

Prevalence Of Psychological Distress Among Medical Students Of Public Universities In Edo State, Nigeria

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Abstract—This study examined the prevalence of psychological distress among medical students of public universities in Edo State, Nigeria. Specifically, the purposes of the study were to: examine the prevalence of psychological distress among undergraduate medical students in universities in Edo State, Nigeria and find out whether the prevalence of psychological distress differs according to their personal variables – sex and age. The descriptive survey design was adopted in the study. The population of this study covered all the three thousand two hundred and seventy two (3272) medical students in one hundred and three level (100-300 level) in two public universities in Edo State, Nigeria - University of Benin, Benin city and Ambrose Alli University, Ekpoma, Edo State. A sample of three hundred and seventy two (372) medical students (One percent of the population) was drawn as sample using the simple sampling technique. The instrument that was used for this study was a questionnaire titled: Prevalence of Psychological Distress Questionnaire (PPDQ). Descriptive statistics such as frequency count and frequency (%) were used to analyse the research questions. Findings revealed that the prevalence of psychological distress among undergraduate medical students in universities in Edo State, Nigeria was high as indicated by: mood changes at the slightest turn of an event, feelings of sadness, state of slight hopelessness, feelings of disappointment when efforts on an activity fails, restless to be point of having panic attacks, provocation over little issues, sleeplessness, feelings of stress on easily on things, anxious when they cannot get something done, and feelings of worries to the point of almost taking one's life. The result further showed that there is a significant difference between the male and female, young and older medical students of public universities in Edo State Nigeria on the prevalence of psychological distress among them. It was recommended that balanced combination of social and emotional mind training among undergraduates should be encouraged by university administrator and educator to facilitate the early identification and management of psychological distress among students.

Keywords—Prevalence, Psychological Distress

INTRODUCTION

University education is an important instrument that is geared towards the empowerment of individuals for self-sustenance and development of the society. It (university education) is the education received after primary education but before higher education. The Federal Republic of Nigeria (2013) stated in the National Policy of Education that university education shall not only help to prepare citizens for useful living in the society but also prepare them for higher education. This implies that university education is an aspect of education that is designed to inculcate the right values, norms, cultures and skills needed to equip learners for useful living within the society and prepare every Nigerian child to be self-reliant. However, there are several factors, ranging from institutional, human, socio-political, environmental, and economical, that usually militate against attaining such educational objectives. Among these numerous factors is psychological distress.

Psychological distress is the resultant effect of the imbalance between personal capacity and environmental demands. Just like many undergraduate students, medical students are equally faced with some psychological distress. For a medical student, psychological distress could occur when the school or department places a high demand for academic task such as a cut-off mark or grade point without taking into cognizance the learners' ability and the school environment. In most public universities in Edo State, the researcher has observed that gaining admission into the university to study medicine is an 'uphill task' for many prospective candidates. This is because there are several academic criteria to meet such as having minimum credit passes in English Language, Mathematics and other relevant science subjects, passing the Unified Tertiary Matriculation Examination (UTME) with a sufficient score and even passing the post-UTME. Due to the rising demand for medical education from the university, the pressure and fear of failure has made many medical students a bit edgy with panic that inability to meet the minimum score could cause the university authority to place them on probation or even withdraw them from studying the course of their dream. All of these can be detrimental and psychologically distressful.

Psychological distress is a debilitating and pernicious cluster of symptoms that may persist for a period of weeks, months, or even years. It is affective disorder that presents with depressed mood, loss of interests or pleasure, decreased energy, feelings of guilt of low self-worth, disturbed sleep or appetite and poor concentration (Ibrahim, Kelly, Adams & Glazebrook, 2017). It is also characterized changes in mood status presenting as feelings of sadness which may fluctuate from slight hopelessness to severe feelings of disappointment. It is a disorder that can be reliably diagnosed and treated in by counselling psychologist. If untreated in the early age of occurrence, it can lead to different problems such as school failure, conduct disorder and delinquency, eating disorders such as anorexia and bulimia, school phobia, panic attacks, substance abuse or even suicide (Lotfi, Aminian, Ghomizada & Zarea, 2016; Yalemwork, 2017).

The causes of students psychological distress as identified by Kaur (2011) include: long school hours, excessive academic engagement, increasing class sizes, pressure from parents, pressure from friends, changes in curriculum, poor class management by students. Where such psychological distress inductive factors are poorly managed they could affect the health, academic performance and achievement of students in schools. Furthermore, Osha (2015) maintained that prevalence, effects and causes of psychological distress among secondary school students could vary with respect to personal variables of students.

Personal variables in this context connote attributes that distinguishes one student from another. These attributes include but are not restricted to sex, age, ethnicity, nationality among others. With respect to the sex, female students and their male colleagues might not have the same capacity for stress-coping. This could interface the prevalence of psychological distress between both sexes. This is because female students might be emotionally weaker than their male folks, so that their ability to cope in confronting emotional challenges might be lower than that of their male counterparts. However, the coping ability of the male students might be lower than the female students in dealing with academic pressures. Hence, depressive disorder may differ with respect to their sexes (Olaitan, Oyerinde, Obiyemi & Kayode, 2010). The level or prevalence of psychological distress among students could also be interfaced by students' age.

Age refers to the number of years an individual has lived. The older one gets, the better such person is adjudged to be mature and exposed. This is the reason, it is sometimes considered in the recruitment of workers for vacancies and admission process in schools. Since age is often associated with experience and maturity, the expectation is that the older students might have better experience than their younger ones in managing challenges in the school environment, such as beating deadlines to submit

projects and assignments than the less experienced ones. The coping effort of the older students might be higher in such circumstances as against the low coping behaviours of younger students. Consequently, this could affect the prevalence of psychological distress.

Ikolo (2011) discovered that there is tremendous increase in the enrolment of students and in the average size of classrooms in secondary schools in Nigeria. He noted that in recent times, the average number of students has grown from 35-40 students to 90-110 and even more. Though, open enrolment in schools is laudable, yet, the deficiency is in the corresponding provision of adequate infrastructures, inadequate classrooms, short supply of students, dilapidated structures and classrooms in most schools. These are all risk factors that could constitute stress to students and predispose depressive disorders.

Generally, psychological distress is associated with other health challenges such as anxiety, heart attack, insomnia, migraine, weakness of the body among others. Hence, some students who are victims of one or more of such ailments have had to be absent from schools in their bid to visit their doctors with such life-threatening diseases (Kaur, 2000). Even when present in school with such health challenges, students as victims of psychological distress are easily fatigued, restless and reserved. The negative effects this could have on the students' academic achievement.

Statement of the Problem

When a demand is exerted on any entity that is incapable of delivering the required result, there is bound to be a problem. This statement explains the situation with most medical students in universities in Edo State as it has been observed by the researcher that many of them study under unpleasant conditions of a noisy environment, inadequate school accommodation, inadequate school facilities, classrooms, short supply of laboratory resources for medical and scientific practical in the midst of deep seated changes in the criteria for studying medicine and surgery by most university management among others. After studying for a couple of years such as 2 to 3years on their study programme, many of medical students who are faced with such learning conditions become nervous, anxious and even depressed about the possibility of achieving the medical career.

In attempt to manage this challenge, several studies on the prevalence of depression have been carried out in studies in Nigeria (Nwimo & Onwunaka, 2017; Omomia, Omomia, Chimezie & Akinwale, 2017; Adewuya, Ola, Aloba, Mapayi, Ibigbami & Adewumi, 2017). All the studies focused on prevalence of depression, causes and effects of psychological distress among across setting of students in the secondary schools and higher institutions. No such study to the best of the researcher's knowledge has examined the prevalence of distress among medical

students in universities in Edo State, Nigeria. This is the gap in knowledge that this study seeks to fill.

Research Questions

The following research questions were raised to guide the study:

- 1) What is the prevalence of psychological distress among medical students in universities in Edo State, Nigeria?
- 2) Is there any difference on the prevalence of psychological distress between male and female medical students in universities in Edo State, Nigeria?
- 3) Is there any difference on the prevalence of psychological distress between young and older medical students in universities in Edo State, Nigeria?

Literature Review

Several studies have been conducted on prevalence or level of psychological distress experienced among students in recent times. Omomia, Omomia, Chimezie and Akinwale (2017) examined the perceived impact of psychological distress on the academic achievements of Biology students in Education District IV of Lagos state. Simple mean method was used to analyze data collected. Some of the findings are that students experienced high level of at the end of the term and this had adverse effect on their academic achievement.

Nwimo and Onwunaka (2017) determined the level of psychological distress experienced by secondary school teachers and students in Ebonyi State. The study adopted the cross-sectional survey design using a sample of 660 (male 259, female 401) teachers randomly drawn from 33 secondary schools in Ebonyi State. The results showed that the secondary school students had a high level of and the difference in the level of psychological distress reported by male and female students was significant with male students reporting higher level of psychological distress than female students.

Adeyuya, Ola, Aloba, Mapayi, Ibigbami and Adewumi (2017) aimed to estimate the prevalence and examine the socio-demographic correlates of alcohol use disorders among students in Nigerian colleges. A cross sectional survey in which 2,658 undergraduates (males=1913, females=745) from 6 colleges in Osun state, south-western Nigeria were assessed for alcohol use disorders using the Mini International Neuropsychiatric Interview (MINI). The result shows that level of academic psychological distress experienced among students is high.

Several studies have been conducted on gender differences in psychological distress experienced among students in recent times. Ekundayo and Kolawole (2016) examined the coping strategies of these female students with psychological distress in Ekiti State, Nigeria. The population consisted of all the students in public secondary schools in the State. The sample was however made up of 300 students from 20 secondary schools across the three senatorial

districts of the State. Stratified and simple random sampling techniques were used to select the sample. The study revealed a significant gender difference in the level of psychological distress and also some sources of psychological distress among secondary school students.

Chellamuthu (2017) explored the gender differences and its relationship with academic psychological distress experienced among high school students. 200 high school students from Government and Private schools in and around Salem city, Tamilnadu were selected through stratified random sampling and the data was collected with Educational Psychological distress Scale for Adolescents and Positive Mental Health Scale. The results revealed that students from private school experienced higher academic psychological distress than that of government school students, and private school students have higher mental health status than their counterpart. The result further shows that male students experience more academic psychological distress than their female counter among students of high school students.

Abiodun and Oluwafunto (2018) examined the present prevalence of psychological distress among university students as well as gender dissimilarity in self-reported psychological distress. 550 (male-46; female-306) randomly selected students from three private universities in Ogun State, Nigeria completed Kutcher Adolescent Psychological distress Scale. Further analysis showed that self-reported cases of mild psychological distress was more than that of severe psychological distress and difference on gender indicated that overall rate of psychological distress for females (37.30%) was higher than that of males (34.64%). There was no significant difference on gender basis at 0.05 alpha level

Several studies have been conducted on age differences in psychological distress experienced among students in recent times. Aam, Safiyanu and Adamu (2017) examined the relationship between age and academic Psychological distress among secondary school students in Bauchi – Nigeria. Correlational design was used. The population of the study constituted 193 (115 Males and 78 Females) secondary school students. Proportionate Stratified Random sampling techniques was employed in selecting a sample of 108 students as sample participants in this study based on sample size table by Research Advisors. Findings from the study showed that there is a significant relationship between age and academic psychological distress among secondary students in Bauchi – Nigeria.

Akande, Olowonirejuaro and Okwara-Kalu (2016) investigated level and sources of psychological distress among secondary school students in the Federal Capital Territory (FCT), Abuja. A sample of 18 secondary schools out of the 59 public senior secondary schools in the FCT was involved in the study with a total of 540 respondents made up of male

and female students. The results indicated that secondary school students had a medium level of psychological distress and some of the significant sources of psychological distress include: academic, intra-personal and environmental. There was a significant gender difference in the level of psychological distress and also some sources of psychological distress among secondary school students.

Olaitan, Oyerinde, Obiyemi and Kayode (2016) examined psychological distress among primary school students in South-west, Nigeria. A total of 624 teachers were chosen as subjects using a multistage sampling technique, and a structure questionnaire was used to gather information from the subjects. Research hypotheses were formulated and inferential statistics of test and analysis of variance ANOVA were employed to analyze significant differences at a = 0.05 level. The result showed that the differences were significant only for age.

In attempt to manage this challenge, several studies on prevalence of psychological distress have been carried out in studies in Nigeria (Alan & Elaine, 2010; Olaitan, Oyerinde, Obiyemi & Kayode, 2010; Ibrahim, Kelly, Adams & Glazebrook, 2017). All the studies focused on prevalence of psychological distress, causes and effects of psychological distress among hospital staff and prison workers among others. No such study to the best of the researcher's knowledge has examined prevalence of psychological distress among medical students in public universities in Edo State, Nigeria. This is the gap in knowledge that this study seeks to fill.

METHOD

The study adopted the descriptive survey. A descriptive survey research design is one in which information is collected without changing the environment or manipulating the variables of the study. The population of this study covered all the three thousand two hundred and seventy two (3272) medical students in one hundred and three level (100-300 level) in two public universities in Edo State, Nigeria - University of Benin and Ambrose Alli University, Ekpoma, Edo State.

A sample of three hundred and seventy two (372) medical students (One percent of the population) was drawn as sample using the simple sampling technique. The instrument that was used for this study was a questionnaire titled: Prevalence of Psychological Distress Questionnaire (PPDQ). The

questionnaire was divided into two sections –Section A and B. Section A addressed demographic information of students such as: their sex and age. Section B dwelt on the prevalence of psychological distress among students in the institution. This section contained 10-items statement that border on the various symptoms of psychological distress among students. All the items were rated on a four point likert scale: Always – 4, Sometimes – 3, Rarely – 2, Never- 1. A mean score of 2.50 was used as the benchmark for determining parents' perception on the item statements. This was obtained by adding up the four point responses (Always – 4, Sometimes – 3, Rarely – 2, Never - 1) and dividing the sum of the scales (10) by the total number of scales (4) to give 2.50. Hence, a score of 2.50 or higher represents agreement while means score of 1 to 2.49 would be taken otherwise.

The instrument was subjected to scrutiny by two experts in Guidance and Counselling from the Department of Guidance and Counselling, Ambrose Alli University, Ekpoma. Based on their suggestions, necessary corrections were made before a final draft copy of the instrument was drawn. This enabled the researcher to ensure content and construct validity of the items before the instrument was administered.

The reliability of the instrument was done using the Cronbach reliability technique. This was done by administering copies of the questionnaire to a trial group of 20 students outside the study area. Adopting the Cronbach reliability analysis method, copies of the instrument was administered to the 20 students in Ekpoma. Their responses were entered into the computer system to determine the reliability of the instrument in relation to each of the components or reasons for lateness. After the analysis, the reliability alpha on the items yielded a coefficient of 0.75. Descriptive statistics such as frequency count and percentages were used to analyze the research questions. High prevalence was considered to be any percentage score of 50 percent or higher while any percentage of 49 or below was considered otherwise. The Statistical Package for Social Science (SPSS® version 20) was used to analyse the data collected.

RESULTS

The results of the analysis of research question is presented below

Research Question 1: What is the prevalence of psychological distress among medical students in universities in Edo State, Nigeria?

Table 1: Summary on Prevalence of psychological distress among undergraduate medical students in universities in Edo State, Nigeria

| S/n | Items | Always | Sometimes | Rarely | Never |
|-----|--|-----------------|-----------|-----------------|-------|
| | | High occurrence | | Low occurrence | |
| 1. | My mood changes at the slightest turn of an event | 237 (63.7%)* | | 135 (36.3%) | |
| 2. | I get feelings of sadness | 243 (65.3%)* | | 129 (34.7%) | |
| 3. | I get into state of slight hopelessness | 141 (37.9%) | | 231 (62.1%)* | |
| 4. | I get feelings of disappointment when my effort on an activity fails | 177 (47.6%) | | 195 (52.4%)* | |
| 5. | I feel restless to be point of having panic attacks | 160 (43.0%) | | 212 (52.0%)* | |
| 6. | I become easily provoked over little issues | 279 (75.0%)* | | 93 (25.0%) | |
| 7. | I suffer sleeplessness | 197 (53.0%)* | | 175 (47.0%) | |
| 8. | I get anxious when I cannot get something done | 175 (47.0%) | | 197 (53.0%)* | |
| 9. | I feel stressed out so easily on thing I love to do | 192 (51.6%)* | | 180 (48.4%) | |
| 10. | I feel so worried to the point of almost taking my life | 153 (41.1%) | | 219 (58.9%)* | |

* High prevalence (% >50percent)

Result in Table 1 shows that majority of the students have high prevalence on items 1, 2, 6, 7 and 9 at a percentage score range of 51.6 to 75 percent while there was low prevalence on items 3, 4, 5, 8 and 10 at a percentage score of 37.9% to 48.4% respectively. Hence this implies that the prevalence of psychological distress among undergraduate medical students in universities in Edo State, Nigeria was high as indicated by: mood changes at the slightest turn of an event, feelings of sadness, state of slight

hopelessness, feelings of disappointment when efforts on an activity fails, restless to be point of having panic attacks, provocation over little issues, sleeplessness, feelings of stress on easily on things, anxious when they cannot get something done, and feelings of worries to the point of almost taking one's life.

Research Questions 2: Is there any difference between male and female medical students on the prevalence of psychological distress among universities in Edo State?

Table 2: Analysis on Male and Female Medical students on the Prevalence of Psychological Distress in Edo State

| S/n | Items | Sex | | | |
|-----|--|-----------------|----------------|-----------------|----------------|
| | | Male | | Female | |
| | | High occurrence | Low occurrence | High occurrence | Low occurrence |
| 1 | My mood changes at the slightest turn of an event | 49 30.1% | 114 69.9%* | 86 41.1% | 123 58.9%* |
| 2 | I get feelings of sadness | 54 33.1% | 109 66.9%* | 75 35.9% | 134 64.1%* |
| 3 | I get into state of slight hopelessness | 106 65.0%* | 57 35.0% | 125 59.8%* | 84 40.2% |
| 4 | I get feelings of disappointment when my effort on an activity fails | 89 54.6%* | 74 45.4% | 106 50.7%* | 103 49.3% |
| 5 | I feel restless to be point of having panic attacks | 103 63.2%* | 60 36.8% | 109 52.2%* | 100 47.8% |
| 6 | I become easily provoked over little issues | 42 25.8% | 121 74.2%* | 51 24.4% | 158 75.6%* |
| 7 | I suffer sleeplessness | 88 54.0%* | 75 46.0% | 87 41.6% | 122 58.4%* |
| 8 | I get anxious when I cannot get something done | 101 62.0%* | 62 38.0% | 96 45.9% | 113 54.1%* |
| 9 | I feel stressed out so easily on thing I love to do | 85 52.1%* | 78 47.9% | 95 45.5% | 114 54.5%* |
| 10 | I feel so worried to the point of almost taking my life | 103 63.2%* | 60 36.8% | 116 55.5%* | 93 44.5% |

* High prevalence (% >50percent)

Result in Table 2 shows that there is high level of occurrence on items 3, 4, 5, 7, 8, 9 and 10 at percentage score of 52.1% to 63.2% among the male students and high occurrence on items 1, 2, 6, 7, 8 and 9 respectively. This implies that there is high prevalence of hopelessness feelings, feelings of disappointment when my effort on an activity fails, restless to be point of having panic attacks, sleeplessness, anxiety when certain things are not done, feelings of being stressed out easily and feeling of worries to the point of almost taking my life among male students. On the other hand, there is high prevalence of mood changes at the slightest turn of an

event, feelings of sadness, provoked over little issues, sleeplessness, anxiousness when certain things are not easily done, feelings of being stressed out and worries to the point of almost taking one's life among the male students in the study area. This further indicates that there is a difference between the male and female undergraduate students on the occurrence of psychological distress in universities Edo State.

Research Questions 3: Is there any difference between young and older medical students on the prevalence of psychological distress in universities Edo State?

Table 3: Summary analysis on the Prevalence of psychological distress with respect to their Age

| S/n | Items | Age | | | |
|-----|--|-----------------|----------------|-----------------|----------------|
| | | Young students | | Old students | |
| | | High occurrence | Low occurrence | High occurrence | Low occurrence |
| 1 | My mood changes at the slightest turn of an event | 91 52.3%* | 83 47.7% | 44 22.2% | 154 77.8%* |
| 2 | I get feelings of sadness | 80 46.0% | 94 54.0%* | 49 24.7% | 149 75.3%* |
| 3 | I get into state of slight hopelessness | 113 64.9%* | 61 35.1% | 118 59.6%* | 80 40.4% |
| 4 | I get feelings of disappointment when my effort on an activity fails | 83 47.7% | 91 52.3%* | 112 56.6%* | 86 43.4% |
| 5 | I feel restless to be point of having panic attacks | 93 53.4%* | 81 46.6% | 119 60.1%* | 79 39.9% |
| 6 | I become easily provoked over little issues | 39 22.4% | 135 77.6%* | 54 27.3% | 144 72.7%* |
| 7 | I suffer sleeplessness | 88 50.6%* | 86 49.4% | 87 43.9% | 111 56.1%* |
| 8 | I get anxious when I cannot get something done | 92 52.9%* | 82 47.1% | 105 53.0%* | 93 47.0% |
| 9 | I feel stressed out so easily on thing I love to do | 96 55.2%* | 78 44.8% | 84 42.4% | 114 57.6%* |
| 10 | I feel so worried to the point of almost taking my life | 133 76.4%* | 41 23.6% | 86 43.4% | 112 56.6%* |

* High prevalence (% >50percent)

Result in Table 3 shows that there is high level of occurrence on items 1, 3, 5, 7, 8, 9 and 10 at percentage score of 50.6% to 64.9% among young students (students below the age of 17years) and high occurrence on items 1, 2, 6, 7, 9 and 10 respectively. This implies that there is high prevalence of hopelessness feelings, feelings of disappointment when my effort on an activity fails, restless to be point of having panic attacks, sleeplessness, anxiety when certain things are not done, feelings of being stressed out easily and feeling of worries to the point of almost taking my life among young students (students below the age of 17years). On the other hand, there is high prevalence of mood changes at the slightest turn of an event, feelings of sadness, provoked over little issues, sleeplessness, anxiousness when certain things are not easily done, feelings of being stressed out and worries to the point of almost taking one's life among the older students (students older than 17years) in the study area. This indicates that there is a difference between the young and old undergraduate students on the occurrence of psychological distress in universities in Edo State.

DISCUSSION

The result showed that the prevalence of psychological distress among undergraduate medical students in universities in Edo State, Nigeria was high. The result agrees with that of Omomia, Omomia, Chimezie and Akinwale (2017) who found that students experienced high level of at the end of the term and this had adverse effect on their academic achievement. The result is in line with that of Nwimo and Onwunaka (2017) who stated that the secondary school students had a high level of and the difference in the level of psychological distress reported by male and female students was significant with male students reporting higher level of psychological distress than female students.

The result agrees with that of Ekundayo and Kolawole (2016) who found that a significant gender difference in the level of psychological distress and also some sources of psychological distress among secondary school students. The result is in line with that of Chellamuthu (2017) who stated that male students experience more academic psychological distress than their female counter among students of

high school students. The result agrees with that of Abiodun and Oluwafunto (2018) who revealed that self-reported cases of mild psychological distress was more than that of severe psychological distress and difference on gender indicated that overall rate of psychological distress for females (37.30%) was higher than that of males (34.64%).

The result showed that there is a significant difference between the young and older secondary school students on the prevalence of psychological distress among medical students in the institution. The result agrees with that of Aam, Safiyanu and Adamu (2017) who found that there is a significant relationship between age and academic psychological distress among secondary students in Bauchi – Nigeria. The result is in line with that of Akande, Olowonirejuaro and Okwara-Kalu (2016) who noted that gender difference in the level of psychological distress and also some sources of psychological distress among secondary school students.

The result corroborates that of Azila-Gbetteor, Atatsi, Danku and Soglo (2016) assessed age differences and their effects on academic psychological distress experience among Business student in Ho Polytechnic, Ghana. A cross sectional research design was employed in conducting the study. In all, 275 students were sampled through the use of multistage sampling procedure. Burge's (2009) modified five-point likert psychological distress scale was used to solicit for the requisite data for the study. The result further showed that no significant effects were found between age differences and academic psychological distress experience among students.

The result showed that there is a significant difference between gender differences in academic psychological distress experienced among students in recent times. The result corroborates with that of Ekundayo and Kolawole (2016) who found that coping strategies of these female students with psychological distress in Ekiti State, Nigeria. The descriptive research design of the survey type was used for the study. The population consisted of all the students in public secondary schools in the State. The sample was however made up of 300 students from 20 secondary schools across the three senatorial districts of the State. The result revealed a significant gender difference in the level of psychological distress and also some sources of psychological distress among secondary school students.

The result agree with that of Chellamuthu (2017) who pointed that gender differences and its relationship with academic psychological distress experienced among high school students. 200 high school students from Government and Private schools in and around Salem city, Tamilnadu were selected through stratified random sampling and the data was collected with Educational Psychological distress Scale for Adolescents and Positive Mental Health Scale. The results revealed that students from private school experienced higher academic psychological

distress than that of government school students, and private school students have higher mental health status than their counterpart. The result further shows that male students experience more academic psychological distress than their female counter among students of high school students.

Conclusion

Based on findings, it is concluded that the prevalence of psychological distress among medical students in universities in Edo State, Nigeria was high as indicated by: mood changes at the slightest turn of an event, feelings of sadness, state of slight hopelessness, feelings of disappointment when efforts on an activity fails, restless to be point of having panic attacks, provocation over little issues, sleeplessness, feelings of stress on easily on things, anxious when they cannot get something done, and feelings of worries to the point of almost taking one's life. Furthermore, sex and age related differences exist in the prevalence of psychological distress among medical students in public universities in Edo State, Nigeria.

Recommendations

Arising from the findings, are the following recommendations:

- 1) Balanced combination of social and emotional mind training among undergraduates should be encouraged by university administrator and educator to facilitate the early identification and management of psychological distress among students.
- 2) Guidance and counselling unit should be employed in all faculties to afford students the opportunities of receiving information and orientation services about how to boost their stress management skills to enable them manage depressive disorder.
- 3) Gender and age-targeted counselling on psychological distress management should be encouraged in higher institutions of learning in Edo State. This would help to promote the social intelligence of male and young students in higher institutions in Edo State.

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