

The Prevalence of Depression and Suicidal Behavior among Emerging Adult Male University Students in Malawi

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ABSTRACT

Suicide rates among Malawian men aged between 20- and 39-years have consistently outnumbered their female counterparts at a ratio of approximately 8:1, with depression being identified as the leading risk factor for suicide. This study aimed to assess the prevalence of depression and suicidal behavior among emerging adult male students at the University of Malawi (UNIMA). Emerging adulthood is an age group with numerous intersecting life challenges that can negatively impact mental health, and studies report university students to be at higher risk than the general population of developing mental disorders such as depression. This study employed a quantitative research method, using a cross-sectional correlational research design. Data were collected from 338 male undergraduates using a socio-demographic questionnaire, the Beck Depression Inventory – II (BDI-II) and the Suicide Behaviors Questionnaire – Revised (SBQ-R). Data were analyzed using Stata 17 and the study findings revealed a prevalence of 33.7% for depression and 18.1% for suicidal behavior risk among emerging adult male students of UNIMA, with no statistically significant association between depression scores and academic school or year of study. The study recommends institutionalized mental health screening, more accessible counselling services, and campus-wide suicide prevention programs within institutions of higher learning in Malawi.

Keywords: depression, suicidal behavior, emerging adult, Malawi, male university students

INTRODUCTION

Depression, clinically termed Major Depressive Disorder, is a mood disorder characterized by a low or “depressed mood and a loss of interest in all or nearly all activities for most of the day nearly every day” (American Psychiatric Association, 2022). It is described by Karrouri et al. (2021) as “a prevalent psychiatric disorder that often leads to poor quality of life and impaired functioning in people of all ages”. The World Health Organization (WHO) recognizes depression as one of the leading causes of disability and morbidity in the world (World Health Organization, 2023).

Globally, it is estimated that 5% of adults suffer from depression (World Health Organization, 2023). In Sub-Saharan Africa, the prevalence of depression is at 9% (29.19 million out of 322 million people), and it is mostly associated with childhood adversity, sexual violence, and substance misuse (Gbadamosi et al., 2022). It is also co-occurring and may predispose people to physical illnesses such as HIV, diabetes, hypertension and stroke (Mpinga, Rukundo, et al., 2023). In low resource countries like Malawi, the high prevalence of depression (30.3%) in outpatient services at primary health care facilities is associated with very poor detection ability of the condition by health personnel (0%) meaning that most patients with depression get both undiagnosed and mismanaged (Udedi, 2014a). When left unaddressed through evidence-driven and effective interventions, people are at risk of utilizing maladaptive strategies to cope with depression including substance use, self-harm and suicide (Banda et al., 2021; Shi et al., 2021).

Suicide is one of the leading causes of death particularly among young people, and it has been on the steady increase in Malawi since before the start of the COVID-19 pandemic in 2019 (Banda et al., 2021). Malawian statistics report an estimated 8:1 ratio of suicide cases for men compared to women, with the highest prevalence of suicide falling within the age group of 20-39 years (Masulani-Mwale et al., 2022; Muula, 2024). Studies

identify depression as the most significant risk factor for suicide, being the most common psychiatric diagnosis associated with suicide with over half of all people who die by suicide having depression (Aaltonen et al., 2024; Babajani et al., 2024; Swetlitz, 2021). With studies placing the prevalence of depression within the range of 19%-30% in Malawi (Kauye et al., 2015; Udedi, 2014b), it may be concluded that a significant portion of the country's suicide cases stem from depression – even among the men between the ages of 20 and 39 years, who are disproportionately affected by suicide (Chimutu, 2024; Masulani-Mwale et al., 2022).

University students are reported to be at a higher risk of mental distress – especially for depression and anxiety – than the general population (Cooper et al., 2020; Croock et al., 2023; Othieno et al., 2014). In Malawi, despite various studies reporting the high depression prevalence of between 19% and 30% (Kauye et al., 2015; Kutcher et al., 2017; Udedi, 2014b), little is known about the prevalence of depression among men in the stage of emerging adulthood and within the context of higher education. This study therefore aims to establish the prevalence of depression and suicidal behavior among a demographic group that studies have identified as being at high risk: emerging adult male university students.

Background

Emerging adulthood is considered as a phase of life that is characterized by exploration of identity and fluidity of choices within the realms of profession, academics and interpersonal relationships (Brito & Soares, 2023; De Vries et al., 2021). During this period, many people experience various major life changes, including leaving the parental home and making changes in their employment status and interpersonal relationships. All these transitions need behavioral, cognitive and emotional adaptations for one to successfully navigate this stage (De Vries et al., 2021; Truskauskaite-Kuneviciene et al., 2020). More than in any other developmental period, young people in emerging adulthood are typically at risk of developing various mental health challenges, such as substance use disorders, psychotic disorders, anxiety disorders and depressive disorders (Tanious et al., 2023; Zolnikov et al., 2024).

Studies report that men are predisposed to suffer from numerous undiagnosed mental challenges such as depression and anxiety, usually leading to higher rates of suicide among men than women (Bilsker et al., 2018; Doornbos et al., 2024; Mergl et al., 2015). The higher numbers of completed suicide in men than women point to a higher prevalence of depression among men than is statistically reported, since literature usually indicates higher rates of depression among women (Oliffe et al., 2020). Even among older populations, women may report higher prevalence for depression, but they are still surpassed several times over by men when it comes to suicide rates (Moreno et al., 2022; Roxo et al., 2021). Scholars have suggested that one of the challenges might be in the differences in symptom presentation of mood disorders such as depression in men, increasing the likelihood of misdiagnosing men to their detriment (Moreno et al., 2022; Shi et al., 2021).

In line with the high prevalence of depression among emerging adults, international studies report that depression is higher among university students than the general population due to the high academic demand and social changes stemming from relocating to a new environment (Alhemedi et al., 2023; Gunnell et al., 2020; Othieno et al., 2014). For instance, Yeo et al. (2024) in a cross-sectional study of 15,630 undergraduate students in Singapore reported that male students had mild depressive symptoms (MDS) at a prevalence of 39.5%, and moderate to severe depressive symptoms (MSDS) at 28.6%. Considering that these findings were specifically from first-year students, it may be assumed that they faced mental health challenges because of their recent change of environment, making new social connections and adapting to the learning framework within university. On the contrary, a meta-analysis by Gao et al. (2020) of 113 studies in China reported that 28.4% of the 185,787 assessed university students screened positive for depression, with 46.6% of them being male. In this study, the higher prevalence of depression was among non-freshman students and this difference was attributed to deliberate institutional efforts to socially integrate first-year students into campus life by providing communal living quarters and frequent social events.

A cross-sectional study by Islam et al., (2022) screened 400 first year students from Jahangirnagar University in Dhaka, ranging between the ages of 18 and 23 for both anxiety and depression using the Generalized Anxiety Disorder Assessment (GAD-7) and the Patient Health Questionnaire (PHQ-9). The survey found that of the 209 male students (52.3%) and 191 female students (47.8%) that were assessed, 69.5% of them screened positive for

moderate to extremely severe depression. Within these findings, 50.4% of the participants with depression were male while 49.6% were female. These findings further support the notion that the changes encountered by the initial move to university could potentially have a negative impact on one's mental health, possibly more so than demographic factors like gender or religion, or their field of study. On the other hand, some studies have identified the academic demands of specific fields of study as contributors to depression prevalence as well. For instance, medical students from two private universities in North-Central Nigeria identified their main causes of depression to be linked to their heavy academic workload (49.4% strongly agreed), and the impact that it had on their social lives (32.1% strongly agreed) (Obilade et al., 2024).

A South African cross-sectional study reports the prevalence of mental distress among four observed universities to be at 53.3% of the students, with possible contributing factors including pressures of their academic workload, challenges adjusting to a new environment and the negative impact of substance use (Mutinta, 2022). The instances of depression among these students were correlated with issues such as financial challenges, poor academic performance and changes in social relationships (Mutinta, 2022). A similar study of 923 students from the University of Nairobi found the prevalence of moderate depression to be at 35.7% and severe depression to be at 5.6%, with men scoring higher than women for severe depression (5.3% for male and 5.1% for female) (Othieno et al., 2014).

The prevalence of depression among emerging adults in Malawi currently stands at 30%, with substance misuse and other risky coping strategies further compounding the problem and making treatment that much harder (Jumbe et al., 2022). While most studies report higher numbers of depression among women than men (OliFFE et al., 2020), there are usually higher numbers of completed suicides among men than women. In particular, there has been a steady increase in suicide rates in Malawi that are higher than nearby countries such as Zambia and South Africa (Banda et al., 2021). Some factors contributing to the rise in suicide cases in Malawi have been the significant shortages in mental health practitioners, stigma and discrimination against people with mental illnesses, and a lack of mental health literacy (Banda et al., 2021; Jumbe et al., 2022).

This steady increase in suicide cases is reported to occur mainly among men between the ages of 20 and 39 (Banda et al., 2021; Chimutu, 2024; Masina, 2023; Masulani-Mwale et al., 2022; Muula, 2024). This implies that the real prevalence of depression among men might be higher than reported, including in Malawi (Masina, 2023; Masulani-Mwale et al., 2022). Studies report that suicidal behavior is also more likely among university students than the general population (Iweama et al., 2024). Considering the combination of factors resulting in high risk for depression and suicide – being male, an emerging adult, and a university student – this study explored the prevalence of depression and suicidal behavior among male students at the University of Malawi.

METHODOLOGY

This study employed a quantitative research method, using a cross-sectional research design through the use of a survey that allowed for ease of numerical data collection and analysis from a large sample in order to accomplish the study objectives (Belliappa, 2019; Creswell & Creswell, 2022). The study aimed to assess the prevalence of depression and suicidal behavior among male emerging adults from the University of Malawi. Given the sensitivity of the subject matter of this study, this study initially gained ethical clearance and approval from IRB bodies at the United States International University – Africa (USIU-A) and the University of Malawi (UNIMA). Informed consent was gained from every study respondent for their participation, with clear understanding that taking part in this study was voluntary and they were free to withdraw at any point. These steps, along with strict confidentiality of data collection tools, aided in establishing confidence in the participants to complete the data collection tools openly and honestly. Study participants who screened positive for severe depression and high suicide risk were referred to the student counselling services available on campus for further support.

Data were collected at the University of Malawi (UNIMA), Chancellor College campus in Zomba City, Malawi. Respondents of this study came from the five academic schools of the university, namely: the School of Arts, Communication and Design, the School of Education, the School of Humanities and Social Sciences, the School of Law, Economics and Government and the School of Natural and Applied Sciences. Inclusion criteria for participation in the study were for respondents to be male, an undergraduate student in the university, aged

between 18 and 25 years, and resident either on- or off-campus. The Yamane formula (University of Florida, 1992; Yamane, 1967) was used to calculate the representative sample of 377 participants for this study from a population of 6,439 male undergraduate students registered within the 2025-2026 academic year. Out of 341 questionnaires completed (response rate $\approx 90.5\%$), three respondents exceeded the age eligibility criterion (age > 25) and were excluded prior to scoring. Thus, a sample of 338 male undergraduate students participated in the cross-sectional survey.

The respondents completed a socio-demographic questionnaire, the Beck Depression Inventory-II (BDI-II) to screen for depression and the Suicide Behaviors Questionnaire-Revised (SBQ-R) to evaluate for suicide risk. Data were analyzed using Stata 17 and presented in the form of descriptive statistics (frequencies, percentages, means and standard deviations) for all demographic and scored variables. Prevalence estimations were conducted for the BDI-II and SBQ-R scores, which were categorized according to the instrument scoring guidelines and proportions reported. Furthermore, a Chi-square test of BDI-II category by year of study was conducted in order to evaluate whether participants of a specific year of study registered a higher prevalence of depression. Fisher's exact test was also used to cross-tabulate BDI-II category against school of study in order to assess whether there were significant differences in depression prevalence by the academic school of the participants.

The Beck Depression Inventory – II (BDI-II) is a tool with 21 items questioning the severity of various depressive symptoms over the preceding two weeks. Each item is rated 0-3 and total scores range from 0-63, categorized as Minimal/No Depression (0-13), Mild Depression (14-19), Moderate Depression (20-28) and Severe Depression (≥ 29). The Suicide Behaviors Questionnaire – Revised is a brief self-report tool that asks about past suicidal behaviors. It has four items that explore suicidal attitudes, ideation and previous as well as the possibility of future suicide attempts (Osman et al., 2013). The responses of the SBQ-R questions are arranged in a Likert scale ranging from 0 (never) to 4 (very often), with total scores falling between 3 and 18, with the following categorizations: High Suicide Risk (≥ 11), Moderate Risk (7 – 10), Low Risk (≤ 6) (Amini-Tehrani et al., 2020; Chodkiewicz & Gruszczyńska, 2020; Dizon et al., 2023).

RESULTS

Sociodemographic Characteristics of Participants

This section presents the socio-demographic characteristics of the emerging adult male students who participated in the study. A total of 338 male undergraduate students met the eligibility criteria and were included in analysis.

Table 1: Sociodemographic Characteristics of Participants (N = 338)

Variable	Category	n	%
Age (years)	Mean $\pm$ SD: 21.95 $\pm$ 1.91 — Range: 18–25		
Year of Study	1st Year	109	32.2%
	2nd Year	74	21.9%
	3rd Year	54	16.0%
	4th Year	101	29.9%
School	Humanities & Social Sciences	123	36.4%
	Education	81	24.0%
	Natural & Applied Sciences	54	16.0%

	Law, Economics & Government	44	13.0%
	Arts, Communication & Design	36	10.7%
Residence (n=337)	Off-campus	288	85.5%
	On-campus	49	14.5%
Marital Status (n=337)	Single	254	75.4%
	Dating	79	23.4%
	Married	3	0.9%
	Engaged	1	0.3%
Religion (n=334)	Christianity	312	93.4%
	Islam	19	5.7%
	Other	3	0.9%

Table 1 presents Sociodemographic Characteristics of the study participants (N = 338), excluding a small portion of cases with missing data on residence (n = 1), marital status (n = 1) and religion (n = 4). The mean age of the participants was 21.95 years (SD = 1.91; range: 18-25), which is the mid-point of the age range for emerging adulthood as outlined by Jeffery Arnett (between 18 to 25 years) (Arnett, 2014). The majority of study participants were in their first year (n = 109) and fourth year of study (n = 101), as compared to the second and third years (74 and 54 respectively). This is representative of the student enrollment distribution for the 2025/2026 academic year, in which there are 1,989 first year students, 1,426 second year students, 1,344 third year students and 1,654 fourth year students.

The most highly represented academic school among the participants was the School of Humanities and Social Sciences with 123 participants, followed by the School of Education with 81 participants, the School of Natural and Applied Sciences with 54 participants, the School of Law, Economics and Government with 44 participants, and the lowest was the School of Arts, Communication and Design with 36 students.

The majority of the students (85.5%, n = 288) lived off-campus, while only 14.5% (n = 49) lived on-campus. Regarding their relationship status, the majority of participants (75.4%, n =254) were single, 23.4% (n = 79) were dating, 0.9% (n = 3) were married, and 0.3% (n = 1) engaged. The main represented religion among the participants was Christianity at 93.4% (n = 312), while Islam was represented at 5.7% (n = 19) and another 3 participants (0.9%) indicated on an unspecified “Other” in terms of religion.

Prevalence of Depression

The total scores of the BDI-II within this study ranged from 0 to 45 (M = 11.91, SD = 8.40). Applying standard BDI-II cut-offs, 33.7% of participants (n = 114) screened positively for at least mild depression.

Table 2: BDI-II Depression Severity Distribution (N = 338)

BDI-II Category	Score Range	n	%
Minimal/No Depression	0–13	224	66.3%
Mild Depression	14–19	50	14.8%

Moderate Depression	20–28	50	14.8%
Severe Depression	29–63	14	4.1%
<i>Any Depression (≥ 14)</i>	—	114	33.7%

Table 2 presents BDI-II Depression Severity Distribution. Two-thirds of the sample (66.3%, $n = 224$) reported minimal or no depression. This is the portion of the participants who scored from 0 to 13 on the BDI-II, indicating that they did not exhibit many of the symptoms for depression. Mild depression was reported in 14.8% of the participants ($n = 50$); these participants reported symptoms of mild depression with scores of between 14 and 19 on the Beck Depression Inventory. Moderate depression showed equal prevalence to Mild depression (14.8%), with 50 out of the 338 study participants meeting the score for Moderate depression, scoring between 20 and 28 on the BDI-II. Severe depression was identified in 4.1% ($n = 14$) of the respondents, falling in the highest scoring category of between 29 and 63. Overall, depression was observed in 33.7% of respondents (from mild, moderate to severe), as shown in the last row of Table 2.

BDI-II Category by Year of Study

A Chi-square test of BDI-II category by year of study was conducted and did not reach statistical significance $\chi^2(9, N = 338) = 10.79, p = .291$. This means that the analysis did not indicate any significant differences in the prevalence of depression according to the year of study of the participants.

Table 3: BDI-II Depression Category by Year of Study ($N = 338$)

Year	Minimal n (%)	Mild n (%)	Moderate n (%)	Severe n (%)	Total
1st ($n=109$)	68 (62.4%)	19 (17.4%)	20 (18.3%)	2 (1.8%)	109
2nd ($n=74$)	48 (64.9%)	10 (13.5%)	11 (14.9%)	5 (6.8%)	74
3rd ($n=54$)	36 (66.7%)	8 (14.8%)	5 (9.3%)	5 (9.3%)	54
4th ($n=101$)	72 (71.3%)	13 (12.9%)	14 (13.9%)	2 (2.0%)	101

Note: $\chi^2(9) = 10.79, p = .291$. Percentages shown are within year of study.

Table 3 shows the results of BDI-II Category by Year of Study. The results of the Chi-square test conducted of the BDI-II category by Year of Study did not indicate any significant differences in the prevalence of depression according to the year of study of the participants. The 109 participants in their first year of study indicated minimal depression at 62.4% ($n = 68$) and various categories of depression from mild to severe at 37.6% ($n = 41$). Of the 74 participants in second year, 64.9% ($n = 48$) presented scores of minimal depression while 35.1% ($n = 26$) met the criteria for a level of depression. Among the third-year students, 66.7% ($n = 36$) presented scores for minimal depression while 33.3% ($n = 18$) screened positive for a level of depression. Of the 101 study participants in their fourth year of study, 71.3% ($n = 72$) were categorized as having minimal depression; 28.7% of them ($n = 29$) indicated a degree of depression. These results show more similarity in prevalence than difference, with approximately two-thirds of each category showing minimal depression scores and a third of them falling within the range of depression from mild to severe.

BDI-II Category by Academic School

BDI-II category was also cross-tabulated against school of study and the association was not significant as Fisher's exact test returns $p = .657$. Table 4 presents the cross-tabulation with row percentages.

Table 4: BDI-II Depression Category by Academic School (Row %)

Depression Category	HSS (n=123)	Education (n=81)	NAS (n=54)	LEG (n=44)	ACD (n=36)
Minimal (n=224)	79 (35.3%)	54 (24.1%)	40 (17.9%)	31 (13.8%)	20 (8.9%)
Mild (n=50)	18 (36.0%)	11 (22.0%)	8 (16.0%)	6 (12.0%)	7 (14.0%)
Moderate (n=50)	21 (42.0%)	12 (24.0%)	3 (6.0%)	7 (14.0%)	7 (14.0%)
Severe (n=14)	5 (35.7%)	4 (28.6%)	3 (21.4%)	0 (0.0%)	2 (14.3%)

Note: HSS = Humanities & Social Sciences; NAS = Natural & Applied Sciences; LEG = Law, Economics & Government; ACD = Arts, Communication & Design. $\chi^2 (12) = 8.46$, $p = .748$; Fisher's exact $p = .657$ (both non-significant).

Table 4 presents BDI-II Depression Category by Academic School. Within the five academic schools at UNIMA, the severity of depression was found to closely track each school's overall size at every level from Minimal depression to Severe depression. The analysis did not identify any significant differences in the prevalence of depression among participants from any particular academic school, nor was there an outstanding higher or lower prevalence of depression among the participants from different schools. With regards to severity, there was also no academic school in which severe depression was more frequently represented than in other schools.

Prevalence of Suicidal Behavior Risk (SBQ-R)

The total scores of the Suicide Behaviors Questionnaire – Revised (SBQ-R) as reported by the participants of this study ranged from 3 to 17 ($M = 4.60$, $SD = 2.48$, $n = 337$). The distribution of suicidal behavior risk levels is presented in Table 5.

Table 5: SBQ-R Suicidal Behaviour Risk Distribution (N = 337)

SBQ-R Risk Level	Score Range	n	%
Low Risk	≤ 6	276	81.9%
Moderate Risk	7–10	49	14.5%
High Risk	≥ 11	12	3.6%

Table 5 shows SBQ-R Suicidal Behavior Risk Distribution. Most participants (81.9%, $n = 276$) were classified as being Low Risk for suicidal behaviors, with their scores ranging from 0 to 6. These participants reported the lowest instances of past and present suicidal ideation, the lowest prediction of future suicidal behavior and no past suicidal attempts. Moderate Risk was identified in 14.5% ($n = 49$) of the participants, who scored between 7 and 10 and likely indicated some past suicidal ideation and behavior along with mild predictions of future suicidal behavior. High-Risk suicidal behavior was present in 3.6% ($n = 12$) of participants, whose scores were from at least 11 and who confirmed past and present suicidal ideation, past suicidal behavior, and predicted future suicidal behavior.

DISCUSSION

The results of this study revealed that two-thirds of the sample (66.3%, $n = 224$) scored in the minimal range of depression. Mild and moderate depression scored equally (14.8% each) and severe depression was at 4.1%. In total, 33.7% of the participants of this study were found to have some level of depression. These findings show that depression is a prevalent psychopathology among emerging adult male students of the University of Malawi,

and they corroborate reports of university students having higher prevalence of depression than the general population since other studies report the depression prevalence in Malawi to range from 19% to 30% (Kauye et al., 2015; Kutcher et al., 2017; Udedi, 2014b).

The high rate of 33.7% is consistent with, if not slightly higher than, figures reported in other university student populations; this is particularly compared to similar cross-sectional studies that have also explored the prevalence of depression among male university students. Gao et al. (2020b) conducted a meta-analysis of studies exploring depression among Chinese university students who were screened using different standardized tools: PHQ-9, BDI-II and the Self-Rating Depression Scale (SDS). That study found the overall prevalence of depression to be 28.4% of 185,787 students. Of these, 46.6% were male students, therefore there was no significant difference between them and the female students. With the understanding that these male students screened positive for depression at the estimated prevalence of 28%, this prevalence is lower than that of depression among male UNIMA students which is recorded at 33.7%. The difference in prevalence may be accounted for by differences in the mental health support afforded to the students by their institutions of learning, which in China are reported to be intentionally targeted towards managing the mental health challenges of the students.

Laskowski et al. (2026) in their national survey of depression, anxiety and suicidal behavior among men in Switzerland reported that 69.2% of the participants had no depression, 22.8% screened positive for mild depression, 4.9% for moderate depression, 2.3% for moderately severe depression, and 0.8% for severe depression through the use of the PHQ-9. The consistency of these findings with the findings of the current UNIMA study rest primarily among the percentage of participants without depression, with the UNIMA students' Minimal Depression percentage at 66.3%. The prevalence of mild depression differs from that of UNIMA (which is 14.8%) and moderate depression (also at 14.8%) compared to the higher prevalence of mild depression (22.8%) and the lower prevalence of moderate depression (4.9%) in the Swiss study. Thus, the prevalence of moderately depressed participants in the UNIMA sample was higher than in the study by Laskowski et al. There was also a higher prevalence of participants with severe depression in UNIMA (4.8%) compared to the Swiss study (0.8%). Much as the two studies utilized different screening tools (PHQ-9 by Laskowski et al. and the BDI-II in this current study), this does not sufficiently account for the differences in scores as both screening tools are internationally validated for use in both countries. The differences in prevalence may therefore be more indicative of the state of mental health support services in UNIMA compared to the participants in Switzerland. It may also point to the consequences of poor mental health support systems within the Malawian context, which may not provide sufficient early screening to prevent worsening depressive symptoms. Laskowski et al. (2026) also acknowledge the likelihood that men within their population were under-diagnosed for depression because some of their symptoms may not meet the clinical diagnostic criteria (e.g. aggression, agitation, risk-taking). The same may be said for the Malawian sample, which would then maintain a higher prevalence of depression among the current study's population than the Swiss population.

This current study also conducted a chi-square test on the data from the UNIMA students to evaluate whether the prevalence of depression varied within different academic years of study. The results did not reach statistical significance, meaning that the differences in depression prevalence between the different years of study were minimal. Among the male students from UNIMA, the first-year students were found to have the highest prevalence of depression among participants of their year at 37.5%, followed by second year students (35.2%), third year students (33.4%), and fourth year students (28.8%). The high prevalence of depression among first year students is consistent with the findings from an evaluation of 15,630 male first year university students in Singapore by Yeo et al. (2024). This study screened the students using the PHQ-9 and found that the male students had mild depression at 39.5% (higher than the UNIMA rate of 17.4%), and moderate to severe depression at 28.6% (also higher than the UNIMA rate of 20.7%). The heightened prevalence among the Singapore sample may be accredited to other contextual factors, significantly that the study was conducted during the COVID-19 pandemic when there was a rise in prevalence of mental health disorders as a whole. However as first year students, the participants from both studies presumably faced similar challenges in adjusting to a change of environment, living away from home, encountering new learning frameworks and making new friends. The gradual decrease in depression prevalence among the higher classes may also imply

that as the students adapt to their environment, form new social connections and gain academic mastery, their symptoms of emotional distress reduce as well.

Although the analysis shows that the differences in depression prevalence was statistically minimal among the UNIMA students, this finding of higher depression prevalence among first year students is contrary to the Chinese study by Gao et al. (2020b), which reported higher prevalence of depression among non-freshman students (29.5%) than freshman students (25.1%). This was presumably due to the additional psychosocial support provided to first year students within most Chinese universities, such as encouraging communal living and class attendance, as well as institutionally organized social events to help these students adapt to campus life quickly and provide constant social support. This differs markedly from the UNIMA findings, in which first year students showed the highest numbers of depression positive screening (37.6%) compared to the lower prevalence in second (35.1%), third (33.3%) and fourth years (28.7%). This higher depression prevalence among first year students at UNIMA may point to a lack of institutional support in helping students adjust to a new environment, unlike the initiative undertaken by Chinese universities. It may be assumed that such innovations would be useful to the students, with the students benefiting academically and socially. It may also help in preventing accompanying challenges like excessive substance use and other maladaptive coping strategies.

Similarly, high prevalence of depression among first year students was also identified in a study by Islam et al. (2022) in Bangladesh, in which 400 first-year university students at Jahangirnagar University in Dhaka were assessed for depression using the PHQ-9. Of this sample, 209 students were male (52.3%) and 191 were female (47.8%). The findings showed that 69.5% of the participants screened positive for depression, ranging from moderate to extremely severe. Of those who screened positive, 50.4% were male students, meaning that there was no significant difference in depression prevalence between the male and female students. This finding therefore corroborates the risk of depression among first year students as being a possible indicator of challenges in managing transition to university, and reinforces the call to prioritize these mental health needs among first year students.

This study at UNIMA also evaluated the possible impact that the students' academic disciplines might have on their emotional wellbeing. Aside from the adjustments that students have to make in new learning techniques once they are in university, studies also report that the nature of the subjects that students learn might also have a negative impact on their mental health. For instance, Limone & Toto, (2022) reported that students who majored in rigorous fields that required both classroom and field-related learning such as medicine displayed higher rates of depression. This goes on the assumption that increased academic pressure and consequent failure may have negative implications for the students' future, such as their chances of employability (Iwamoto et al., 2018; Koly et al., 2021).

The University of Malawi houses thirty-four departments in five different academic schools that cover a wide variety of degree programs in liberal arts, humanities and the sciences. The 338 participants of this current study fell within all of the five schools of study: the School of Humanities and Social Sciences, the School of Natural and Applied Sciences, the School of Law, Economics and Government, the School of Education, and the School of Arts, Communication and Design. Using both chi-square tests and Fisher's exact test, the BDI-II scores of these study participants were cross-tabulated against their school of study to assess their association. Similar to the evaluation of the year of study, the results of this cross-tabulation were also insignificant, meaning that the prevalence of depression did not vary significantly across the five schools. Based on the findings from other studies, these two variables might plausibly have shaped depression severity: year of study and school of study. However, this current study reports no significant association between the BDI category and these two variables. This therefore suggests that the identified mental health burden of depression among male students is broadly distributed across the student body rather than concentrated in a particular school or academic stage.

This study went on to explore the prevalence of suicidal behavior risk in male students at the University of Malawi. The participants were screened using the Suicidal Behavior Questionnaire – Revised (SBQ-R), a four-item measure of suicidality across four dimensions: lifetime ideation/attempt, past-year frequency, communication of intent, and future likelihood. The total scores of this questionnaire fall between 3-18, classified as Low Risk (≤ 6), Moderate Risk (7-10), or High Risk (≥ 11). Majority of the 338 male study participants from UNIMA were classified as Low Risk for suicidal behaviour (81.9%, $n = 276$) with their scores ranging from 0

to 6. These participants reported the lowest instances of past and present suicidal ideation, no past suicidal attempts and also had the lowest prediction of future suicidal behavior. Moderate risk for depression was identified in 14.5% ($n = 49$) and High Risk in 3.6% ($n = 12$). The total prevalence of 18.1% of participants either being at Moderate or High Suicide Risk deserves attention as a public health signal, particularly considering how underreported male suicidal behaviour is in Malawi.

In a study by Owusu-Ansah et al. (2020), 1,003 students from the Kwame Nkrumah University of Science and Technology in Ghana reported past suicide attempts at 6.3%, suicidal ideation at 15.2% and 7% had ever had a clear suicide plan. Almost a quarter of these participants, of which 507 were male and 496 were female, also admitted to have ever had death wishes in their lifetime although without distinct suicidal ideation. This study also reported no significant difference in prevalence between male and female suicidal behavior. The findings of the Ghanaian report higher suicide risk over all compared to the present study. In the present UNIMA study, the rate of highest risk was at 3.6% compared to the highest risk participants who had a past suicidal attempt (6.3%) and had a clear plan (7%) among the Ghanaian sample. Similarly, the UNIMA sample of moderate risk was 14.5% of the sample, compared to 15.2% among the Ghanaian sample. However, the similarities in student characteristics such as average age (20.5 years in Ghana, 21.95 years in Malawi) and undergraduate education could also point to similarities in higher prevalence of risk and protective factors, such as academic struggles, poor lifestyle and health practices, and social challenges (Owusu-Ansah et al., 2020). These factors therefore indicate the importance of suicide risk screening in order to identify people at risk of suicide early for effective and early treatment.

Ngalande et al. (2025) in their meta-analysis of the prevalence of suicidal behavior spanning 12 African countries reported the high-risk suicide prevalence in Malawi to be at 5.16% among late adolescents (aged 15 – 19 years) and 5.85% for emerging adults (aged 20 – 24 years). This prevalence is higher than that of the present UNIMA study, where 3.6% of the study participants screened for high risk suicidal behavior. This lower prevalence of high-risk suicidal behavior among UNIMA students than the national prevalence may be accounted for by protective factors such as tertiary education, better mental health literacy and economic stability compared to the general population, including those in rural areas. However, this difference in critical mental health indicators between the general population and students in tertiary education does require further investigation.

RECOMMENDATIONS

A third of the participants of this study (33.7%, $n = 114$) met minimal screening scores for a level of depression on the BDI-II, with 18.9% of respondents ($n = 64$) falling under moderate and severe depression. In addition, 18.1% of participants sat at Moderate or High Risk for suicide on the SBQ-R, with High Risk alone present in 3.6% ($n = 12$) of the respondents. This high prevalence of depression and suicide risk shows the pressing mental health burden among these male university students, and some recommendations are therefore proposed.

Higher learning institutions such as the University of Malawi should maintain a mandatory staff establishment of full-time, adequately-trained and registered student counsellors to address the emotional and mental wellbeing needs of students. As the study has revealed a higher prevalence of depression among first year students, the University of Malawi and other institutions like it must prioritize creating supportive interpersonal structures to aid them in adapting to their new environment. Regular mental health awareness campaigns must also be conducted to improve mental health literacy, especially regarding the common mental health challenges of students such as depression, anxiety, substance use disorders, self-harm and suicide.

The Ministry of Education in Malawi should also establish comprehensive policies for the provision of mental health support for students in institutions of higher learning, starting with creating distinct career pathways for school counsellors rather than adding counselling duties to teachers with already demanding workloads.

CONCLUSION

The rising rates of depression and suicidal behavior among emerging adult men in Malawi have been alarming, and call for a concerted effort in improving mental health literacy and suicide prevention. This cross-sectional study explored the prevalence of depression and suicidal behavior among emerging adult men in the University

of Malawi and the results are predominantly consistent with those of other studies with similar populations in different countries. It is therefore necessary to further investigate practical solutions for this national mental health crisis in order to reduce the prevalence of depression and suicide, thereby improving the mental health outcomes of emerging adult men in the country.

REFERENCES

1. Alhemedi, A., Qasaimeh, M., Abdo, N., Elsalem, L., Qaadan, D., Alomari, E., Issa, Q., Alhadeethi, M., Abdul Kareem, H., Almasri, A., Elkhateeb, O., & Naser, A. (2023). Depression Among University Students in Jordan After the COVID-19 Pandemic: A Cross-Sectional Study. *Psychology Research and Behavior Management*, Volume 16, 4237–4249. <https://doi.org/10.2147/PRBM.S436293>
2. American Psychiatric Association. (2022). *Diagnostic and Statistical Manual of Mental Disorders*. American Psychiatric Association Publishing. <https://doi.org/10.1176/appi.books.9780890425787>
3. Amini-Tehrani, M., Nasiri, M., Jalali, T., Sadeghi, R., Ghotbi, A., & Zamanian, H. (2020). Validation and psychometric properties of Suicide Behaviors Questionnaire-Revised (SBQ-R) in Iran. *Asian Journal of Psychiatry*, 47, 101856. <https://doi.org/10.1016/j.ajp.2019.101856>
4. Arnett, J. J. (2014). *Emerging Adulthood*. Oxford University Press New York. <https://doi.org/10.1093/acprof:oso/9780199929382.001.0001>
5. Banda, G. T., Banda, N., Chadza, A., & Mthunzi, C. (2021). Suicide epidemic in Malawi: what can we do? *Pan African Medical Journal*, 38. <https://doi.org/10.11604/pamj.2021.38.69.27843>
6. Belliappa, J. L. (2019). *Practical Research Methods in Education* (M. Lambert, Ed.). Routledge. <https://doi.org/10.4324/9781351188395>
7. Chimutu, J. (2024, October 4). Breaking the Silence: Addressing the Rising Suicide Rates in Malawi. <https://www.thesparklefoundation.org/breaking-the-silence-addressing-the-rising-suicide-rates-in-malawi>
8. Chodkiewicz, J., & Gruszczyńska, E. (2020). The Polish adaptation of the Suicide Behaviors Questionnaire-Revised by A. Osman et al. *Psychiatria Polska*, 54(1), 101–111. <https://doi.org/10.12740/PP/OnlineFirst/93492>
9. Creswell, J. W., & Creswell, J. D. (2022). *Research Design. Qualitative, Quantitative, and Mixed Methods Approaches*. SAGE Publications, Inc.
10. Dizon, J. I. W. T., Mendoza, N. B., Mordeno, I. G., & Nalipay, M. J. N. (2023). Validating the Suicide Behavior Questionnaire-Revised among Filipino adults during the COVID-19 pandemic. *Death Studies*, 47(2), 159–163. <https://doi.org/10.1080/07481187.2022.2039327>
11. Gao, L., Xie, Y., Jia, C., & Wang, W. (2020a). Prevalence of depression among Chinese university students: a systematic review and meta-analysis. *Scientific Reports*, 10(1), 15897. <https://doi.org/10.1038/s41598-020-72998-1>
12. Gbadamosi, I. T., Henneh, I. T., Aluko, O. M., Yawson, E. O., Fokoua, A. R., Koomson, A., Torbi, J., Olorunnado, S. E., Lewu, F. S., Yusha'u, Y., Keji-Taofik, S. T., Biney, R. P., & Tagoe, T. A. (2022). Depression in Sub-Saharan Africa. *IBRO Neuroscience Reports*, 12, 309–322. <https://doi.org/10.1016/j.ibneur.2022.03.005>
13. Gunnell, D., Caul, S., Appleby, L., John, A., & Hawton, K. (2020). The incidence of suicide in University students in England and Wales 2000/2001–2016/2017: Record linkage study. *Journal of Affective Disorders*, 261, 113–120. <https://doi.org/10.1016/j.jad.2019.09.079>
14. Islam, S., Akter, R., Sikder, T., & Griffiths, M. D. (2022). Prevalence and Factors Associated with Depression and Anxiety Among First-Year University Students in Bangladesh: A Cross-Sectional Study. *International Journal of Mental Health and Addiction*, 20(3), 1289–1302. <https://doi.org/10.1007/s11469-020-00242-y>
15. Iwamoto, D. K., Brady, J., Kaya, A., & Park, A. (2018). Masculinity and Depression: A Longitudinal Investigation of Multidimensional Masculine Norms Among College Men. *American Journal of Men's Health*, 12(6), 1873–1881. <https://doi.org/10.1177/1557988318785549>
16. Iweama, C. N., Agbaje, O. S., Lerum, N. I., Igbokwe, C. C., & Ozoemena, L. E. (2024). Suicidal ideation and attempts among Nigerian undergraduates: Exploring the relationships with depression, hopelessness, perceived burdensomeness, and thwarted belongingness. *SAGE Open Medicine*, 12. <https://doi.org/10.1177/20503121241236137>

17. Jumbe, S., Nyali, J., Simbeye, M., Zakeyu, N., Motshewa, G., & Pulapa, S. R. (2022). "We do not talk about it": Engaging youth in Malawi to inform adaptation of a mental health literacy intervention. *PloS One*, 17(3), e0265530. <https://doi.org/10.1371/journal.pone.0265530>
18. Karrouri, R., Hammani, Z., Benjelloun, R., & Otheman, Y. (2021). Major depressive disorder: Validated treatments and future challenges. *World Journal of Clinical Cases*, 9(31), 9350–9367. <https://doi.org/10.12998/wjcc.v9.i31.9350>
19. Kauye, F., Udedi, M., & Mafuta, C. (2015). Pathway to care for psychiatric patients in a developing country: Malawi. *International Journal of Social Psychiatry*, 61(2), 121–128. <https://doi.org/10.1177/0020764014537235>
20. Kutcher, S., Udedi, M., Gilberds, H., Brown, A., Chapota, R., & Perkins, K. (2017). Clinic outcomes of the Pathway to Care Model: A cross-sectional survey of adolescent depression in Malawi. *Malawi Medical Journal: The Journal of Medical Association of Malawi*, 29(2), 97–102. <https://doi.org/10.4314/mmj.v29i2.4>
21. Koly, K. N., Sultana, S., Iqbal, A., Dunn, J. A., Ryan, G., & Chowdhury, A. B. (2021). Prevalence of depression and its correlates among public university students in Bangladesh. *Journal of Affective Disorders*, 282, 689–694. <https://doi.org/10.1016/j.jad.2020.12.137>
22. Laskowski, N. M., Müller, R., Theunert, M., & Paslakis, G. (2026). Associated factors of depression, anxiety, and suicide behavior among men in Switzerland: findings from the Swiss health survey 2022. *Frontiers in Psychology*, 17. <https://doi.org/10.3389/fpsyg.2026.1725181>
23. Lee, B., Wang, Y., Carlson, S. A., Greenlund, K. J., Lu, H., Liu, Y., Croft, J. B., Eke, P. I., Town, M., & Thomas, C. W. (2023). National, State-Level, and County-Level Prevalence Estimates of Adults Aged ≥18 Years Self-Reporting a Lifetime Diagnosis of Depression — United States, 2020. *MMWR. Morbidity and Mortality Weekly Report*, 72(24), 644–650. <https://doi.org/10.15585/mmwr.mm7224a1>
24. Limone, P., & Toto, G. A. (2022). Factors That Predispose Undergraduates to Mental Issues: A Cumulative Literature Review for Future Research Perspectives. *Frontiers in Public Health*, 10. <https://doi.org/10.3389/fpubh.2022.831349>
25. Masina, L. (2023, August 7). Malawi Moves to Tackle Rising Cases of Suicide. *VOA News* <https://www.voanews.com/a/malawi-moves-to-tackle-rising-cases-of-suicide/7215143.html>
26. Masulani-Mwale, C., Kanjira, S., & Mafuta, C. (2022). Incidence of Suicide in Malawi. In *POSTER_Charles-Masulani-Mwale_Incidence-Of-Suicide-In-Malawi_2.pdf*. The Irish Global Health Network.
27. Mpinga, K., Rukundo, T., Mwale, O., Kamwiyo, M., Thengo, L., Ruderman, T., Matanje, B., Munyaneza, F., Connolly, E., Kulisewa, K., Udedi, M., Kachimanga, C., Dullie, L., & McBain, R. (2023). Depressive disorder at the household level: prevalence and correlates of depressive symptoms among household members. *Global Health Action*, 16(1). <https://doi.org/10.1080/16549716.2023.2241808>
28. Mutinta, G. (2022). Mental distress among university students in the Eastern Cape Province, South Africa. *BMC Psychology*, 10(1), 204. <https://doi.org/10.1186/s40359-022-00903-8>
29. Ngalande, I., Chigere, A., Ng'ambi, W., & Zyambo, C. (2025). Silent Cries Across Borders: Determinants of Suicidal Ideation and Attempts in Sub-Saharan Africa - Evidence from WHO STEPS Surveys (2014–2019). <https://doi.org/10.1101/2025.09.09.25335473>
30. Obilade, T. T., Koleoso, P. O., & Nwenendah-Mpi, E. W. (2024). An investigative study on the causes of depression and the coping strategies among clinical medical students in private universities in North Central Nigeria. *BMC Psychiatry*, 24(1), 726. <https://doi.org/10.1186/s12888-024-06197-x>
31. Osman, A., Bagge, C. L., Gutierrez, P. M., Konick, L. C., Kopper, B. A., & Barrios, F. X. (2013). Suicidal Behaviors Questionnaire—Revised. In *PsycTESTS Dataset*. <https://doi.org/10.1037/t14542-000>
32. Owusu-Ansah, F. E., Addae, A. A., Peasah, B. O., Oppong Asante, K., & Osafo, J. (2020). Suicide among university students: prevalence, risks and protective factors. *Health Psychology and Behavioral Medicine*, 8(1), 220–233. <https://doi.org/10.1080/21642850.2020.1766978>
33. Othieno, C. J., Okoth, R. O., Peltzer, K., Pengpid, S., & Malla, L. O. (2014). Depression among university students in Kenya: Prevalence and sociodemographic correlates. *Journal of Affective Disorders*, 165, 120–125. <https://doi.org/10.1016/j.jad.2014.04.070>
34. Shi, P., Yang, A., Zhao, Q., Chen, Z., Ren, X., & Dai, Q. (2021). A Hypothesis of Gender Differences in Self-Reporting Symptom of Depression: Implications to Solve Under-Diagnosis and Under-Treatment of Depression in Males. *Frontiers in Psychiatry*, 12. <https://doi.org/10.3389/fpsyg.2021.589687>

35. Truskauskaite-Kuneviciene, I., Brailovskaia, J., Kamite, Y., Petrauskaite, G., Margraf, J., & Kazlauskas, E. (2020). Does Trauma Shape Identity? Exploring the Links Between Lifetime Trauma Exposure and Identity Status in Emerging Adulthood. *Frontiers in Psychology*, 11. <https://doi.org/10.3389/fpsyg.2020.570644>
36. Udedi, M. (2014a). The prevalence of depression among patients and its detection by primary health care workers at Matawale Health Centre (Zomba). *Malawi Medical Journal: The Journal of Medical Association of Malawi*, 26(2), 34–37.
37. University of Florida. (1992). Determining Sample Size Degree Of Variability.
38. World Health Organization. (2023). Depressive Disorder (Depression). <https://www.who.int/news-room/fact-sheets/detail/depression>.
39. Yamane, T. (1967). *Statistics: An Introductory Analysis* (2nd Ed.). Harper and Row.
40. Yeo, P. M. E., Qin, V. M., Ang, C.-S., Chia, M., Ho, R. M.-H., Ho, A. H. Y., & Car, J. (2024). Prevalence and correlates of depressive symptoms among matriculated university students in Singapore during Covid-19 pandemic: findings from a repeated cross-sectional analysis. *BMC Public Health*, 24(1), 454. <https://doi.org/10.1186/s12889-024-17866-7>