SOURCES OF SOCIAL SUPPORT AS PREDICTORS OF SYMPTOMS OF DEPRESSION AMONG UNIVERSITY STUDENTS: A CASE OF KIBABII UNIVERSITY IN KENYA

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ABSTRACT

Problem behaviorsare a source of concern, to the conventional society and its institutions of authority and usually illicit some form of control response. Problem behaviors among University student populations, the world over, are of concern to educators, counselors and psychologists. This is because of the potential of problem behaviors at this stage to undermine the achievement of both personal and national development goals. The danger to achievement of goals stems largely, from the varying control responses that are often elicited with regard to problem behaviors.At the University, problem behaviors lead to wastage of valuable class and study time due to chronic absenteeism of the students. Studies conducted in Kenya and other countries revealed that social support systems among other psycho social factors were believed to have profound relationship with the problem behaviors such as depression symptoms of students in Universities. Therefore it was important to establish if these same factors would produce similar effects with Kibabii University students. Locally accessed and available literature seemed not to have focused on how psycho social factors namely parental behavior, peer influence & social support factors, and how they contribute to students' problem behaviors among secondary school students. This study sought to fill these knowledge gaps by investigating the relationship between psycho social factors and problem behaviors among students in Universities in order to design intervention strategies that are more holistic and inclusive thus helping the students to change their behaviors.

Background

Although depression is a common health problem and has been shown to have detrimental effects on the students' studies, few studies in Kenya have addressed the mental health problems in Kenyan Universities. It is estimated that mental, neurological and substance use disorders account for 13% of the total global burden of disease (Ustun et al., 2004, Kessler, et al.,2003, Reddy, 2010, Ferrari et al., 2013) and that depression alone accounts for over 40% of the mental disabilities. Moreover people with depression have a 40- 60% chance of dying prematurely compared to the general population. There is also evidence that depression can pre- dispose people to various diseases such as diabetes, myocardial infection, HIV infection and death from suicide (Rubin et al., 2009, Nduna et al., 2010).

More and more University students worldwide are currently being diagnosed with mental health problems and many researchers attribute this to academic, financial and social stressors (Chen et al.,2013, Larcombe et al., 2016). The surge in the number of people who attend University and complete undergraduate and post graduate degrees has resulted in University education becoming more challenging. In a sample of 461 students 82% female, mean age 20.62 years, the prevalence of depressive symptoms was 33% (Alusubaie, Stain, Webster &Wadman, 2019). This study found that social support from the family, and friends was a significant predictor of depressive symptoms. The ability of students to excel in their academic pursuit is dependent on several factors including availability of materials, being in the right frame of mind, healthy and being able to cope with academic stressors. Studies in the Western world have demonstrated how mental health of students has significant impacts on the academic performance of students in different countries.

Literature has shown that performance in school, College or University is affected by many symptoms of depression, such as difficulties in concentration, lack of interest and motivation, preoccupations, fatigability and poor attendance (Fine &Carlison, 1992). Similarly, some studies have documented the impact of psychological well-being on students' performance to the extent that students who are physically and psychologically stable are expected to perform better compared to those who are not physically, mentally and psychologically fit (Yasin&Dzulkifli, 2011) those experiencing psychological problems in managing their academic performance. Bilgel and Bayaram(2014) found that students generally experienced mild depression, anxiety and stress with notable sex differences as females showed significantly higher levels of depression, anxiety and stress than male students. Further several factors have been identified to influence the level of psychological well-being and distress among both healthy and sick people of which students are part. One of these factors is that level of perceived social support of the students. Social support refers to the experience being valued, respected, cared about and loved by others who are present in one's life (Gurung, 2006). It may come from different sources such as family, friends, teachers, community or any social groups to which one is affiliated (Dzulkifli&Yasin, 2009). Social support therefore is a buffer against life stressors and as an agent that promotes health and wellness (Dollete, Steese, Phillips, & Mathews, 2004).

The University environment encourages students to meet new people, create social networks and have special relationships. At this age, students spend more time with peers compared to families as most students move away from their home area to study at the University (Michael, Bowers, Colleen Terzian, Hunsberger, & Bruce, 2000). It is a transitional stage for University students from adolescence to early adulthood to explore their identity and shape their social characteristics. All these factors are attributable to the crucial role of the support of friends during this transitional phase. According to DawariHamdan Mansour (2008), social support from family is predictive of depressive symptoms albeit not as strong as a predictor as support from friends. However a family has an important role in providing support to protect the mental health of students. One condition that might explain the importance of the family as a source of social support is the parent's maturity and rich experiences with life stressors, as the maturity of the sources of support is considered as an essential condition when individuals seek support (Camara, Bacigalupe, & Padilla, 2017). The strongest prediction of depressive symptoms from friends compared to family is likely to be found in this age- group and might be explained by the proximity of friends and the need of support while at University especially for those moved away from home. Social support from significant others has been shown to have a positive influence on University students' mental health (Kugbey, 2015).

Sources of social support represent a valuable resource for Universities in protecting the mental health of students. A person's ability to have close relationships with other people is one of the most important features of a healthy personality. Close relationships influence the personal and social development of people considerably. From a perspective of attachment Theory (Bowlby, 1979), the quality of one's closest relationships beginning in infancy set the stage for subsequent development. When these relationships are secure, they promote self-reliance, confident exploration of the environment and resiliency in dealing with life's stresses and crises. On the other hand, lack of secure attachment can lead to difficulties in regulating emotions and relating to others,

engendering a vulnerability to psychological distress, loneliness and depression (Quellete and DiPlacido, 2001). People who lose their attachment figures, regardless of the reason, experience loneliness which may slip into symptoms of depression.

A significant relationship between depression and insecure attachment styles has been studied. These studies suggest that insecure attachment styles appear to increase one's vulnerability to depressive symptoms (Bifulco et al., 2002; Reinecke and Rogers, 2001) and to increase the likelihood that an individual will become depressed (Di Fillipo&Overholser, 2002; Scott & Cordova, 2002; West & George, 2002). Studies have shown that there exists is a significant relationship between attachment styles and the worth that one attributes to self and others, the level at which one may perceive and openly communicate his/her feelings with other's ability to cope and to adjust, and several well established risk factors such as depression; this suggests that an individual's attachment style may affect depression levels and reasons for living. Insecurely attached people may experience depressive symptoms by enhancing negative beliefs about the self (as being someone unworthy of love and support) or by accentuating negative belies about others (as being unloving and unsupportive). Research shows that insecurely attached people are in fact more prone to depression and depressive symptoms. The prevalence of depressive symptoms varies across different populations. Specifically depressive symptoms are frequent among University students all over the world and their prevalence appears to be increasing (Adewuya et al., 2006). The prevalence of depressive symptoms in Turkish University students varied between 10 and 40% (Kuey et al., 1987).

Depressive symptoms among University students have been associated with independent decision making such as being on their own and managing their daily life, and financial difficulties (Andrews & Wilding, 2004). Academic performance also contributes to the risk of depressive symptoms and mental health problems (Beifer et al, 2015) as many students experience academic requirements in University as more demanding than in secondary schools. Social support has been shown to promote mental health and acts as a buffer against stressful life events (Dollette& Phillips, 2004). Social support has a positive role on mental health and quality of life by helping individuals to feel appreciated and connected with social networks. Social support is derived from a network of people drawn from family, friends and community (Awang, Kutty, & Ahmad, 2014, Zimet, Dahlem, Zimet, & Farley, 1988). This feeling of being supported is related to lower levels of mental health problems and therefore acts as a protective factor against depression (Camara& Padilla, 2017). A lack of social support is a determinant of mental health problems including depressive symptoms among University students (Bukhari&Afzal, 2017) and has a negative impact on quality of life for students (Dafaalla et al., 2016).

Research reveals that social support from family and friends are predictors of depressive symptoms. Research evidence indicates a significant negative relationship between social support and psychological disorders including depression and stress (Bukhari&Afzal, 2017). Research studies have shown that social support from significant others, family and friends predict well-being and depression (Glozah, 2013). Consistent with the findings a study showed that social support from friends is more important for University students and was a strong predictor of depressive symptoms compared to social support from family and significant others (Kugbey, 2015). This might be due in part to the close relationship, proximity and sharing of experiences with friends in this age group while at the University. Consistent findings from cross sectional studies reveal the important role of social support on students' well-being. A study of 115 University students found students who had higher social support had lower rates of stress and were well adjusted to University (Friendlander, Reid, Shupak&Cribbie, 2007).

Studies have found that the impact of academic stress defined as frustrations, conflicts, pressures, changes and self- imposition on psychological well-being depends on the level of perceived social support from friends (Glozah, 2013). A study found that social support from family and friends has a substantial impact on the emotional, social and academic performance of University students (Awang et al., 2014). Social support from friends is a significant predictor of depressive symptoms in University students (Worfel, Gusy, Lohmann, Topritz&Kleiber, 2016). Two systematic reviews on the relationships between social support, depression and well being including various age groups. Social support plays a crucial role as a predictor of young people's mental health. Studies have shown the increased risk of youth problems in the absence of parental supports or decreased levels of parental support, and the buffering effects of parental support on student stress. (Quomma&Greenberge, 1994)

A study on depression in adolescents and its relations to parent- child relationships was conducted by Schwartz et al., (2012). They investigated the prospective, longitudinal relations between parental behaviours observed during parent- adolescent interactions, and the development of depression symptoms and anxiety in a community-based sample of 194 adolescents. They examined both positive and negative parental behaviours. The results of their study showed that higher levels of parental aggression prospectively predicted higher levels of both depression and anxiety symptoms in adolescents over two- and a half years, whereas higher levels of positive parental behaviours prospectively predicted lower levels of depression symptoms only.

A previous study by Ritakallio, Luukkaalu, Martunnen, Pelkonen, and Kattiala- Hieno (2010) investigated the interrelations between depression, anti- social behaviour and perceived social support from family, friends and significant others. The study found that both depressed boys and girls reported significantly less social support

than non- depressed boys and girls. The difference in perceived social support was most evident in both sexes in the decreased social support from family. They also found that anti- social behaviour was associated with depression in both sexes. Depression was far more common among anti-social boys (25.3%) and anti-social girls (35.1%). Than among social boys (4.5%) and social girls (11.1%) Anti social boys were seven times more likely to be depressive than social boys. anti social girls were four times more likely to be depressive than social girls. Depression among adolescents, and how it is mediated by social support, was also studied by Seeds, Harkness, and Quilty (2010). Their findings showed that mother- father who perpetrated maltreatment had positive direct effects on depression severity. Maltreatment was associated with depression severity.

Nahid and Sarkis (1994) reported a negative correlation between anxiety, stress and depression, and social support, these have been associated with high levels of anxiety, stress and depression in College students. Findings were also reported by Glozah (2013) that perceived social support serves to protect students against mental health problems. It was also found that female students reported more depression levels while male students reported high academic stress levels (Glozah, 2013). Like most of the studies, Glozah, 2013) failed to examine the contribution of the various sources of social support on the psychological well being of the students. Maharta and Aggarwal (2013) investigated the effects of perceived social support and life satisfaction of University students. Gender difference of perceived social support among participants was also investigated. The sample of the study consisted of a total of 100 male, female post graduate students from four different departments of University of New Delhi. Results indicated no gender difference in perceived social support from family but a significant difference was found out for the perceived social support from friends. It was also found that female University students have a higher satisfaction with life as compared to male University students. The findings revealed that the higher the levels of perceived social support from family and friends, the higher the life satisfaction. It was also noted by Ordonez, Lima- Silva and Cachion (2011) that years spent in University also significantly influenced psychological well-being.

There is extensive research on the impact of social support on depression in the adult and general population. However, the University population has specific issues and represents a unique stage of developmental transition including new found independence and social relationships (Robothan, 2008). Therefore determining specific sources of social support that protect mental health and quality of life is essential for the emotional, social and academic adjustment of University students. Previous research on social support among University students has not examined the impact of sources of social support on depressive symptoms and has focused on outcomes such as depression, anxiety and psychological distress (Alimoradi et al.,2014, Hamdan- Mansour &Dawani 2008). There is some evidence for the impact of social support on depressive symptoms in University students but these samples were restricted to medical students and this may not be representative of the student population (Dafaalla et al., 2016). The present study addressed these issues by examining the influence of different sources of social support on depressive symptoms among first year University students. There are studies whose findings indicated that female students reported significantly higher levels of social support from significant others compared to male students (Kugbey, 2015). The higher level of social support among female students may be due in part to the higher levels of help seeking behaviour by females.

Generally studies have shown that sources of social support showed a significant impact on depression symptoms for University students and represent a valuable resource for Universities in protecting and supporting the mental health of students. Social support from family and friends has a significant role in decreasing the risk of depressive symptoms and increasing quality of life. The findings provide knowledge for the development of effective interventions and prevention strategies for both students and Universities. Increasing awareness of specific sources of social support will be protective of the social and emotional well being of students. Since depression is a major psychological problem for University students, it can be stated that effective psychological help services should be rendered to University students. Thus to improve coping skills against depression, various programmes should be built for increasing their self acceptance levels, enhancing their communication skills and improving social relations. In these programs factors of academic issues should be taken into consideration.

Methodology

The study adopted correlational research design with mixed approaches. According to Mugenda (2008) a correlational research design is a study that describes the degree to which the variables are related. The main variable in this study was problem behaviours. The independent variable was parents. Parental factors included parent-child relationships and their interactions, monitoring and control. The study was conducted in Bungoma County where Kibabii University is located. This University is one of the Universities that has experienced a lot of problems with the conduct of students. For example, in the recent past the University has witnessed violent protests and destruction of property including those of the community, risky sexual behaviour which has ended in many female students becoming pregnant & careless drinking by students in the villages surrounding the University. The University like any other in Kenya has depression symptoms in students which has occassioned students committing suicide. All these types of behaviour have been of concern to parents, lecturers, counselors, the Ministry of Education and other stakeholders. The target population of this study was 9,000 students in Ki-

babii University. The population consist of 5, 8000 male students and 4200 females students (Office of Academic Registrar, 2020). The population under study is 1,200 first year students aged 18 to 21 years. The age coincides with late adolescence and early adulthood which is characteristic of the stage of confusion, search for identity as opined by Erik Erikson. First years are more likely than any other groups of University students to engage in problem behaviours. A considerable high proportion of problem behaviours experienced by this University come from first years, hence the choice of this group of students.

In this study, both probability and non- probability sampling was used to select the study sample. Non- probability method was used to select Kibabii University because this University has a record of problem behaviours though it is a new University. Purposive sampling was used to select first year students. To select the participants in the study, random sampling was used to select them. The sample size of the students in first year who were selected for the current study was determined using a formula that was developed by Krejcie and Morgan (1970). The study employed questionnaire and interview schedule in data collection. Both descriptive and inferential statistics were used in data analysis.

Results

Overall, this study endeared in discussing the social support systems as predictors of depression symptoms. Therefore, to start with, the study sought to find out what manner of social support the respondents received within the university. Their responses are shown below in the table 1.

Table 1: Sources of social support

		Frequency	Percent
Valid	Parents	15	8.8
	Immediate family members/relatives	61	35.9
	Friends and peers	28	16.5
	Students	3	1.8
	Teachers/lecturers	3	1.8
	Strangers	60	35.3
	Total	170	100.0

From Table 1, 15(8.8%) of the respondents said that they received social support from parents while 61(35.9%) of the respondents indicated that their social support was from immediate family members and relatives. On the other hand, 28(16.5%) of the respondents talked about getting social support from friends and peers as another 3(1.8% of the respondents found social support from fellow students. Lastly, 3(1.8%) of the respondents saw teachers and lecturers as their source of social support whereas 60(35.3%) confirmed to be getting social support from strangers.

Nature of Social Support

The study further sought to establish the specific support the respondents were seeking from their social support provided. The results are as indicated in the table 4.5 below.

Table 2: Nature of social support

		Frequency	Percent
Valid	Empathy	29	17.1
	Affection	15	8.8
	Acceptance	60	35.3
	Trust	66	38.8
	Total	170	100.0

Table 2 indicates that 29(171%) of the respondents found empathy from their social supporters as other 15(8.8%) of the respondents found affection. Similarly, 60(35.3%) of the respondents received acceptance from their social supporters as majority of the respondents 66(38.8%) saw found trust within their social support network.

Depression

Study also sought to find from the respondents if they ever felt depressed in the past one year. The findings on depression are depicted in table 3.

Table 3: Frequency of depression

	Depression	Frequency	Percent
Valid	More than once	66	38.8
	Once	44	25.9
	Not at all	60	35.3
	Total	170	100.0

Table 3 shows that majority of the respondents 66(38.8%) have experienced depression more than once in the past one year in university. Some 44(25.9%) of the respondents confirmed that they have experienced depression only once as 60(35.3%) of the respondents not having an experience on depression in the past one year.

Signs and symptoms of depression

Further to the preceding study on depression, the study went ahead to establish the signs and symptoms for those who had experienced depression. The study results are showed in table 4 below.

Table 4: Signs and symptoms of depression

		Frequency	**Percent**
Valid	Feeling stressed, being in low mood	52	30.6
	Difficulty in sleeping or too much sleep	54	31.8
	Low concentration	14	8.2
	Irrational fears/phobia	34	20.0
	Suicidal thoughts	11	6.5
	Withdrawal and showing disinterest	5	2.9
	Total	170	100.0

Table 4 shows that 52(30.6%) of the respondents indicated to be depressed by feeling stressed and being in low mood while majority of the respondents 54(31.8%) cited difficulty in sleeping or too much sleep as sign and symptom of depression. Low concentration is perceived to be sign and symptom of depression by 14(8.2%) of the respondents as 34(20%) other found irrational fears/phobia to be the sign and symptom of depression. Further, 11(6.5%) of the respondents mentioned suicidal thoughts as a symptom of depression and 5(2.9%) of the respondents agreed to the fact that withdrawal and showing disinterest to be a sign and symptom of depression. In addition to the results above, the researcher aimed at determining if there is an association between social support and the signs and symptoms of depression. The cross tabulation obtained was as shown in table 5.

Table 5: Relationship between social support and signs and symptoms cross-tabulation

			Signs			Total
			Low concentration	Stressed	Suicidal thoughts	
Social Support	Family	Count	48	14	6	68
		% of Total	28.2%	8.2%	3.5%	40.0%
	Friends	Count	7	19	7	33
		% of Total	4.1%	11.2%	4.1%	19.4%
	Teachers/lecturers	Count	51	13	5	69
		% of Total	30.0%	7.6%	2.9%	40.6%
Total		Count	106	46	18	170
		% of Total	62.4%	27.1%	10.6%	100.0%

Table 5 indicates that out of 68(40.0%) who indicated family social support, 48(28.2%) indicated low concen-

tration, 14(8.2%) indicated stressed and 6(3.5%) indicated social thoughts as sign of support. Also out of 33(19.4%) who indicated friends social support, 7 (4.1%) said low concentration and suicidal thoughts respectively and 19(11.2%) stressed has a sign of social support need. Lastly out of 69(40.6%) who said Teachers/lecturers social support, 52(30.0%) indicated low concentration, 13(7.6%) indicated stressed and 5(2.9%) indicated suicidal thoughts as signs. From the data in table 5, a chi square test was done and results shown in table 6.

Table 6: Chi square test of the relationship between social support and the signs and symptoms of depression.

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	29.754[a]	4	.000
Likelihood Ratio	29.538	4	.000
Linear-by-Linear Association	.191	1	.662
N of Valid Cases	170		

a. 1 cells (11.1%) have expected count less than 5. The minimum expected count is 3.49.

Table 6 shows chi-square results that showed if there existed an association between signs of depression and the social support. From the results, a chi-square value of 29.754 and a p value of 0.000 which is less than 0.05 indicate that there is a significant association between signs of depression and social support.

Apart from determining the association between social support and signs and symptoms of depression, the study also sought to establish the relationship between social support and depression. Cross tabulation that resulted is as shown in table 7.

Table 7: Relationship between social support and depression cross tabulation

			Depression			Total
			More than once	Once	Not at all	
Social_Support	Family	Count	45	13	10	68
		% of Total	26.5%	7.6%	5.9%	40.0%
	Friends	Count	12	15	6	33
		% of Total	7.1%	8.8%	3.5%	19.4%
	Teachers/lecturers	Count	17	23	29	69
		% of Total	10.0%	13.5%	17.1%	40.6%
Total		Count	74	51	45	170
		% of Total	43.5%	30.0%	26.5%	100.0%

Table 7 shows that out of 68 (40.0%) who indicated family, 45(26.5%) said more than ones, 13(7.6%) said once and 10 (5.9%) said not at all has depressionresulted to social support. Also out 33(19.4%) who indicated friends, 12(7.1%) said more than once, 15(8.8%) said once and 6(3.5%) indicated not at all have depression lead to social support. Lastly out 69(40.6%) who said Teachers/lectures, 17(10.0%) said more than once, 23(13.5%) once and 29(17.1%) said not at all has depression resulted to social support. From the data from the cross tabulation, a chi square test was carried out as shown in table 8.

Table 8: Chi square test of the relationship between social support and depression

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	30.348[a]	4	.000
Likelihood Ratio	30.180	4	.000
Linear-by-Linear Association	24.067	1	.000

From table 8, a chi-square value of 30.348 and a p value of 0.000 which is less than 0.05 indicating that there exist a significant association between Depression and social support.

Conclusion and recommendation

Basing on the results of the study, most of the respondents indicated that their social support was from immediate family members and relatives. Further, majority of the students have experienced depression in the past one year at the university. In regard to signs and symptoms of depression, most of the participants cited difficulty in sleeping or too much sleep as sign and symptom of depression. A chi square test revealed that there is a significant association between signs of depression and social support. It was also established that there is an association between depression and social support. The study therefore recommends that Parents may use the study findings in guiding their children and being close to them to enhance opening up of the students. In addition, lecturers and University management may guide on how parents, peers, sources of social support factors may be involved in eradicating problem behavior of University students.

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