, Nigeria. A cross-sectional correlational design was employed with 397 students from a public and a private university. Participants completed the Patient Health Questionnaire-9 (PHQ-9), a modified Lecturer Competence Scale, and a subjective SES measure. Findings indicated a notable prevalence of depressive symptoms. Perceived lecturer competence was not significantly associated with depressive symptoms ($F(1, 394) = 0.835, p > .05$). In contrast, perceived SES showed a statistically significant association ($F(2, 394) = 5.094, p < .01$); students reporting lower SES exhibited higher depressive symptomatology. The association reflects a moderate, clinically meaningful effect. Although causal inferences are limited by the cross-sectional design, the findings highlight the importance of situating undergraduate depression within broader socioeconomic and institutional ecologies. This study contributes to global depression research by demonstrating that structural socioeconomic disadvantage outweighs perceived instructional competence in shaping depressive outcomes in non-Western university contexts, emphasizing the need for equity-sensitive approaches to student mental health.

Keywords: Depression, Nigerian undergraduates, perceived lecturers' competence, Socioeconomic Status.

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INTRODUCTION

Depression is a prevalent mental illness. It is characterized by a protracted period of low mood, loss of pleasure, or lack of interest in activities. A depressive state is not the same as normal mood swings or feelings related to daily living. It can have an impact on all facets of life, including ties to friends, family, and the community. It may originate from or contribute to issues at work and in the classroom, therefore anyone can experience depression. Depression is more likely to strike those who have experienced abuse, significant losses, or other stressful situations. Compared to men, women experience depression at a higher rate (WHO, 2023).

Depression can be classified as mild, moderate, or severe. The factors that determine this classification have to do with the number of occurrences, the intensity of the symptoms and the level of impact the condition has on the person's functioning. The depressive disorder can have different patterns. It can occur as a single episode which means that the patient experienced depression only once. It can also occur as a recurrent disorder, this implies that the

person has a history of minimum of two episodes in the past. It can also occur as a bipolar disorder. This means that the patient experiences manic symptoms in between the episodes. These manic symptoms are increased talkativeness, racing thoughts, increased self-esteem, decreased need for sleep, distractibility, and impulsive reckless behavior (WHO, 2023, 2024).

Several factors have been found to be responsible for the occurrence of depression, which could be Genetic, social, psychological and environmental factors which do interact together to predispose a person to depression or depressive disorder (WHO). Since everyone is one way or the other affected by these factors, depression is replete in every human population, becoming more commonplace at a startling rate. The most urgent public health issues are depression disorders, which are linked to significant impairment, comorbidity, low quality of life, and high mortality. It affects people's capacity to engage in community life, economic activity, education, and social and cultural interactions. Young adults with depression are also at risk for suicide and suicidal thoughts (WHO, 2023).

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Depressive disorder is prevalent in general population, but it is also very common among university undergraduates. Many studies have focused on this population because of their peculiarity. The university undergraduates are passing through a crucial transitional stage from adolescence to adulthood. This phase of transition includes critical processes such as an increase in hormones, emotional upheaval, and identity formation that can result in crises, such as low self-esteem, social disengagement, loneliness, and self-doubt. Students in universities face a variety of challenges, including changes in location, being apart from family members, academic stress, and financial difficulties. These experiences force them to learn new coping techniques. As a result, university students everywhere are more likely to experience the effects of mental health issues, including depression (Ahmed et al. 2020).

Numerous studies conducted across the world have revealed varying levels of depression prevalence among college students, ranging from 4% to 79.2%. According to a comprehensive analysis of 35 research done among Iranian university students between 1995 and 2012, 33% of them have depression (Ahmed et al. 2020). The frequency of depression ranged from

33% to 41% in several American countries. According to a survey on several European nations, the prevalence of depression varies from 6.1% to 34.2%. According to research conducted in several Asian nations, the prevalence of depression varies from 4.2% to 79.2%. According to a survey done in African universities, depression affects 16.2% to 67% of people. The rate of depression among students in Ethiopia ranges between 29.1% and 32.2%. (Adeleke et al. 2023).

In Nigeria, data on the prevalence of mental illness among Nigerian undergraduate students reveal that depression is a serious problem among the population, and the public has not given undergraduate students' mental health issues the attention it deserves. Between October 2022 and May 2023, a cross-sectional study was carried out at Bowen University Hospital in Iwo, Osun State, Nigeria, involving 877 undergraduate students. The percentage of students with mild, moderate, and severe anxiety disorders was 14.9%, 10.4%, and 1.9%, respectively. Comparably, mild, moderate, and severe depression affected 11.2%, 5.1%, and 0.5% of students, respectively. According to the study, anxiety disorders and depression are strongly positively

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correlated in college students (Peremoboere & EbikaboereOmu, 2021).

From the foregoing data, most researches have focused on the combination of psychological and social factors as predictors of depression among the University undergraduates in Nigeria. The main focus of this research therefore is to study the perceived lecturers' competence, and socioeconomic factors as correlates of depression among the undergraduates in the University of Ibadan and Lead City University. This study is also intended to compare the differential effects of the students' perception of lecturers' competence on the undergraduates of the two universities; one being a public university and the other, a private university.

Therefore, the first focus in this study is the students' perception of lecturers' competence. The lecturers' competence is a central element in the institutional factor which affects depression among university undergraduates. The most important component at the school level that can affect students' accomplishment levels is thought to be the lecturers. Lecturers' competence describes a university lecturer's capacity to apply their abilities, including their capacity for

communication, problem-solving, teamwork, entrepreneurship, time management, and information sharing (Latip et al. 2021). In this study, the lecturers' competence is viewed as a construct that contains three dimensions namely, professional competence, personal competence and social competence.

Research on the influence of the institutional factor and particularly the influence of lecturers' competence on depression among the university undergraduates is scarce in Nigeria. Meanwhile, a study was carried out on the prevalence of depression and institutional factors associated with depression among undergraduate students at Gulu University in Uganda. It was found that Faculty, year of study, satisfaction with academic performance, satisfaction with academic quality were predictors of depression among the university undergraduates (Anyayo et al. 2023). Furthermore, a study was carried out on the influence of lecturers' competence on institution loyalty among university students. The study found that one of the main service qualities that students experience is the competency of the lecturers. Poor academic personnel is frequently linked to low-rated institutions, and this has a constant negative impact on student satisfaction. (Latip, et al. 2021).

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This implies that the competence of lecturers may be an important predictor of depression among undergraduate students.

Socio-economic status is the second factor of this study. A study was carried out on Social and Economic Factors Associated with Subthreshold and Major Depressive Episode in University Students during the COVID-19 Pandemic. It was found that University students frequently experience both threshold and subthreshold depression symptoms, and the degree of these symptoms is influenced by the relationships they have with social and economic variables. The possibility of sharing problems with others, having strong social support, not having problems with friends, and having positive family relationships have all been found to be negatively associated with depression when it comes to the social and economic factors that affect depression in the university population (Langer et al. 2022).

Statement of the Problem

More than 700,000 people die as a result of suicide annually. Suicide is the fourth reason for death among the 15-29-year-old people. The prevalence of depression and other mental health problems has led the WHO to come up with a Mental health plan 2013-2030. The

program is officially called Mental health Gap Action Programme (mhGAP) (WHO. 2023). Depression and suicide constitute a major priority of this programme.

Depression among young people constitutes a heavy burden in the health care system. One in seven people aged 10 to 19 worldwide suffer from a mental illness, making up 13% of the age group's overall disease burden. Adolescent disease and disability are primarily caused by behavioral disorders, anxiety, and depression. Among those aged 15 to 29, suicide ranks as the fourth most common cause of death. Failing to address mental health issues in adolescents has long-term effects on an adult's physical and mental well-being, as well as fewer opportunities for an adult to lead a satisfying life (WHO. 2024).

In a qualitative study carried out by Eloff et al, (2021), it was found that undergraduates reported that lecturers' incompetence has important role in their psychological well-being. A study was carried out on the prevalence of depression and institutional factors associated with depression among undergraduate students at Gulu University in Uganda. It was found that Faculty, year of study, satisfaction with academic performance, satisfaction with

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academic quality were predictors of depression among the university undergraduates (Anyayo et al. 2022).

Furthermore, a study was carried out on the influence of lecturers' competence on institution loyalty among university students. The study found that one of the main service qualities that students experience is the competency of the lecturers. Poor academic personnel are frequently linked to low-rated institutions, and this has a constant negative impact on student satisfaction (Latip et al. 2020). This implies that the competence of lecturers may be an important predictor of depression among undergraduate students.

Objective of the Study

This study addresses the perception of the lecturers competence as a major factor influencing depression among the university undergraduates. Specifically, the study assess:

1. The influence of perception of lecturers' competence on depression among university undergraduates in a public university.
2. The influence of perception of lecturers' competence on depression among university undergraduates in a private university.

3. Examine the influence of students' perceived socioeconomic status on depression among university undergraduates in a public and private university.

Literature Review

Depression

Depression is explained through various bio-psycho-social theories, with three prominent models: cognitive, biological, and psychodynamic (Kennis et al., 2020). The cognitive model, originating from Beck's theory, emphasizes negative schemas formed from early adversities that shape a cognitive triad of pessimistic views toward oneself, the world, and the future (Gotlib & Joormann, 2010). These schemas lead to mood-congruent biases that perpetuate depression, as described by Bower's interconnected network theory, where such biases remain stable even after episodes. Cognitive impairment in major depressive disorder (MDD) is divided into "cold" and "hot" cognition (Kennis et al., 2020). Cold cognition involves neutral information processing, showing deficits in executive function, memory, and attention during MDD episodes (Kennis et al., 2020). Hot cognition, influenced by emotional stimuli, results in biases like enhanced recall of negative information and

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rumination, which sustains depressive states (Kennis et al., 2020).

Cognitive deficits in depression manifest in executive functioning, including challenges in planning, problem-solving, and inhibiting irrelevant information, though findings vary across studies (Kube et al., 2019). Meta-analyses indicate these impairments often resolve post-remission, suggesting they are episode-specific (Kube et al., 2019). Working memory issues arise particularly in unconstrained tasks prone to rumination, while processing speed slows, especially in verbal tasks, but improves with treatment (Kube et al., 2019; LeMoult & Gotlib, 2018). Depressed individuals exhibit biases in attention toward negative stimuli, negative interpretations of ambiguous information, and preferential recall of adverse memories (LeMoult & Gotlib, 2018). Difficulties in disengaging from negative material in working memory promote maladaptive strategies like rumination over adaptive ones like reappraisal, perpetuating the depressive cycle (Kennis et al., 2020).

Biological theories attribute depression to alterations in neurophysiological systems (Tubbs et al., 2020). The hypothalamic-pituitary-adrenal

(HPA) axis dysregulation leads to elevated cortisol, exacerbating stress responses and symptoms (Milaneschi et al., 2020). Genetic variants influence neurotransmitter systems and neuroplasticity, increasing vulnerability (Panigrahy et al., 2023). Neuroinflammatory markers, such as elevated cytokines (e.g., IL-6, TNF- α), impair brain function and contribute to depressive manifestations (Panigrahy et al., 2023). Reduced brain-derived neurotrophic factor (BDNF) hinders neuronal growth and health, while the monoamine hypothesis posits imbalances in serotonin, norepinephrine, and dopamine as key factors, though it doesn't fully account for depression's heterogeneity (Panigrahy et al., 2023; Haggerty, 2022). Overall, these interconnected biological mechanisms result in varied symptom profiles and treatment responses (Haggerty, 2022).

Psychodynamic theory, rooted in Freud's work, views depression through the dynamics of the id, ego, and superego, leading to psychopathologies (Nardi, 2016). In "Mourning and Melancholia," Freud differentiates mourning—a temporary, conscious process of accepting loss—from melancholia, an unconscious, persistent state of internalized pain causing self-reproach and worthlessness (Nardi, 2016; Trudeau, 2020; Wetherall et al.,

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2019). Unresolved losses repress into the unconscious, trapping individuals in depression (Wetherall et al., 2019). Social rank theory posits depressive symptoms as adaptive responses to perceived defeat and low status, signaling withdrawal to avoid conflict and involving physiological changes like stress hormones (Slavich & Sacher, 2019). The Social Signal Transduction Theory frames depression as resulting from social stressors (e.g., rejection, isolation) that trigger inflammation, leading to symptoms like anhedonia and fatigue, and linking it to early life stress, anxiety, and physical comorbidities (Ellof et al., 2021).

Lecturers' Competence

Through their professional skills lecturers fulfil a vital role as shapers of students' mental perspectives. The combination of quality educational delivery and learning inspiration alongside intellectual curiosity development helps students reach both cognitive growth and academic achievement. The assessment of lecturers' professional competence includes measuring their capacity to deliver premium educational services to students and community members. This literature review examines how four essential lecturer competencies influence student

mindsets during digital transformation periods. The professional competencies of lecturers are widely recognized as essential determinants of student learning outcomes. These competencies encompass knowledge of learning and human behavior, mastery of subject areas, professional attitudes, and technical teaching skills.

Hypotheses

- H1** Perception of Lecturers' competence will have a significant influence on depression among university undergraduates in a Public University.
- H2** Perception of lecturers' competence will have a significant influence on depression among university undergraduates in a Public University.
- H3** Students' perceived socioeconomic status will have significant influence on depression among university undergraduates.

METHOD

Research Design

This study used Correlational Cross-Sectional Design. It is intended to find whether there are relationships between lecturers' competence, Socio-economic status, and depression among university undergraduates. It is also intended to compare depression levels between undergraduate students from a public and a private university.

Population of the Study

The population includes all university undergraduates from both a public university (all departments in University of Ibadan) and a private university (all departments in Lead City University) in Ibadan.

Sample and Sampling Technique:

Snowball sampling technique was used with the help of Google form in order to reach the respondents from the two institutions through their class representatives. This also ensured that various strata (e.g., gender, age, year of study) are represented in both the public and private universities. This ensures that the sample is representative of the population.

Sample Size: A method of sample size calculation that was adopted in this study is

that suggested for multiple regression namely Slovin's formula (Bobbitt. 2023). Slovin's formula is used to calculate the minimum sample size needed to estimate a statistic based on an acceptable margin of error. 456 students participated in the study, while 397 students were randomly selected as the sample size for the study.

Research Instruments

Data was collected using self-administered questionnaire which comprises of three sections (A, B, and C,)

Section A: socio-demographic variables

The socio-demographic variable are age, sex, study level, Academic Class of Grade, department, faculty, and perceived socio-economic status.

Section B: Depression

Depression was assessed using the Patient Health Questionnaire (PHQ-9) (Kroenke et al., 2001), a widely used 9-item self-report measure that screens for the presence and severity of depressive symptoms over the preceding two weeks. Respondents rate how frequently they have been bothered by problems such as "Little interest or pleasure in doing things" and "Feeling down, depressed, or hopeless" on a 4-point Likert scale ranging from 0 (*Not at all*) to 3

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(*Nearly every day*). Total scores range from 0 to 27, with higher scores indicating greater symptom severity.

Scores are classified into the following severity categories: 0–4 = minimal or no depression, 5–9 = mild depression, 10–14 = moderate depression, 15–19 = moderately severe depression, and 20–27 = severe depression (Kroenke et al., 2001). The PHQ-9 has demonstrated strong psychometric properties across diverse populations, including university students. In the present study, the scale demonstrated excellent internal consistency (Cronbach's $\alpha = .90$).

Section C : Lecturers' Competence

Perceived lecturer competence was assessed using a modified version of the Lecturers' Competence Scale (Ismail, 2022). The original 17-item scale was adapted by removing dimensions not pertinent to the present study ('Psychological Contract Fulfilment' and 'Entrepreneurial Intentions'). The remaining three dimensions were retained: Professional Competence (PRC; 4 items), Personal Competence (PEC; 3 items), and Social Competence (SOC; 4 items). Items were reworded to fit the Nigerian university context. The adapted 12-item scale demonstrated good internal consistency in

the final sample, with a Cronbach's alpha of 0.861. Respondents rated their agreement on a 5-point Likert scale (1=Strongly Disagree to 5=Strongly Agree). A total score was computed, with higher scores indicating a more positive perception of lecturer competence

Scale Adaptation and Validation

Perceived lecturers' competence was measured using an adapted version of the Lecturers' Competence Scale (Ismail, 2022). The adaptation and validation occurred in three phases. First, the original scale was modified by removing irrelevant dimensions, rewording items for cultural relevance, and validating content with expert lecturers, resulting in an 11-item pool.

Next, a pilot test ($n=70$) using Confirmatory Factor Analysis (CFA) revealed psychometric weaknesses in the three-factor model, including poor fit indices ($RMSEA=0.103$), low reliability for the Personal Competence subscale ($\alpha=0.417$), and excessively high inter-factor correlations indicating poor discriminant validity. Finally, the scale was refined by removing the problematic subscale and one weak item. The final 7-item, two-factor scale (Professional and Social Competence) was validated with a

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new sample ($n=250$). CFA confirmed excellent model fit ($CFI=0.987$, $RMSEA=0.058$) and high internal consistency (Full scale $\alpha=0.89$; Subscales $\alpha=0.85-0.87$).

Procedure for Data Collection

Questionnaire was distributed to respondents via the internet platform. The self-administered questionnaire was developed and distributed using the online survey tool namely, the google form. The two university campuses were visited and various class representatives were contacted with the request to carry out the research among their classmates. Respondents were sent the link that took them directly to the online survey platform where they had access to the questionnaire.

RESULTS

The total sample included 397 Nigerian undergraduates aged 18 to 39 with a mean age of 21 years ($SD = 3.013$). Males comprised 46.3% ($n = 184$) of the participants, while females accounted for 53.7% ($n = 213$). Students in a public university were 81.1% ($n= 322$), while student sample in a private University is 18.9% ($n=75$). 11.8% (47) respondents perceived their socio-economic status as high; 71.3% ($n=283$) perceived their socio-economic status as medium while 16.9%

The link was posted on WhatsApp pages of the students.

Data Analysis

Data collected from respondents was entered in an excel spreadsheet on Google form and was entered and coded for analysis. The Statistical Package for Social Sciences (SPSS) was used to process data and results were presented as frequency distribution for all items in charts, tables, mean and standard deviation. Analysis was done to test all hypotheses already stated for the research. Correlation analysis to explore relationships between variables. Multiple regression to identify predictors of depression, t-test to examine differences between public and private universities.

($n=67$) perceived that their socio-economic status is low. In regard to their satisfaction with their institution of learning, 66.5% ($n=264$) said they are satisfied with their institution; 12.8% ($n=51$); 20.7% ($n=82$) said they can't say whether they are satisfied with their institution of learning or not.

7.1% ($n=28$) of the respondents are in 100 level, 7.1% ($n=28$) are in 200 level, 6.0% ($n=24$) are in 300 level, 20.7% ($n=82$) respondents are in 400 level while 59.2%

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(N=235) respondents are in 500 level of their study. All the respondents came from 34 departments in the two universities. The largest percentage 25.2% (n=100) came from the department of Psychology.

1.2 Depression Severity

Table 1: Depression Severity (PHQ9_Severity) Among University Undergraduates (N = 397)

Severity	Frequency	% of total sample	% of depressed subgroup
No depressive symptoms	168	42.3	—
Depressive symptoms	229	57.7	100.0
Depressed subgroup (n = 229)			
Mild depression	61	15.4	26.6
Moderately severe depression	72	18.1	31.4
Severe depression	96	24.2	41.9

Note. The depressed subgroup consists of 229 participants (57.7% of the total sample). Percentages are based on the total sample (N = 397) or the depressed subgroup (n = 229), as indicated.

Source: Author's Fieldwork, 2024

The PHQ-9 depression scores ranged from 0 to 33, with a mean of 15.44 (SD = 9.30). Analysis of depression severity showed that 34.9% (n = 122) of participants reported minimal depression, 17.4% (n = 61) reported mild depression, 20.6% (n = 72) reported moderately severe depression, and 27.1% (n = 95) reported severe depression. Finally, the analysis of depression showed that 46 (11.6%) students reported no symptoms of depression as shown in Table 1 above.

Table 2: Intercorrelations among Study Variables

Variable	1	2	3	4	5
1. Depression	—				
2. PRC Total	.02	—			
3. PEC Total	.01	.54**	—		
4. SOC Total	.08	.46**	.47**	—	
5. Lecturers' Competence	.05	.75**	.74**	.88**	—

Note. PRC = Professional Competence; PEC = Personal Competence; SOC = Social Competence. Lecturers' Competence is the total scale score.

** . Correlation is significant at the 0.01 level (2-tailed).

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Source: Author's computation, 2024

Lecturers' competence contains three dimensions namely, Professional Competence (PRC), Personal Competence and Social Competence (SOC). Participants scored highest on Social competence ($M=20.28$, $SD = 1.97$) followed by professional competence ($M = 10.14$, $SD = 1.12$) and Personal Competence ($M= 6.75$, $SD = 0.82$). The Table 2 shows the correlation of the three dimensions of the

lecturers' competence and depression. There is no correlation between any of the dimensions and depression.

Test of Hypotheses

Hypothesis One.

Perception of Lecturers' competence will have a significant influence on depression among university undergraduates. The result is shown in Table 3:

Table 3. Simple Linear Regression Analysis showing role Perceived Lecturers' Competence influencing Depression ($n=397$)

Variable	B	SE	β	t	P	R^2	df	F	Sig.
(Constant)	10.44	5.496		1.900	.058				
Lecturer	0.123	0.135	0.046	0.914	.361	.002	1, 394	0.835	> .05

Source: Author's Fieldwork, 2024

The first hypothesis was to investigate the association between perceived lecturers' competence and depression. Results of simple linear regression analysis (Table 4.2.1) indicated that perceived lecturer's competence did not have significant influence on depression, $F(1. 394) = .835$, Perception of lecturers' competence in the public university will be the same as in the private university.

$p>.05$, $R^2 = .002$. The regression coefficient ($B = .123$, $SE = .135$, $\beta = .046$) was not statistically significant, suggesting no meaningful relationship between perceived lecturer competence and depression levels.

Hypothesis Two

Table 3: Independent Samples t-test Results for Perceived Lecturer Competence by Institution Type

Institution Type	n	M	SD	t	df	P	MD
Public	322	40.619	3.455				
Private	75	40.303	3.529	0.714	397	.476	0.316

Source: Author's computation, 2024

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The second hypothesis investigated the comparison of perceived lecturers' competence between public and private universities. Analysis of independent samples t-test (Table 4.2.6) revealed no significant difference in perceived lecturer competence between public ($M = 40.62$, $SD = 3.45$) and private universities ($M = 40.30$, $SD = 3.53$), $t(394) = .714$, $p > .05$. Levene's test confirmed homogeneity of variances ($F = .006$, $p > .05$). The mean difference of

0.316 (95% CI: -0.554 to 1.186) was not statistically significant, suggesting similar perceptions of lecturer competence across institution types.

Hypothesis Three

Students' perceived socioeconomic status will have a significant influence depression among university undergraduates. The result is shown in table 4.2.6

Table 4: One-Way ANOVA Summary Table Examining the influence of Socioeconomic Status on Depression

Source	SS	df	MS	F	Sig.
Between Groups	364.45	2	182.23	5.09	.007
Within Groups	14094.13	395	35.77		
Total	14458.58	397			

Source: Author's computation, 2024

Further, the influence of perceived socioeconomic status on depression was. One-way ANOVA was conducted to test the hypothesis that students' perceived socioeconomic status will have a significant influence on depression among university undergraduates. The results of this analysis (Table 4) indicated that perceived socioeconomic status significantly influence depression, $F(2,$

$394) = 5.094$, $p < .01$. This shows that Socioeconomic Status has significant influence on undergraduate depression. Furthermore, Post Hoc Comparisons of Socioeconomic Status Groups on Depression Scores Using Tukey's HSD Test was conducted in order to find out the differences among the three dimensions of the socioeconomic status have on depression.

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Table 5: Post Hoc Comparisons of Socioeconomic Status (SES) Groups on Depression Scores Using Tukey's HSD Test

Comparison (I vs. J)	Mean Difference (I-J)	SE	p	95% CI
High vs. Medium	0.00	0.94	.10	[-1.85, 1.86]
High vs. Low	-2.54*	1.14	.026	[-4.77, -0.31]
Medium vs. Low	-2.54*	0.81	< .001	[-4.13, -0.96]

Note. The dependent variable is the total depression score. CI = confidence interval.

* The mean difference is significant at the .05 level.

The analysis of depression scores across different socioeconomic status (SES) groups revealed no significant difference between the High and Medium SES groups. Specifically, the mean difference in depression scores was 0.00, with a p-value of 0.10, indicating that the observed variation was not statistically meaningful at conventional significance levels.

In contrast, notable differences emerged when comparing the High SES group to the Low SES group. The mean difference was -2.54, accompanied by a p-value of 0.03, which is significant at the 0.05 level. This suggests that individuals in the Low SES group exhibited significantly higher depression scores compared to those in the High SES group. Similarly, the comparison between the Medium and Low SES groups showed a mean difference of -2.54 and a highly significant p-value of 0.00. This

reinforces that the Low SES group had markedly higher depression scores than the Medium SES group. The negative mean differences in these pairwise analyses imply inverse relationships when viewed from the perspective of the Low SES group, confirming its elevated depression levels relative to both the High and Medium groups.

Overall, the findings indicate that individuals in the Low SES group experience significantly higher levels of depression than those in the Medium and High SES groups. However, depression scores do not differ significantly between the High and Medium SES groups, highlighting SES as a potential factor primarily influencing depression at lower socioeconomic levels. The results suggest that lower socioeconomic status is associated with higher depression levels.

DISCUSSION

This study examined perceived lecturer competence and socioeconomic status (SES) as correlates of depression among Nigerian undergraduates. The lack of a direct association between lecturer competence and depression may be understood through self-determination theory (Ryan & Deci, 2017), which suggests that competence alone may not affect well-being unless it also supports autonomy, relatedness, and psychological need satisfaction. In settings with limited lecturer–student interaction, perceived competence may remain an academic rather than psychosocial resource, with any potential effect likely mediated by variables such as academic stress or sense of belonging.

In contrast, lower SES was strongly associated with higher depression, a finding well explained by integrated theoretical models. Hopelessness theory (Han et al., 2024) suggests chronic financial strain fosters stable, negative attributions about the future. The stress proliferation model indicates that economic hardship generates secondary stressors, academic pressure, social exclusion, and limited coping resources, that erode resilience. These processes are further illuminated by the Social Signal Transduction Theory of

Depression (Mengelkoch & Slavich, 2024), which posits that SES-related social-evaluative threat activates inflammatory and neuroendocrine pathways linked to depressive symptomatology. Together, these mechanisms highlight SES as a central, multidimensional determinant of student mental health within the biopsychosocial framework.

These findings align with Nigerian and African studies where structural inequalities overshadow institutional factors in shaping depression. They suggest that in contexts of significant economic precarity, mental health interventions must address socioeconomic determinants directly, rather than relying solely on improving instructional quality.

Implications of Findings

The study's findings emphasize socioeconomic status (SES) as a central determinant of student mental health, eclipsing the direct role of perceived lecturer competence. This highlights the necessity for proactive, equity-focused interventions within universities. Support should be prioritized for students from low-income backgrounds through enhanced counseling services, financial aid programs,

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and scholarships to alleviate economic stressors. While lecturer competence did not directly correlate with depression, fostering supportive academic environments through lecturer training in communication and mentorship remains valuable for overall student well-being.

Limitations

This study has several limitations. The cross-sectional design precludes causal inference about the relationships observed. The reliance on self-reported measures may introduce response biases, and the use of a single-item SES measure lacks the precision of a composite index. Furthermore, the non-probability sample from two universities in one region limits the generalizability of the findings to the broader Nigerian undergraduate population.

Recommendations

Based on the findings, the following recommendations are proposed:

1. Universities should implement regular mental health screenings and strengthen counseling services to address the high prevalence of depression, with targeted outreach to low-SES students.
2. Financial support systems, including need-based scholarships and emergency grants, should be expanded to mitigate the primary stressor of economic insecurity.
3. Lecturer development programs should focus on fostering supportive, mentoring relationships that contribute to a positive psychosocial learning climate.
4. Future research should employ longitudinal designs and more robust, multi-dimensional measures of SES to better establish causality and deepen the understanding of these dynamics.

Conflict of Interest

I declare that there are no conflicts of interest regarding the publication of this paper.

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Informed Consent

Informed consent was obtained from all individual participants included in the study.

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