

Social Support and Depression among Adolescents in Southwest, Nigeria

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Abstract

This study investigated relationship between social support and depression among adolescents in Southwest Nigeria. It also examined the counselling implications of the association. The descriptive research of the survey type was adopted for the study. The population of the study was all the adolescents, both male (mean=15.68) and female (mean=15.77), in all secondary schools in the southwest of Nigeria. A total of 1650 adolescents between the ages of 12 and 18 years (mean=15.71) were selected using multistage sampling procedure. A self-designed questionnaire titled "Assessment of Social Support and Depression Scale" (ASSDS) was used to elicit information from respondents. The instrument was validated and the reliability was ensured using test re-test method. The reliability co-efficient was 0.75 at 0.05 level of significance. The data collected were analyzed using descriptive analysis for the general question raised while the hypothesis was tested using Pearson Product Moment Correlation at 0.05 level of significance. The result showed that social support is not significantly related to the development of depressive symptoms among adolescents. The counselling implication is that the availability and quality of the social support for the in-school are important as they could impact on their health status and depression. The recognition of this should be acknowledged and school counsellors should act as appropriate to assist the adolescents to become well-adjusted adults. Based on the findings, it was recommended that efforts should not be spared to make the environment conducive for the full development and expression of acceptable human qualities of the adolescents.

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Introduction

Depression among adolescents seems to be on the increase with its overwhelming health and psychosocial challenges across the world. Some of these challenges include a higher risk of suicide, substance abuse, social adjustment problems, reduced academic performance, lower career satisfaction, and a greater risk of severe mental disorder in adult life (Kessler, & Walters, 1998, Birchwood, & Singh 2013). According to Swierzewski (2014), the incidence of depression has been on the increase every year since the early 20th century. He posits that this may be due to various significant socioeconomic changes across the globe. Many studies have agreed that one in every five adolescents is likely to experience a diagnosable depressive episode by the age of 18 (Birmaher, Ryan, Williamson, Brent, Kaufman, Dahl, Perel & Nelson, 1996) while Arnett (2004) reported that depression affects a considerable proportion of adolescents (12–25 %) worldwide. The World Health Organization (WHO, 2017), also, reported that 10–20% of children and adolescents worldwide experience mental health problems. Among adolescents in Nigeria, studies have confirmed a prevalence of major depressive disorder of 5.7% to 6.9% with females having significantly higher prevalence than males (Adewuya, Ola & Aloba, 2007; Adeniyi, Okafor & Adeniyi, 2012). Depression is the most common psychiatric problem faced by adolescents.

While adolescent depression seems to be common, literature affirms that it is difficult to recognize. The researcher also observed that most of the adolescents in southwest Nigeria are ignorant of the symptoms of depression, the seriousness of the disorder and even some of the factors that can make them susceptible to depression. These affirm the reason why recognizing, understanding, and treating adolescent depression are extremely important. It is therefore imperative that counsellors, parents, educators, mental health workers, and the entire society should better understand the signs, symptoms, risk factors, and behavior problems that are associated with depression in adolescence to be able to offer effective assistance when necessary. One of these is the influence of social support on the development of depression among adolescents.

It is on the basis of these that this study is focused on the relationship between social support and the development of depression among adolescents in southwest Nigeria. The researcher observed that many of the adolescents in Southwest Nigeria have no strong social supports that would serve as protective factors to their vulnerability to the effects of stress which are impacting on their health. This might have arisen from the decline in the traditional extended family system in which there are multiple mothering and fathering figures in the various aunts, uncles, cousins, nephews and grandparents attending, caring and supporting the adolescents in their various communities. The Yoruba tribe of southwest Nigeria believes that parenting a child is not the sole responsibility of the immediate parents but by all the elders, both within and outside the family, resident in the community (Adewuya, Ola & Aloba, 2007).

Social support can be seen as the web of social relationship that surrounds the adolescents to enhance their psychosocial well-being. It involves sharing life experiences, provision of love, trust, empathy and caring, provision of tangible aids and supports to the adolescent who is in need. It also includes provision of advice, suggestions and relevant information that might help the adolescent to address his or her problems. These can be provided by close friends, parents, teachers, siblings and neighbors. This relationship has a great impact on the health of the adolescent but its absence might predispose them to a high risk for depression.

Social Support and Depression

Social support is a multi-faceted complex concept that has been extensively studied (Kim, Connolly & Tamim, 2014). Sarason, Levine & Basham (1983) define social support as the existence or availability of people who let an individual know that they care about, value, and love them. In other words it is the perception and actuality that one is cared for, has assistance available from other people, and that one is part of a supportive social network. These supportive resources, according to Uchino (2004), can be emotional (e.g., nurturance), tangible (e.g., financial assistance), informational (e.g., advice), or companionship (e.g., sense of belonging) and intangible (e.g. personal advice). Social support can be measured as the perception that one has assistance available, the actual received assistance, or the degree to which a person is integrated in a social network. This act, which is voluntary, can be given by a family member, friend, husband/partner, and/or others, and it may be given in different forms: informational, physical, emotional (e.g. empathy, caring, love), instrumental (e.g. financial), and appraisal (e.g. information promoting self-evaluation) (Logsdon & Koniak-Griffin, 2005).

According to Uchino (2004), there are four common functions of social support:

- Emotional support is the offering of empathy, concern, affection, love, trust, acceptance, intimacy, encouragement, or caring.
- Tangible support is the provision of financial assistance, shelter, material goods, or services.
- Informational support is the provision of advice, guidance, suggestions, or useful information to someone.
- Companionship support is the type of support that gives someone a sense of social belonging (and is also called belonging)

The link between social support and psychological well-being is well established, dating back to Emile Durkheim (Durkheim, 1951). While much more empirically derived evidence is needed to provide a basis for theoretical advances in the area of adolescent social support (Cauce, Mason, Gonzales, Hiraga, & Liu, 2005), several studies have examined various aspects of social support (Thoits, 1995), the frequency of contact of social support (DuBois & Silverthorn, 2005), perception of social support (Cauce, Mason, Gonzales, Hiraga, & Liu, 2005), negative and positive social supports (Vandervoort, 1999; Dalgard, et al., 2006).

The social supports received influence and determine the social environment of the adolescents. Cassel (1976) found that the social environment has a direct benefit to health outcomes, such that social support was shown to prevent disease. Lack of social support and lower perceived adequacy of social support have thereby, been linked to symptoms of depression (Symister & Friend, 2003; Lee, Detels, Rotheram-Borus, & Duan, 2007; Ren, Qin, Zhang, & Zhang, 2018). The consensus of researches had shown that social support and even the perception of its availability play a significant role in the well-being and management of stressful events by the adolescents (Bal, Crombez, Van Oost, & Debourdeaudhuij, 2003).

Many studies have focused on the effects of social support from a specific source, and showed a significant negative correlation between the support from parents, companions, or teachers and the depression and loneliness of adolescents (Chen, Hicks, & While, 2014). A study on the association between social support and mental health shows high levels of depression and posttraumatic stress among vulnerable adolescents living in distressed areas, especially in the urban centers (Chen, et al., 2014). The study further affirms that improving social supports in families and neighborhoods may alleviate the adolescents' distress and foster their hope (Chen, et al., 2014).

It has also been found that social support has a significant predication effect on depression, which is consistent with some findings which state that social support is a kind of available resource, which produce some emotions that tend to impact on depression and anxiety to some extent (Adam, et al.; Han, et al., 2014).

However, social support is significantly associated with loneliness as it has been found that the lesser the feeling of social support, the higher the feeling of loneliness (Chen, Hicks & While, 2014). Loneliness is essentially a state where an individual feels the lack of satisfactory relationships and a subjective psychological feeling or experience. This is because it creates a gap arises between the personal desire for interaction and the actual level of interaction (Zimet, Dahlem, Zimet & Farley, 1988). While trying to find out the effect of social support on depression and the mediating role of loneliness among some adolescents, He, Zhou, Li, Cao and Guan (2014) found that loneliness can partially mediate the effect of social support on the depression of adolescents who are internet addicts. Loneliness is a closed and diffused mental state, and a depressed mood arising from the feeling of isolation and exclusion. It is also, the individual's perception of the quality and quantity of social interaction, which may bring about helplessness, as well as other negative emotions and emptiness (Liu, Gou & Zuo, 2014). If this is not managed it may lead to depression (Liu, Gou & Zuo, 2014).

In a study, Stice, Ragan and Randall (2004) tested whether deficits in perceived social support predicted subsequent increases in depression. The study found that deficits in parental support but not peer support predicted future increases in depressive symptoms and onset of major depression. Along this line, Alsubaie, Stain, Webster, and Wasman (2019) found that sources of social support especially from family, and friends were significant predictors of depressive symptoms as these factors would significantly influence the quality of life of students. Another study also revealed that loss of friendships over time and dissatisfaction with social and psychological supports are variables associated with depression in adolescents and emerging adulthood (Martinez-Hernaez, Carceller-Maicas, DiGiacomo, & Ariste, 2016).

In contrast to existing literature, Lee, Detels, Rotheram-Borus, Duan and Lord (2007) and colleagues, found no significant associations between depression and the positive dimensions of social support. One possible explanation of this finding according to them may be that the negative social support perceived by the adolescents outweighs the potential protective effects of the positive dimensions of social support. Across the social support providers, adolescents reported, on average, less than one count of negative social support. However, over 39% of the adolescents in their study reported at least one negative social support (Lee, Detels, Rotheram-Borus, Duan & Lord, 2007).

From the foregoing, evidences support that social supports can influence the health of adolescents depending on the type of support received. The perception of the types of behaviors captured in the negative social support dimension (e.g., social support providers doing drugs, abusing alcohol, having unprotected sex, being engaged in criminal activities) may have a serious impact on adolescent depression, compared to their perception of the positive dimensions of social support (e.g., size, frequency of contact, and positive social support). In essence the impact of any social support is dependent on the benefits or otherwise derived therein. In other words, negative social support may make adolescents susceptible to depression but positive social support may help to reduce stress and development of depressive symptoms.

Based on the foregoing, two research questions were asked:

- What is the level of social supports experienced by in-school adolescents in Southwest Nigeria?
- What are the sources of social support to adolescents in Southwest Nigeria?

Also, a null hypothesis was generated and tested at 0.05 level of significance:

Ho: There is no significant relationship between social supports and depression among in-school adolescents.

Research Method

Descriptive research of the survey type was used for the study. This was considered appropriate because it focuses on the observation of the population. The population for the study consisted of all the adolescents, both male and female, in secondary schools in the Southwest of Nigeria, comprising of six states namely, Ekiti, Lagos, Ogun, Ondo, Osun and Oyo. The secondary schools used included all the government and privately owned schools as well as coeducational and non-coeducational schools in southwest zone of Nigeria. The ages of adolescents that participated in the study were between 12 – 18years (mean 15.71). The sample for this study consisted of 788 boys (mean 15.68) and 837 girls (mean 15.77). The method of selection was multistage sampling technique. The first stage involved the use of simple random sampling technique by balloting system to select three states out of the six states in Southwest Nigeria. The three states thus selected were Lagos, Oyo and Ekiti States. The second stage entailed the use of purposive selection to select the government owned and private owned secondary schools in the states. The third stage also involved the use of stratified simple random sampling technique to select the sample from the schools selected. In all, a total of 1625 adolescents participated in the study.

A self-designed questionnaire titled “Assessment of Social Support and Depression Scale” (ASSDS) was used to elicit information from respondents. The questionnaire consisted of three sections A, B, and C. Section A contained information on demographic characteristics of the respondents, such as sex, age, and location. Section B contained thirteen (13) items to elicit information on social supports that are available to the adolescents. Items 1 - 12 were rated on a modified 5-point Likert Scale 1 – 5 (1 Not Decided, 2 strongly Disagree, 3 Disagree, 4 Agree, 5 Strongly Agree) with the respondents picking the option that best describes them. The items were summed up to form a total score of 60. Respondents were categorized as experiencing ‘Low’, ‘Moderate’ and ‘High’ levels of experience of social supports based on percentile formula - Low (15.00 – 19.98), Moderate (19.98 – 39.99) and High (39.99 – 60.00). Item 13 contains seven (7) sources of social supports that the respondents are expected to rate from 1 to 4. Section C is a modified form of Beck’s Depression Inventory which has been found to have high validity rating of 0.77 and reliability of 0.93 among Nigerian sample (Farinde, 2013). It consisted of 21 groups of statements on different symptoms of depression such as sadness, pessimism, failure, loss of pleasure, guilty feeling, self-dislike and so on. Respondents were expected to pick just one out of the options. The items were summed up to form a total score of 84. Respondents were categorized as experiencing ‘Low’, ‘Moderate’ and ‘High’ levels of depression based on percentile formula. Low (21.00 – 27.97), Moderate (27.98 – 55.97) and High (55.98 – 84.00).

The instrument was subjected to Face, Content and Construct validity. The reliability of the instrument was established using test re-test method and the reliability coefficient of 0.75 was found to be significant at 0.05 level of significance. The instrument was administered to 1,700 respondents by the researcher and six trained research assistants but a total of 1,625 copies of the questionnaire were collected and collated at the end of the

administration. The data generated was analyzed using descriptive and inferential statistics. The descriptive statistics which include frequency counts, percentages, mean and standard deviation were used to answer the questions raised while the hypothesis was tested using Pearson Product Moment Correlation. The hypothesis was tested at 0.05 level of significance.

Results

Table 1: Demographic Characteristics of the Respondents (age and gender)

Gender	Age (minimum)	Age (maximum)	Mean	SD
Male (n = 788)	15	18	15.68	9.93
Female (n = 837)	15	18	15.77	12.04
Total (n = 1625)	15	18	15.71	10.99

Depression among In-School Adolescents in Southwest Nigeria

In order to find out whether in-school adolescents in Southwest Nigeria manifest depressive symptoms, scores derived from items 1-21 in Section C of "Assessment of Social Support and Depression Scale (ASSDS)" were computed and the result is computed and presented in Table 2 below.

Table 2: Manifestation of depressive symptoms among in-school adolescents

	Frequency	Percentage
Low (21.00-27.97)	692	42.6
Moderate (27.98-55.97)	899	55.3
High (55.98-84.00)	34	2.1
Total	1625	100.0

Table 2 shows that 692 respondents representing 42.6% of the total sample manifest low level of depressive symptoms, 899(55.3%), 899(55.3%) had moderate level while 34(2.1%) had high level of depressive symptoms. This implies that a random sample of in-school adolescents in Southwest Nigeria manifest depressive symptoms.

Question 1

What is the level of social supports experienced by in-school adolescents in Southwest Nigeria manifest depressive symptoms?

In answering the question, scores on the sources of social support among in-school adolescents were computed using items 1-12 in Section B of "Assessment of Social Support and Depression Scale (ASSDS)". The result is presented in Table 3.

Table 3: Level of Social Supports among In-School Adolescents

	Frequency	Percentage
Low (21.00-27.97)	235	14.46
Moderate (27.98-55.97)	1250	76.92
High (55.98-60.00)	140	8.62
Total	1625	100.0

Table 3 shows that 235 respondents representing 14.46% of the total sample experienced low level of social supports, 1250 (76.92%) had moderate level while

140(8.62%) had high level experience of social supports. This implies that a random sample of in-school adolescents in Southwest Nigeria experience moderate level of social supports.

Question 2:

What are the sources of social support to adolescents in Southwest Nigeria?

In order to answer the question, mean scores of item 13 in Section B of "Assessment of Social Support and Depression Scale (ASSDS)" were computed. The result is presented in Table 4 below.

Table 4: Sources of Social Supports Experienced by In-school Adolescents in Southwest Nigeria

Sources of Social Supports	Mean	Standard Deviation	Ranking
Parents	1.78	1.06	1 st
Friends	1.69	0.99	2 nd
Siblings	1.60	0.89	3 rd
Family Members	1.56	0.87	4 th
Pastors/Imams	1.46	0.83	5 th
Neighbors	1.30	0.71	6 th

Table 4 presents the sources of social supports experienced by in-school adolescents in Southwest Nigeria. With a cut-off mean of 2.50 for the rating scale, all the items had mean scores below the cut-off mean, indicating moderately low level of social supports. The result further revealed that the commonest source of social support among in-school adolescent in Southwest Nigeria is the parent with mean score of 1.78. This is closely followed by the friends (mean=1.69), siblings (mean=1.60), family members (mean=1.56), pastors/imams (mean=1.46) and neighbors (mean = 1.30).

Hypothesis

There is no significant relationship between social supports and depression among in-school adolescents.

In order to test the hypothesis, scores relating social support and development of depression among in-school adolescents were computed using Items 1-12 in Section B and 1-21 in Section C of "Assessment of Social Support and Depression Scale (ADS)" respectively. These scores were subsequently subjected to statistical analysis involving Pearson Product Moment Correlation at 0.05 level. The result is presented in Table 5.

Table 5: Correlation Analysis between Social Supports and Depression among In-School Adolescents

Variables	N	Mean	SD	r _{cal}	r _{table}
Social supports	1625	5.45	1.04	0.001	0.062
Depression among in-school adolescent	1625	31.71	9.85		

p>0.05

Table 5 shows that social supports will not significantly relate with the development of depression among in-school adolescents ($r=0.001$, $p>0.05$). The correlation between social supports and development of depression among in-school adolescents is very low, positive and statistically insignificant at 0.05 level. The null hypothesis is not rejected. This implies that social supports will not significantly relate with the development of depression among in-school adolescents.

Discussion

The result of the study revealed that depression is a mental health challenge among in-school adolescents in Southwest Nigeria. Though the level of occurrence is moderate, the number of in-school adolescents experiencing severe depression is quite low. This might be due to the varying daily and developmental challenges the in-school adolescents were facing both at homes and in schools. The finding is consistent with the findings of Adeniyi, Okafor and Adeniyi (2012) and Fatiregun and Kumapayi (2014) which established the prevalence of depression among adolescents in southwest Nigeria.

It was also revealed that social support is available for the adolescents in Southwest Nigeria. This is because social support is an important aspect in the development of adolescent. According to Hostinar, Sullivan and Gunnar (2014), social supports are social buffering agents that facilitate various coping strategies for enhancing the physical and mental health of the adolescents. The study also confirms the belief of the Yoruba tribe of Southwest Nigeria, that parents are the primary providers of social supports for the adolescents. This agrees with various studies that affirm that parents play crucial roles in the mental health of adolescents (Young, Berenson, Cohen & Garcia, 2005; Camara, Bacigalupe, & Padilla, 2014). The study also, supports the findings of Camara, et al. (2014) that adolescents draw on sources of support that are familiar, mature friendly, and most importantly, worth of trust, to them. Also, it agrees with the assertion that sources of social support especially from family, and friends would significantly influence the quality of life of students (Alsubaie, Stain, Webster & Wasman, 2019). Meanwhile, Leme, Prette and Coimbra (2015) found out that family configuration is not associated with the psychological well-being of adolescents. Instead, it was discovered that social skills of empathy, self-control, civility, social resourcefulness and affective approach as well as the social support appraisals from friends and family were the best predictors of adolescent psychological well-being.

The study further revealed that social support is not significantly related to the development of depression among in-school adolescents. This is because social supports provide direct benefits to health outcomes such that they have been shown to prevent diseases such as depression (Hostinar, Sullivan & Gunnar, 2014; Triana, Keliat & Sulistiowati, 2019). In other words, lack of social support or lower perceived adequacy of them would affect the health of individuals and possibly lead to the development of depressive symptoms and depression, if there is no intervention (Vandervoort, 1999; Chen, Hicks & While, 2014). This is in accord with the findings of Stice, Ragan and Randall (2004) that perceived deficits in social supports would bring about increase in depression. In essence, negative social supports perceived by the adolescents would not outweigh the potential protective effects of the positive social support thereby suppressing the development of depressive symptoms and depression.

Implications for Counselling

Counselling is generally aimed at producing well-adjusted individuals who would function fully in their environments. The findings of this study revealed that moderate occurrence of depression are found among in-school adolescents. This is an indication that there could be increase in the number of students who would experience full blown depression if immediate and long-term measures are not put in place. On this strength, school counsellors should be concerned about this development as depression can negatively interfere with the students' learning process causing noticeable and in the extreme, untoward behavior leading to suicide. This would definitely impinge on their efforts to become effective and well-adjusted adults if they do not suffer untimely death. There is also the tendency for

depression to co-exist with other emotional and behavioral problems such as anxiety, conduct disorders or substance abuse. The school counselor could therefore design programs in conjunction with the authorities, on awareness and understanding of depression among adolescents as these would sensitize the youths themselves, the school authorities and the parents on the debilitating effects of depression with the aim of nipping the development in the bud.

It has also been revealed that social supports are not significantly related to development of depression among adolescents. The implication of this is that the quality of the social environment of students could impact on their health status and depression especially. The recognition of this should be acknowledged and school counsellors should understand the adolescence as the time of transition when they should be better formed to become well-adjusted adults. Efforts should not be spared to make the environment conducive for the full development and expression of acceptable human qualities of the adolescents.

Recommendations

Based on the findings of this study, the following recommendations were made:

- School counsellors should develop good social support system involving family members, teachers and friends to assist students who may be showing signs of depression. Group counselling therapy can also be employed for same purpose. These will assist the adolescents when they are faced with mental health challenges.
- School counsellors should organize programs to create more awareness on adolescent depression. Understanding the concept of depression will assist the teachers and school authorities to distinguish depression from ordinary dejection and make them to provide assistance when necessary. School counsellors in conjunction with the school authorities can establish a depression awareness club especially in the rural areas where health facilities are not adequate. This will further enhance awareness of the risk factors, symptoms and consequences of depression among in-school adolescents.
- Adolescents should be encouraged to discuss their challenges with the counsellors and their parents. Maintaining good rapport with them through provision of warm environment both in school and at home will encourage open line of communication that will help to reduce tension and development of depressive symptoms.
- A standard and well equipped counselling center, with qualified professional counsellor, must be established in schools to provide special assistance to students who may be showing signs of depression.
- Enlightenment program can be designed by school counsellors in conjunction with the Ministry of Health, and aired on the radio and television, to sensitise the public on the concept of adolescent depression with the aim of distinguishing it from ordinary dejection, identifying its symptoms and consequences.

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