

## Risk factors for Depression and Coping Mechanisms among Physically Challenged Beggars in Nsukka Urban, Enugu State

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### Abstract

*The study was conducted to examine risk factors for depression and coping mechanisms among physically challenged beggars in Nsukka Urban, Enugu State. The study adopted cross-sectional survey design. Four research questions and two null hypotheses guided the study. The study sample was 50 physically challenged beggars purposively selected from two Roman Catholic Churches, motor parks and within the University of Nigeria, Nsukka premises. The total population of beggars in Nsukka Urban was difficult to define because beggars often change their location from time to time. Questionnaire and in-depth interview guide were used as instruments for data collection. Percentages, means and standard deviations were used to answer the research questions while chi-square statistic was used to test the null hypotheses at .05 level of significance. Results of the study among others indicated that very high proportion of physically challenged beggars (71.7%) reported the common risk factors for depression such as poverty, traumatic or sad experiences, stigma and discrimination, genetic disposition, and chemical or hormonal imbalance. Depressive symptoms were reported by PCBs as indicated by a grand mean of 3.19. A moderate proportion of PCBs (54.3%) reported the common consequences of depression such as getting angry and crying, feeling weak and sickly sometimes, unable to work or do anything, drinking alcohol, feeling like dying, feeling uncomfortable, using abusive languages, and smoking cigarette. There were no significant differences in responses of PCBs on risk factors for depression based on gender and duration of begging. Findings also showed that beggars managed or cope with depression by using abusive words on offenders, playing, watching films, drinking, eating well when there is money, trekking if there is no money and talking with people. Based on the findings, recommendations were made among which is that the government should enact and implement laws of protection and provision that favour the physically challenged beggars, this will prevent or minimize to a large extent the risk factors and consequences of depression on physically challenged beggars.*

**Keywords:** Depression, Physically challenged Beggars, Coping Mechanisms, Consequences.

### Introduction

Depression is a common and serious medical illness that negatively affects how an individual feels, thinks and can act. Depression affects people of all ages, from all walks of life, in all countries. It causes mental anguish and impacts on people's ability to carry out even the simplest everyday task, with sometimes devastating consequences for relationships with family and friends and the ability to earn a living (World Health Organization [WHO], 2017). Between 1990 and 2003, the number of people suffering from depression and or anxiety increased by nearly 50%. Close to 10% of the world's population is affected by depression, and it also accounts for 10% of years lived with disability globally (WHO, 2017). Depression is a chronic illness with a high prevalence and is a major component of disease burden (Albert, 2015). Depressive disorders were the second leading cause of years lived with disability in 2010 globally (Whiteford et al., 2013). Its prevalence is higher in women than in men, and is more than thrice prevalent in young women than men (ages 14-25years), but this ratio decreases with age (Ford & Erlinger, 2004; Patten et al., 2006).

Depression is a major health concern that affects most people's lives at some point in their lifetime. Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest, which is also called major depressive disorder or clinical depression (Mayo Clinic Staff, 2017). It is an illness characterized by persistent sadness and a loss of interest in activities that one normally enjoy, accompanied by an inability to carryout daily activities, for at least two weeks (WHO, 2017). Depression is treatable and can lead to a variety of emotional and physical problems and can decrease a person's ability to function at work and home. Depressed people appear to commit much type of errors in thinking, such as jumping to negative conclusions, basing on little

evidence, ignoring good events while focusing only on negative events. It can affect anyone- even a person who appears to live in relatively ideal circumstances including physically challenged beggars.

The physically challenged are individuals who are unable to function in the same way other people do. Lawal-Solarin (2010) described physically challenged as persons who are unable to perform some or all the tasks of daily life or medically diagnosed to find it difficult to engage in the activities of daily life. Hence, people who experience some physical challenge in activities are referred to as physically challenged or disabled persons. Beggars who are physically challenged are referred to as physically challenged beggars (PCBs). Disability or physical challenge can appear in various form of impairment or deformity. Physical impairment or disability can lead to frustration in some cases which adversely degenerate to an individual not being able to actualize his or her aspirations (Crisps, 2002). Many PCBs, and in fact all beggars seem to experience varying degrees of depression which makes them withdrawn, unhappy and irritable sometimes. Depression can result in not only sadness, but also in suicidal tendencies (Hussain, Sikander, & Maqsd, 2014). Likewise absence of support and adequate coping mechanisms lead most physically challenged individuals to depression.

Several factors can play a role in depression. These include: biochemistry (differences in certain chemicals in the brain); personality (people with low self-esteem and overwhelmed by stress); environmental factors (continuous exposure to violence, neglect, abuse or poverty), and genetics; which can run in families (American Psychiatric Association [APA], 2013). Genes can trigger depression by affecting the chemical balance in the brain. Tyrrell and Elliot (2015) opined that noradrenaline and serotonin have been consistently linked to mood disorders such as depression. It is well known that depression runs in families. National Institute of Health (2014) posited that depression often runs in families. This may be due to genes, behaviours learnt from home or the environment. The strongest evidence for this comes from the research on bipolar disorders. Half of those with bipolar disorders had a relative with similar pattern of mood fluctuation. A person with a relative who has suffered depression has an increase in the risk for the condition of 1.5% to 3% over normal (Harvard Health, 2010). It is important to note that traumatic experience can also activate depression, by promoting any of the above described biological parents of depressed people which have a high incidence of depression and other psychological disorders. In other words, genetic traits of depression may be passed from parent to child.

Throughout literature, there is a strong association between poverty, disability and begging. Yeo (2005) noted that poverty is a major cause of depression among depressed beggars. The author further noted that disabled people constitute one of the poorest, socially excluded and marginalized groups within the Nigerian society. If a person is born with a disability or becomes disabled, it is often assumed that the doors of gainful employment are closed and the only choice left to meet basic needs is begging. Poor people are at greater risk of becoming disabled through lack of adequate housing, food, clean water, basic sanitation and safe working environment. People with disabilities (PWDs) in turn are at risk of becoming poor through restricted access to education, health care, job training and employment opportunities, these factors, in combination with the effects of stigma and social isolation, limit the ability of people with disabilities to be full participants in their societies and to find employment that will support themselves and their families (Groce et al., 2013). This has economic and social implication not only for the people with disability, but also for the household in which he or she lives, and increases the likelihood of turning to begging.

Depression may manifest in diminished self-esteem and increased need for social support. Depressive symptoms can vary from mild to severe and include: feeling sad or having a depressed mood, loss of interest or pleasure in activities once enjoyed, changes in appetite, trouble sleeping or sleeping too much, loss of energy or increased fatigue, increase in purposeless physical activity or slowed movements and speech, feeling worthless or guilty, difficulty thinking, concentrating or making decisions, thoughts of death or suicide among others (APA, 2013). Depression also manifests in low mood or irritable mood most of the time, trouble sleeping or sleeping too much, a big change in appetite, often with weight gain or loss, tiredness and lack of energy, feeling of worthlessness, self-hate and guilt, difficulty concentrating, slow or fast movement, lack of activities, feeling of hopelessness, repeated thoughts of death or suicide, lack of pleasure in activities one usually enjoyed, including sexual act (National Institute of Health, 2014). All the above experiences are basically because depression is borne by the fact that the individual is helpless, seeking help through begging.

Depression also has consequences on the body. Pietrangelov (2014) asserted that in the central nervous system; it causes a lot of symptoms, many of which are easy to dismiss or ignore. These include tiredness, irritability, anger and loss of interest in things that used to bring pleasure, episodes of crying, preoccupied with thoughts of death, or hurting themselves, abusive languages, risk of suicide, pain not responding to medication and risk of suicide. On the digestive system; over eating or binging which leads to weight and obesity-related ill-health like type 2 diabetes? Others have loss of appetite or failure to eat nutritious food. The symptom may not improve with drug. On the cardiovascular and immune system; speeds heart rates and makes blood vessel tighten, putting the body in a prolonged state of emergency over time, this can lead to a heart disease. Depression and stress may have a negative impact on immune system, making one more vulnerable to diseases.

There are various ways in which depressed individuals including physically challenged beggars cope with depression in order to prevent its adverse effects on the body. According to Everyday Health (2015), depression can be handled in the following ways: consultation with a therapist, self expression in writing, boosting self confidence, stay involved, avoidance of isolation, family or peer support, sleep well, participation in physical activity, make the food and mood connection, practising relaxation, having contacts with friends and pets, and avoidance of excessive alcohol intake. Mayo Clinic Staff (2017) advised that people with depression should try to participate in social activities and get together with family or friends regularly. Groce et al. (2013) reported that beggars coped with depression by eating less or fasting, and on a bad day, coped with depression by walking rather than taking a bus or paying for a ride to the location where they were begging that day. Greene (2015) reported a beggar's strategy for managing depression thus:

My daughter and I lived in a tiny garage apartment, across the street from the beach. In periods of great stress, I would venture to the waters and swim until I exhausted myself and my means of anxiety. In times of pain-physical and emotional;-swimming became therapy. I will swim so far that the houses on the shore appeared like tiny, colorful boxes instead of million-dollar homes. My problems shrunk much the same way. Sea water had an almost tranquilizing effect on my spirit.

Depression forces people to do things which otherwise they would not have done. Depressed persons are more likely than non-depressed persons to engage in unhealthy behaviours such as smoking, excessive alcohol intake, physical inactivity and unhealthy eating habits, which may cause worsened health status over time (Groce et al., 2013). The authors further stated that depression may also discourage persons from obtaining adequate medical attention and social support, which in turn may result in a decline in physical health. Crisps (2002) affirmed that disability can lead to frustration in some cases, and can adversely degenerate to a level that an individual may not be able to actualize his aspirations. Moreover, the inability to cope with depression portrays such persons as helpless, mindless, suffering and deserving sympathy and alms.

The problem of begging is attributed to the terrible situation in Nigeria where disabled persons and disability issues are treated as charity and welfare matters and not human right issue. Okoli (2010) disclosed that disabled people in Nigeria are living in an environment that is hostile to their yearnings and aspirations; hence depressed environment. The global development community, as well as the global disability advocacy community, has paid little attention to men, women and children with disabilities who make their living in whole or in part by begging. This situation is particularly striking because, worldwide, begging is a common and visible form of making a living outside the home for people with disabilities. Several studies have been carried out on depression, but there is virtually no published study that has investigated risk factors for depression and coping mechanisms in Nsukka Urban, Enugu State Nigeria. This is the crux of the study.

### **Objectives of the Study**

The purpose of the study was to examine risk factors for depression and coping mechanisms among physically challenged beggars in Nsukka Urban, Enugu State. Specifically, the study determined:

1. risk factors for depression among physically challenged beggars;
2. depressive symptoms among physically challenged beggars;
3. consequences of depression among physically challenged beggars; and
4. ways physically challenged beggars cope with depression.

### **Research Questions**

Four research questions were posed to guide the study.

1. What are the risk factors for depression among physically challenged beggars?
2. What are the depressive symptoms of physically challenged beggars?
3. What are the consequences of depression among physically challenged beggars?
4. How do physically challenged beggars cope with depression?

### **Hypotheses**

Two Null Hypotheses were postulated to guide the study and were tested at .05 level of significance.

1. There is no significant difference in responses of physically challenged beggars on risk factors for depression based on gender.
2. There is no significant difference in responses of physically challenged beggars on risk factors for depression based on duration of begging.

## Methods

The study adopted the cross-sectional survey design. The cross-sectional survey is one that produces a snap shot of a population at a particular point in time (Cohen, Manion, & Morrison, 2011). The study was carried out in Nsukka Urban of Enugu State. The purposive sampling technique was used to select 50 physically challenged beggars from two Roman Catholic Churches, motor parks and within the University of Nigeria, Nsukka. The total population of beggars in Nsukka Urban was difficult to define because beggars often change their location from time to time.

The instruments for data collection were questionnaire and in-depth interview guide (IDI). The aspect of the instrument that assessed risk factors and consequences of depression contained 14 items divided into three sections and was validated by five experts from Human Kinetics and Health Education and Psychology Departments of University of Nigeria Nsukka. The reliability of the instrument was established using the split half method, and a correlation coefficient of .86 was obtained with the Spearman's Brown correlation, which was adjudged reliable for embarking on the study. The Depression Anxiety Stress Scale (DASS) was used to measure the negative emotional state of depression and or depressive symptoms of the respondents. The depression scale is highly reliable and contained 14 items that addressed dysphoria, hopelessness, devaluation of life, self-depreciation, lack of interest/involvement, anhedonia and inertia. The respondents were requested to read each statement and circle a number 0, 1, 2 or 3 which indicated how much the statement applied to them over the past week. The researchers read out and interpreted the contents of the questionnaire to the respondents and helped them to fill out their responses due to their atypical nature and low literacy level. Data collected for the study were analyzed using frequencies, percentages, means, standard deviations and chi-square statistic. Percentages, means and standard deviations were used to answer research questions 1-3 while chi-square statistic was used to test the hypotheses at 0.05 level of significance. Research question 4 was analyzed qualitatively using analytical induction. Risk factors and consequences of depression were interpreted using Okafor's (1997) criteria. By these criteria, below 20 per cent score of respondents was considered very low proportion, a score of 20-39 per cent was considered low proportion, a score of 40-59 per cent was considered moderate proportion, a score of 60-79 per cent was considered high proportion and a score of 80 per cent or above was considered very high proportion.

## Results

**Table 1: Frequency of Demographic characteristics of Physically Challenged Beggars (n=50)**

S/N	Demographic characteristics	f	%
1	Gender		
	Male	30	60.0
	Female	20	40.0
2	Duration of Begging (years)		
	≤ 5years	20	40.0
	6 – 10years	15	30.0
	>10years	15	30.0

**Table 2: Responses of Physically Challenged Beggars on Risk factors for Depression (n=50)**

S/N	Risk Factors for Depression	f	%	Decision
1	Genetic disposition	26	52.0	Moderate
2	Environmental factors such as exposure to violence, neglect, abuse or poverty	47	94.0	Very High
3	Traumatic/sad experiences	45	90.0	Very High
4	Chemical or hormonal imbalance	21	42.0	Moderate
5	Stigma and discrimination	35	70.0	High
6	Personality/low self esteem	41	82.0	Very High
	<b>Overall percentage</b>		<b>71.7</b>	<b>High</b>

Findings in Table 2 show that very high proportion of PCBs reported environmental factors such as exposure to violence, neglect, abuse or poverty (94%) and traumatic/sad experiences (90%) as risk factors for their depression experience while high proportion of PCBs reported personality/low self esteem (82%), and stigma and discrimination (70%) as risk factors for their depression experience. Findings also show that moderate proportion of PCBs reported genetic disposition (52%) and chemical or hormonal imbalance (42%) as risk factors for their depression experience. The overall percentage (71.7%) affirmed that high proportion of PCBs reported the common risk factors for depression.

**Table 3: Responses on Depressive Symptoms of Physically Challenged Beggars (n = 50)**

S/N	Depressive symptoms	$\bar{X}$	SD
1	I couldn't seem to experience any positive feeling at all	3.13	.819
2	I just couldn't seem to get going	3.43	.504
3	I felt that I had nothing to look forward to	3.27	.640
4	I felt sad and depressed	3.17	.648
5	I felt that I had lost interest in just about everything	2.87	.860
6	I felt I wasn't worth much as a person	3.53	.507
7	I felt that life wasn't worthwhile	2.70	.837
8	I couldn't seem to get any enjoyment out of the things I did	3.33	.758
9	I felt down-hearted and blue	3.77	.430
10	I was unable to become enthusiastic about anything	3.07	.828
11	I felt I was pretty worthless	2.83	.874
12	I could see nothing in the future to be hope about	3.57	.718
13	I felt that life was meaningless	3.10	.662
14	I found it difficult to work up the initiative to do things	2.90	.845
	<b>Grand mean</b>	<b>3.19</b>	<b>.709</b>

Findings in Table 3 show that physically challenged beggars had a grand mean of 3.19, which is above the criterion mean of 2.50. This implies that PCBs reported the common depressive symptoms. Findings also show that the means of the items were greater than the criterion mean of 2.50, and were all reported as experienced depressive symptoms. The table further shows that the standard deviations range from .430 - .874, indicating that the responses of PCBs were not far from one another.

**Table 4: Responses of Physically Challenged Beggars on Consequences of Depression (n=50)**

S/N	Consequences of Depression	f	%	Decision
1	Feeling weak and sickly sometimes	35	70.0	High
2	Feeling uncomfortable	15	30.0	Low
3	Drinking alcohol	30	60.0	High
4	Smoking cigarette	10	20.0	Low
5	Getting angry and crying	40	80.0	Very High
6	Unable to work or do anything	35	70.0	High
7	Feeling like dying	25	50.0	Moderate
8	Using abusive languages	29	58.0	Moderate
9	Loss of interest in things that used to bring pleasure	37	74.0	High
	<b>Overall percentage</b>		<b>56.9</b>	<b>Moderate</b>

Findings in Table 4 show that very high proportion of PCBs reported getting angry and crying (80%) while high proportion reported loss of interest in things that bring pleasure (74%), feeling weak and sickly sometimes (70%), unable to work or do anything (70%), and drinking alcohol as consequences of their depression experiences. Findings also show that moderate proportion of PCBs reported using abusive languages (58%), feeling like dying (50%) while low proportion reported feeling uncomfortable (30%) and smoking cigarette (20%) as consequences of their depression experience. The overall percentage (56.9%) affirmed that moderate proportion of PCBs reported the common consequences of depression.

**Table 5: Chi-Square ( $X^2$ ) Analysis of No Significant Difference in Responses of Physically Challenged Beggars on Risk Factors for Depression Based on Gender**

Variable	Male (n=582)				Female (n=378)				$X^2$ -cal	df	$X^2$ -crit
	Yes		No		Yes		No				
	O	E	O	E	O	E	O	E			
Risk factors for Depression	26	(25.8)	4	(17.2)	17	(4.2)	3	(2.8)	55.44	1	3.84**

\*Significant, \*\*Not significant,

Data in Table 5 show the calculated chi-square ( $\chi^2$ ) value with its corresponding table value for hypothesis of no significant difference in responses of PCBs on risk factors for depression based on gender ( $\chi^{2-cal} = 55.44 > \chi^{2-crit} = 3.84$ ). Since the calculated  $\chi^2$  value was greater than the table  $\chi^2$  value, the null hypothesis of no significant difference was therefore rejected. This implies that significant difference existed in the responses of male and female PCBs on their risk factors for depression.

**Table 6: Chi-square ( $\chi^2$ ) Analysis of no Significance Difference in Responses of Physically Challenged Beggars on Risk Factors for Depression Based on Duration of Begging**

Variable	Duration of Begging										$\chi^{2-cal}$	Df	$\chi^{2-crit}$		
	$\leq 5$ yrs (n=20)		6-10 yrs (n=15)				$> 10$ yrs (n=15)								
	Yes	No	Yes	No	Yes	No	Yes	No							
O	E	O	E	O	E	O	E	O	E						
Risk factors for depression	19	(18.4)	1	(13.8)	13	(13.8)	2	(1.6)	14	(1.2)	1	(1.2)	148.6	4	9.49**

Data in Table 6 show the calculated chi-square ( $\chi^2$ ) value with its corresponding table value for hypothesis of no significant difference in responses of PCBs on risk factors for depression based on duration of begging ( $\chi^{2-cal} = 148.6 > \chi^{2-crit} = 9.49$ ). Since the calculated  $\chi^2$  value was greater than the table  $\chi^2$  value, the null hypothesis of no significant difference was therefore rejected. This implies that significant difference existed in the responses of PCBs on their risk factors for depression.

### How do Physically Challenged Beggars Cope with Depression?

Findings from the in-depth interview conducted revealed that physically challenged beggars can cope with depression by accepting their conditions as they present. This is evidenced by some of the participants' responses "When beggars are unhappy, they use abusive words, smile at offenders, keep quiet at offenders, as well as look for people to talk to" (Participant 3). "When beggars do not get enough money from begging, they trek instead of entering bus, eat once instead of twice, or they feel bad" (Participant 1) "In order to avoid depression, beggars drink, play, smoke, go to where they watch film and talk with people after begging, or eat well if there is money" (Participant 5). "What make beggars to start begging include situations whereby nobody agrees to help them, accidents, blindness, sickness, or disability" (Participant 2).

### Discussion of Findings

The findings of the study in Table 2 affirmed that high proportion (71.7%) of physically challenged beggars reported the common risk factors for depression such as poverty, traumatic/sad experiences, stigma and discrimination, genetic disposition, and chemical or hormonal imbalance. The findings were expected and therefore were not surprising. This is because depression can affect anyone-even a person who appears to live in relatively ideal circumstances. The findings agree with the finding of Yeo (2005) who reported that poverty is a major cause of depression among depressed beggars. Hence, physically challenged persons constitute one of the poorest, socially excluded and marginalized groups within the Nigerian society. Beggars in our society are marginalized, people regard them as second hand citizens, talk to them anyhow and many do not even feel like giving them anything, all these make them to get worried about life, hence depression set in. Finding shows that depression is genetic, and this is in line with the assertion of National Institute of Health (2014) that depression often runs in families. This may be due to genes, behaviour learnt from home or the environment.

The findings in Table 3 show that physically challenged beggars had a grand mean of 3.19, which is above the criterion mean of 2.50. This implies that PCBs reported the common depressive symptoms. Findings also show that the means of the items were greater than the criterion mean of 2.50, and were all reported as experienced depressive symptoms. The findings were expected and therefore were not surprising, because depression manifests in every person in similar nature from mild to very severe form. The findings were in line with the assertion of APA (2013) that depressive symptoms can vary from mild to severe and include: feeling sad or having a depressed mood, loss of interest or pleasure in activities once enjoyed, changes in appetite, trouble sleeping or sleeping too much, loss of energy or increased fatigue, increase in purposeless physical activity or slowed movements and speech, feeling worthless or guilty, difficulty thinking, concentrating or making decisions, thoughts of death or suicide among others. The findings also agree with the revelation of National Health Institute (2014) that depression also manifests in low mood or irritable mood most of the time, trouble sleeping or sleeping too much, a big change in appetite, often with weight gain or loss, tiredness and lack of energy, feeling of worthlessness, self-hate and guilt, difficulty concentrating, slow or fast movement, lack of activities, feeling of hopelessness, repeated thoughts of death or suicide, lack of pleasure in activities one usually enjoyed, including

sexual act. From the interaction with some of the beggars, they hope that one day everything will be alright. Their hope for a better tomorrow agrees with the assertion of Groce et al (2013) that it is striking that beggars see a future for themselves beyond begging.

The finding in Table 4 affirmed that moderate proportion of PCBs reported the common consequences of depression such as getting angry and crying, feeling weak and sickly sometimes, unable to work or do anything, drinking alcohol, feeling like dying, feeling uncomfortable, using abusive languages, losing interest in things that used to bring pleasure, and smoking cigarette. The findings were expected and therefore were not surprising because consequences of depression are similar for all persons, which are often harmful to healthy living. The findings were in line the assertion of Pietrangelov (2014) that in the central nervous system; depression causes a lot of symptoms, many of which are easy to dismiss or ignore. These include tiredness, irritability, anger and loss of interest in things that used to bring pleasure, episodes of crying, preoccupied with thoughts of death, or hurting themselves, abusive languages, risk of suicide, pain not responding to medication and risk of suicide. On the digestive system; over eating or binging which leads to weight and obesity-related ill-health such as type 2 diabetes? Others have loss of appetite or failure to eat nutritious food. The symptom may not improve with drug. On the cardiovascular and immune system; speeds heart rates and makes blood vessels tighten, putting the body in a prolonged state of emergency over time, this can lead to a heart disease. Depression and stress may have a negative impact on immune system, making one more vulnerable to diseases. The findings is in consonance with the assertion of Groce et al. (2013) that depressed persons are more likely than non-depressed persons to engage in unhealthy behaviours such as smoking, excessive alcohol intake, physical inactivity and unhealthy eating habits, which may cause worsened health status over time. Depression may also discourage persons from obtaining adequate medical attention and social support, which in turn may result in a decline physical health. The findings also agree with the affirmation of Crisps (2002) that disability can lead to frustration in some cases, and can adversely degenerate to a level that an individual may not be able to actualize his aspirations. Moreover, the inability to cope with depression portrays such persons as helpless, mindless, suffering and deserving sympathy and alms. The findings may be as a result of the difference in environment and background of beggars.

The findings in Tables 5 and 6 show that the hypotheses of no significant difference were rejected for responses of PCBs on risk factors for depression based on gender ( $\chi^2\text{-cal} = 55.44 > \chi^2\text{-crit} = 3.84$ ) and duration of begging ( $\chi^2\text{-cal} = 148.6 > \chi^2\text{-crit} = 9.49$ ) respectively. These imply that significant differences existed in the responses of PCBs on their risk factors for depression based on gender and duration of begging. The findings were expected and therefore were not surprising. More males compared to females are likely to become depressed because they find begging difficult and regret being marginalized. The findings were in line with the findings of Ford and Erlinger (2004) and Patten et al. (2006) that depression prevalence is higher in women than in men, and is more than thrice prevalent in young women than men (ages 14-25years), but this ratio decreases with age. The findings were in consonance with the report of Mayor Foundation for Medical Education and Research (2016) that women are nearly twice likely as men to be diagnosed with depression. Variance could be as a result of nature and nurture, because the in area were the study was carried out, the males are usually known to be very proud with or without money. Begging for the male is like a slap on his face, hence the depression. Another variant study is by the American Institute of Stress (2014) which revealed that women have a stronger genetic predisposition for depression than men based on the identical and fraternal twin studies, as well as documented and detailed family history records. From the findings, on a general note, both males and females to a high degree, feel dejected, unhappy and insulted as a result of begging, thereby making them depressed. The results were in line with the report of WHO (2011) that there is a high rate of disability among adult women than men, though, they are less likely to turn to begging because of their household roles. This could be the reason why those women who have no option than to beg feel weak and sickly. Both males and females are indecisive about whether to die or live with depression.

Findings show that Beggars of less than 5 or greater than 10 years of begging are significantly more likely to feel dejected compared to their counterparts that have begged between 6 to 10 years. It seems as if the feeling of dejection is high at the onset of begging than when more than 10 years have been put into begging. Groce et al. (2013) observed that most physically challenged beggars live in dire poverty and have begged for a number of years. The begging between 6 and 10 years seem to be at a period of balance and the beggar starts hoping for a better life. When not experienced and the years keep rolling, depression will start increasing again from 10 years and above.

Findings from the in-depth interview conducted revealed that physically challenged beggars can cope with depression by accepting their conditions as they present. This is evidenced by some of the participants' responses "When beggars are unhappy, they use abusive words, smile at offenders, keep quiet at offenders, as well as look for people to talk to" (Participant3). "When beggars do not get enough money from begging, they trek instead of entering bus, eat once instead of twice, or they feel bad" (Participant 1) "In order to avoid depression, beggars drink, play, smoke, go to where they watch film and talk with people after begging, or eat well if there is

money” (Participant 5). “What make beggars to start begging include situations whereby nobody agrees to help them, accidents, blindness, sickness, or disability” (Participant 2). These agree with the assertion of Mayo Clinic Staff (2017) who asserted that people with depression should try to participate in social activities and get together with family or friends regularly. From interaction with the beggars, it was observed that a good number of them started begging because they have nobody to help them while others engaged in begging as a result of accident, blindness and sicknesses.

### Conclusions

The findings have shown that very high proportion of physically challenged beggars reported the common risk factors for depression such as poverty, traumatic/sad experiences, stigma and discrimination, genetic disposition, and chemical or hormonal imbalance. Depressive symptoms were reported by PCBs. A moderate proportion of PCBs reported the common consequences of depression such as getting angry and crying, feeling weak and sickly sometimes, unable to work or do anything, drinking alcohol, feeling like dying, feeling uncomfortable, using abusive languages, losing interest in things that used to bring pleasure, and smoking cigarette. There were no significant differences in responses of PCBs on risk factors for depression based on gender and duration of begging. Based on the findings, it was concluded that physically challenged beggars are usually depressed due to the fact that the society regard them as second hand citizens. They are often being marginalized, talked to in an abusive manner. They feel bad that they are not able to provide for themselves. As a consequence of depression, their health are affected, thereby making them always weak, irritated, angry and unable to do things they naturally would have loved doing. These beggars have coping mechanisms for managing depression which include watching television and films, looking for understanding people to talk to, drinking alcohol to forget their worries, trekking instead of entering vehicles, practising relaxation, developing a healthy sleep routine, reducing the number of times they eat, playing, eating well when there is money among others.

### Recommendations

Based on the findings and discussion, the following recommendations were made:

1. Beggars should not be treated as second hand citizens, rather should be given a conducive environment to exercise their human rights as bona fide citizens of the nation.
2. There is need to remove the stigma placed on physically challenged beggars. This resolution has to begin on individual basis.
3. The government should make special provisions for the security, accommodation, training and education of the physically challenged beggars, owing to the fact that their challenge was a result of nature, nurture and environmental circumstances beyond their control.
4. The government should enact and implement laws of protection and provision that favour the physically challenged beggars, this will prevent or minimize to a large extent the risk factors and consequences of depression on physically challenged beggars.
5. Non-governmental organizations should consider making provisions for the rehabilitation of these physically challenged beggars.

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