

Social Support, Self-Esteem and Depression among Adolescents in Kampala District, Central
Division a case of Makerere College School

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Requirement for the Award of a Bachelor Degree of Community Psychology

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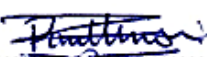
Declaration

We declare that this dissertation is original, the views are our own unless cited and where such appears, references have been given. We are submitting it for the fulfillment of the requirement for the award of the Bachelor of Community Psychology of Makerere University

Signed;

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Approval

This Dissertation has been written under my supervision, as a partial fulfillment for the requirements of a degree of Bachelor of Community Psychology of Makerere University and it has been submitted with my approval as the supervisor.

Signature.....

Date.....

Ms. Namugenyi Masitula

Supervisor

Dedication

We dedicate this dissertation to our beloved parents, friends, fellow students for the care, love, support and sacrifice respectively they have making to ensure our excellence.

Acknowledgement

We thank God Almighty for His mercy and the gift of breath that keep us alive, do still thank HIM for the abundant love, strength and courage which is enabling us to do this work and the degree we are aiming at.

We also extend our appreciation to the staff of Makerere for allowing us test our capabilities and implementing what we have learnt in theory be put in practice.

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List of Acronyms

SPSS - Statistical Package for Social Scientists

MSPSS - Multidimensional Scale of Perceived Social Support

NGOs - Non-Government Organization's

WHO – World Health Organization

Abstract

This study examined the relationship between social support, self-esteem and depression among school going adolescents. It adopted a correlational research design. A sample of 50 adolescents both boys and girls aged between 13 – 20 years were selected by use of simple random sampling technique. Data was collected by use of self-administered questionnaire and was analyzed using the statistical package for social scientists (SPSS, version 21). Spearman.

Correlation Coefficient (rs) was used to test the significance of the hypotheses. Results revealed that there is a significant relationship between social support and depression, as well as self-esteem and depression among school going adolescents. Additionally results also revealed that there is a significant relationship between social support and self-esteem among school going adolescents.

Chapter One

Introduction

Background

Adolescent is a transactional stage of physical and psychological development that generally occurs during the period from puberty to adulthood. The World Health Organization (2014) put the age range from 10 to 19 years. Adolescents are usually face the pubertal changes and the transition to an unfamiliar and stressful school environment (Jennifer, Ranjini, Katia, & Jean, 2004). These changes are characterized by the desire to establish an identity that calls for independence from parents and care givers. Depression is the most common psychiatric problem that adolescents face and is associated with functional impairment, suicide and psychiatric comorbidity, as well as future academic failure, marital difficulties, unemployment, substance abuse and legal problems (Lewinsohn & Hops, 1993).

A dominant perspective is that deficits in social support increase the risk for depression (Monroe, 1983; Windle, 1992). Theoretically, the perception that one is accepting and valuing in one's interpersonal environment bolsters esteem, confidence and efficacy, which guards against depression. The stress-buffering model (Windle, 1992) asserts that social support mitigates the relation between stressful life events and depression. Deficit in perceived support have predicting future increase in depressive symptoms during adolescence (Lewinsohn, 1994; Sheeber). Studies that examine both parental support and peer support found that only the former show prospective effects (Lewinsohn, 1994; Windle, 1992). Some studies found prospective effects for adolescent girls but not adolescent boys (Slavin & Rainer, 1990; Windle, 1992). Studies with adults have tension to find non-significant relations between perceived support and subsequent increase in depressive symptoms (Monroe, 1983).

Rosenberg (1965) defines self-esteem as a person's feeling of self-worth. There is a correlation between low self-esteem and depression and the resulting risk of suicide, increase

unmarried sexual intercourse, teenage pregnancy and alcoholism among today's adolescents (Wilburn, Smith, 2005, Rosenberg, Schooler, Schoenbach, 1989). Studies have found out that one-third to one-half of adolescents struggle with low self-esteem, especially in early adolescence (Harter, 1990; Hirsch, DuBois, 1991). The results of low self-esteem can be temporary but in serious cases can lead to various problems including depression, anorexia nervosa, delinquency, self-inflicting injuries and even suicide. An adolescent with low self-esteem is more likely to do poorly in school, become pregnant or impregnate a fellow adolescent.

Nalugya, (2017). In a study of depression among adolescents in Uganda found a prevalence of depressive symptom at 21%. Additionally, James Okello revealed that depression, symptoms mediating the association between stressful war events and multiple risk behaviors cited by Ministry of Health Uganda (2017). In relation, studies show self-esteem to be a great determinant of depression. Self-esteem refers to a person's overall sense of his/her value or worth. It can be considered a sort of measure of how much a person's "values, approves of, appreciates, prizes or likes him/herself" (Alder & Stewart, 2014).

Furthermore, high self-esteem is generally associated with positive belief and characteristic of self. Whereas low self-esteem may be related with risk behaviors and negative developmental results (Buyukgoze-Kavas, 2004). Low self-esteem is linked to violence, school dropout rates, teenage pregnancy, suicide and low academic performance (Misetich & Delis-Abrams, 2003). In addition to this, self-image affects our way of functioning, permanent low self-esteem has an impact on mood, and a child becomes more prone to depression and other mental health disorders (Merikangas, Nakamura, & Kessler, 2009). However, reported symptom of depression in girls rapidly develops in early adolescence while boys remain stable, this is because girls in adolescence start worrying about their appearance. They can also be

sensitive to signals (verbal or nonverbal) sent by other people in relation to whether their behavior is acceptable or not (Hetherington,2002).

Problem Statement.

Depression disorder are among the most frequent psychiatric disorders, accounting for up to 30% of primary care services utilization in developing countries in general (Ministry of Health, 2007) and Uganda in particular. Low levels of social support and low self-esteem has been identified as the main causes of depression but these areas have not been well explained or documented especially here in Uganda. Adolescents lacking social support and the benefits, it carries like the assurance and assistance of those consider close to them as young people trying to identify who they are, which slowly cripples their esteem and inevitably leading to a depressive state, consequently, it has resulted into anti-social behavior and other unhealthy results.

Purpose of the Study

This study seeks to examine the relationship between social support, self-esteem and depression among adolescents in Kampala District acase study of Makerere College located in Wandegeya , Kampala central.

Objectives of the Study

1. To examine the relationship between social support and self-esteem among school going adolescents.
2. To establish the relationship between social support and depression among school going adolescents.
3. To establish the relationship between self-esteem and depression among school going adolescents.

Geographical scope of the Study

The study was carried out among the adolescents between ages of 13 to 20 years in Makerere College School which is located within Makerere University found in Wandegaya, Kampala Central. It was chosen because the area has a high adolescent population many of whom exhibit symptoms of low self-esteem attributes to low social support from significant others.

Contextual scope of the Study

The study confined itself, examined the relationship between social support, self-esteem and depression among adolescents. Self-esteem is how we value ourselves; self-esteem affects our trust in others, our relationship, and our work-nearly every part of our lives. Positive self-esteem gives us the strength and flexibility to take charge of our lives and grow from our mistakes without the fear and rejection (Asap, 2007). Depression is a common and serious medical illness that negatively affects how you feel, the way we think and how we act. Social support refers to the experience being valued, respected, cared about and loved by others who are present in one's life (Gurung, 2006). Social support refers to an individual's perception or reception of emotional, informal, appraisal and tangible support from people in their social network (Heino, 2008).

Significance of the Study.

The study may be useful to stakeholders such as the Ministry of Health, community at large this is because the report provided meaningful understanding on how social support can help in reducing depression and provided mitigation strategies on how to boost self-esteem. This was done through making this work acting as a reference point in order to build programs which are conducted and applicable in managing low self-esteem, social support and depression.

The study may provide theoretical work about social support, self-esteem and depression among adolescents. This work may provide a platform for future research works or related topics by other students and also to policy makers.

The findings of this study may provide more insight to the general public especially parents grooming their adolescent children to some of the challenges adolescents are experiencing and may help elders in providing better assistance to the adolescents.

Conceptual frame work

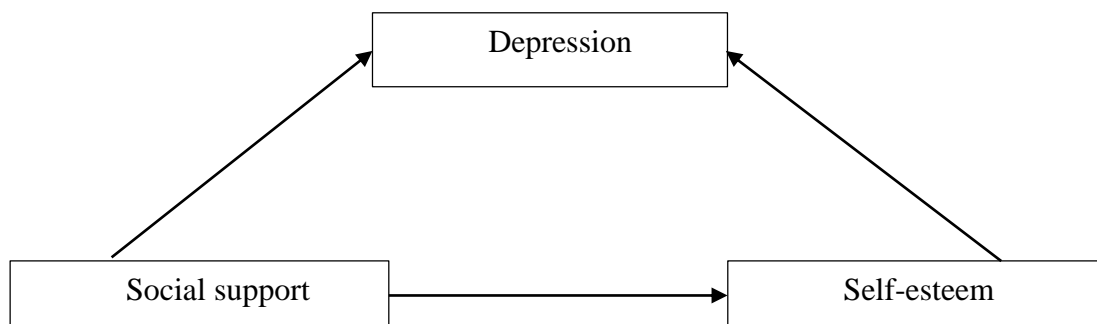


Figure 1: A conceptual framework showing the relationship between social support, self-esteem and depression among school going adolescents.

Adolescents who lack or given inadequate social support by the family, friends, peers and significant others may experience low self -esteem which in turn may lead to high levels of depression. Additionally, adolescents who lack and receive inadequate social support are prone to encounter high levels of depression. Social support, self-esteem and depression.

Chapter Two

Literature Review

Introduction

This chapter focuses on literature review on the concept of depression. It reviews literature concerning the relationship of social support and depression, self-esteem and depression and lastly social support and self-esteem among school going adolescents.

Social Support and Depression among Adolescents

Depression is the most common psychological disorder that affects adolescents (Birmaher, 1996) and remains a huge public health problem. With significant behavioral cognitive and emotional impairment that accompany depression in adolescents (Canino, 2005) the problem can't be ignored. Among different population in the world, studies show that adolescent's depression is prevalent (Canino, 2014). Currently about 11.4% of adolescents, an estimated 2.8 million adolescents had major depressive episode during the past year. About 8.2% of the adolescents who had a major depressive episode had severe difficulty in completing school work, chores at home and forming close relationship with friends and family. Previous studies show that the occurrences of depression during adolescence not only increases the risks of future episodes in later life but it is also associated with academic difficulties, school dropout, anti-social behaviors, health risk behaviors like smoking, violence, drug use, exposure to unprevented diseases like HIV and lastly suicide risks.

Gullone (2000), stresses the risk of developing depression during adolescence increases with lack of self-esteem, stress and social isolation. these consequences are a result of lack of adequate social support given to adolescents by significant others in their respective environments.

Research studies show that perception or reception of support from family, friends and teachers and particular religions and their events minimizes the risks of depression among the

individuals and offers counter measures against adolescent's depression (Bansal, 2009). Therefore, protective measures such as social support, religiosity and spirituality may be very important psychologically resources that adolescents can draw upon for better mental health. If so, these measures also help adolescents to deal with the emotional instability which characterizes adolescence.

Higher levels of friend support, family support and overall emotional have been consistently associated with lower odds of adolescent's depression (Heino, 2008). Social relationships may promote well-being by enhancing an individual's feelings of predictability and stability, maintaining positive emotional states, promoting an individual's sense of purpose, belonging and security and enhancing self-esteem through social recognition.

Religiosity is an important psychological asset which adolescents can draw on for better mental health. Religiosity refers to an individual's religious affiliation and beliefs and the degree to which he/she prays and attends religious services. Religious attendance, self-rank religiousness and positive religious experience have been associated with lower depressive symptoms in adolescents. However, intrinsic religiosity, private religious practice such as private prayers and reading spiritual books are associated with depression in adolescents. Spirituality is another significant resource adolescents can turn to during periods of psychological distress. Spiritually refers to the sense of well-being that arises from values such as compassion, love, forgiveness and ones relationship with God, people, nature and the meaning found in these relationships and life experiences (Hops,1993). Studies have repeatedly demonstrated a negative association between depression and spirituality. The negative correlation found between spirituality and depression, may be due to greater spiritual well-being which not only facilitates more positive and healthier personal and social behavior but provides a unifying frame work that helps individuals cope with unexpected and difficult life situations (Field,200). Increased spirituality is correlated with lower levels of depression,

whereas higher levels of religious importance is correlated with more depression in adolescents (Bansal, 2009). So far, most studies have focused on the vicariates relationship between adolescents' depression and social support, religiosity and spirituality. However, few studies have yet explored multivariate relationships between depression and social support, religiosity and spirituality during the period of adolescence in any setting and specifically in faith-based high schools. Since the teaching of the religion is limited in high public schools in the United States, faith-based high schools. Since the teaching of the religion is limited in public schools in the United States, faith-based schools therefore provide logical setting to explore how depression relates to the combinations of social support, religiosity and spirituality during adolescence. Therefore, the primary objective of this study is to investigate how depression in adolescents relates to social support, religiosity and spirituality in multivariate analyses and whether age, gender and ethnicity are predictors of depression among adolescents in a faith-based high school.

Social support transcends most obstacles faced by adolescents and buffers the unhealthy effects of depression and stress, gives them the sense of love and acceptance. This thereby concludes that social support reduces the likelihood of depression while low social support led to higher chances of depression among school going adolescents.

Self-esteem and Depression among Adolescents

Adolescents are usually faced with the onset of pubertal changes and the transition to a non-familiar and stressful school environment (WHO2014). These changes are characterized by the desire to establish an identity that calls for independence from parents and care givers. Self-esteem refers to an individual's sense of his/her value or worth, or the extent to which a person values approves of, appreciates, prizes or like himself or herself, which and can be viewed as a key indicator of psychological well-being.

It is pertinent to note here that self-esteem could be high or low, either level can be emotionally and socially harmful for the individual. For instance, Portia (2010), noted that adolescents with low self-esteem are depressed and paranoid. They are more likely to experience social anxiety and low levels of interpersonal confidence. Indeed, it's thought that an optimum level of self-esteem lies within the continuum that is between low and high self-esteem. Individuals operating within this range are thought to be more socially dominant within the relationship. This social dominancy simply means that adolescents on middle level on the self-esteem scale is comprised of mixed personality characteristics, some of which can be positive than others. It's noted that self-esteem continues to decline during adolescence especially in females. This could be attributed to decline in body image and other problems associated with puberty. Although males and females report similar levels of self-esteem during childhood, a gender gap emerges by adolescence, in that adolescent males have higher self-esteem than their female counterpart (Jennifer, 2012).

Poor self-esteem poses a great challenge in both the developed and developing world. For instance, in Nigeria there are about two suicide attempts every month traceable to depression from low self-esteem. In addition, in United States, teen suicide is the third-leading cause of death for young people ages 15 to 24, surpass only by homicide and accidents according to the U.S Centre for Disease Control and Prevention (2011). Self-esteem tends to improve as adolescents gets older, it gradually increases and becomes more positive as freedom, personal authority and role-taking ability increase and more opportunities to behave in socially appropriate ways are available (Greenberg, 2011).

There are two major theoretical models in self-esteem, the wheel of wellness and the implicit and explicit phenomenon. The wheel of wellness includes five life tasks that relates to each other; spiritually, self-direction, work and leisure, friendship and love. There are 12 tasks of self-direction areas; sense of worth, sense of control, realistic beliefs, emotional awareness

and coping, problem solving and creativity, sense of humor, nutrition, exercise, self-care, stress management, gender identity and cultural identity. There are also five second order factors, creative self, coping self, social self, essential self and physical self, which allow exploration of the meaning of wellness within the total self (Myer,2010). In order to achieve a high self-esteem, it is essential to focus on identifying strength, positive assets and resources related to each component of the wellness model and using this strength to cope with life challenges. The implicit model are two completely different types of self-esteem (Myer, 2010). One will either have a distinct, unconscious self-esteem and the other will consciously misrepresent how they feel about themselves. Recent studies have shown that implicit self-esteem does not particularly tap into your unconscious rather than people consciously over report their levels of self-esteem (Myer, 2010). Other theoretical models include depression, hopelessness and substance use and suicide risks (Myer, 2010). Evaluation of self-esteem among adolescents is a very vital issue often under reported in pediatrics practice and in this part of the world, its importance therefore cannot be overemphasized especially its impact on health which include depression, suicidal attempts, unwanted pregnancies (Myer, 2010).

The problem of self-esteem among adolescents have also increased due to apparent lack of interest by researchers and paucity of empirical data which makes it difficult to ascertain its prevalence particularly in upcoming counties. The study is therefore aiming at determining the pattern of self-esteem among adolescents and associated factors.

Most of researcher on self-esteem that review describe this health indicator in the European and American populations. It is hopes that this will add to the body of knowledge available on these problems and the findings of the study could form the template for intervention strategies in helping reduce the social malaise and managing such cases especially in a developing world like Nigeria (Myer, 2010).

Social Support and self-esteem among Adolescents

The negative image of adolescence prevailed in the field of education throughout the last century resulted in greater interest being shown in problematic behavior and limitations than in research into and the fostering adaptive, healthy behavior (Oli va, 2010). Nevertheless, over recent years, those working in the field of educational psychology have increasingly preferred to study the positive qualities of adolescent students rather than focus on their deficits (Frob, Huebner, Youssef & Conte, 2011). Of these qualities, school engagement is vital importance for understanding positive development during adolescence (Li & Lerner, 2011) and has been identified as an index of scientific in the school context (Libbey, 2004). It is also considering a key element for psychological development and academic success (Motti-Stefadini & Masten, 2013; Ros, Goikoetxea, Gair`in & Lekue, 2012). School engagement has been defined as the degree to which students are committed to school and are motivated to learn (Simons & Chen, 2009). The majority consensus within the scientific community acknowledges the manifestation nature of the concept (Lewis, Huebner, Malone & Valois, 2011; Wang, Willet & Eccles, 2011), which is often divided into three dimensions, cognitive, emotional and behavioral (Appleton, 2012; Christenson, Reschly & Wylie, 2012; Fredricks, Blumenfeld & Paris, 2004; Gonzalez & Paoloni, 2015). School engagement is therefore to be considered, involving feelings, thoughts and behaviors manifested by 12 students regarding their experiences in the school context (Veiga, Burden, Appleton, Taveira & Galvao, 2014).

Recent research has provided empirical evidence indicating that psychological and environmental factors may influence school engagement (Christenson, 2012). The psychological variables involve self-esteem, understood as the perceptions that an individual has about him or herself, based on their own personal assessment and that of significant others (Shavelson, Hubner & Stanton, 1976). Self-esteem is vital to adolescents' adjustment (Fuentes, Garcia, & Lila, 2011; Rodríguez- Fernández, Droguett, & Revuelta, 2012).

Numerous studies have shown that self-esteem is directly related to academic achievement (Marsh & Dika, 2010). Less, however, is known about role played by positive self-perception in school engagement. Some author posits that self-esteem is linked to educational variables such as students' involvement in the learning process (Inglés, Martínez-Monteagudo, García-Fernández, Valle, & Castejón, 2014), while others go one step further to claim that school engagement may mediate between self-esteem and academic achievement (Green, 2012). One contextual variable that predicts adaptive behavior during adolescence is perceived social support (Chu, Saucier, & Hafner, 2010; Danielsen, Wiium, Wilhemmsen, & Wold, 2010), understood as the individual's feeling that their social network provides adequate support in moments of need (Lahey & Scoboria, 2005). This concept is a complex one which encompasses a series of elements that interact and evolve throughout the course of adolescence (Cohen, 2004). The relationship between this environmental factor and adolescents' self-esteem is beyond any doubt (Marshall, Parker, Ciarrochi, & Heaven, 2014). In this sense, a close correlation has been found between family support and self-esteem (Salazar et al., 2004). It has also been observed that acceptance by one's peers has a global protective effect.

In general, self-esteem (Birkeland, Breivik, & Wold, 2014). Teachers' support and appraisal have been related to academic Self-esteem, which in turn is associated with academic achievement (Santana & García, 2011). Similarly, it has been found that adolescents who perceive a greater degree of support from their family, peers and school environment have a better Self-esteem (Demaray, Malecki, Rueger, Brown, & Summers, 2009). Finally, evidence exists of the direct influence of student-teacher relations on school adjustment (García-Bacete, Coll, Casares, & Perrin, 2014), as well as the impact of the most personal environmental systems (family, peers, school) on students' engagement (Lam, Wong, Yang, & Lui, 2012).

In addition to the information reported regarding each of the study variables and their interrelations, empirical evidence also exists of the effect of social support on school

engagement, with Self-esteem as a mediating variable of said effect (Fall & Roberts, 2012). Perhaps the most direct antecedents are those studies which demonstrate that Self-esteem mediates the relationship between context (support from teachers, peers and family) and school adaptation (Rodríguez, 2012; Rodríguez, Ramos, Madariaga, Arribillaga, & Galende, 2016; Rodríguez, Ramos, Fernández, Goñi, Esnaola, & Goñi, 2016; Tian, Liu, Huang, & Huebner, 2013). Specifically, Rodríguez. (2012) measured family support and peer support, finding that only family support had a direct and indirect effect mediated by self-esteem on school adjustment.

The relationship between social support and self-esteem is essential for the adolescent and it is represented in Maslow's hierarchy of needs that one needs (Madariaga, Arribillaga, & Galende, 2016) to reach and achieve certain needs in order to fully achieve individual potential. It shows on the hierarchy of needs that love and belonging are important aspects of social support taking up the third level leading to esteem on the fourth level where the aspect of self-esteem is needed to satisfy it. Therefore, adolescents who receive inadequate social support are likely to experience low levels of self-esteem.

Hypotheses

The study is to be guided by the following hypotheses

1. There is a significant relationship between social support and self-esteem among adolescents
2. There is a significant relationship between social support and depression among adolescents.
3. There is a significant relationship self-esteem and depression among adolescents.

Chapter Three

Methodology

Introduction

Research methodology was something that people undertake in order to find things out in a systematic way, thereby increasing their knowledge (Saunders et al. 2009). Kothari (2004) ensured that the attempt of any research is to uncover the concealed reality that was yet to be revealed. The study includes study design, population, sample design, instruments and measures, procedure, data management and data analysis.

Study Design

A correlational research design which was quantitative in nature was used. Aliaga and Gunderson (2002) described quantitative research as an inquiry into a social problem, explain phenomena by gathering numerical data that was analysed using mathematically based methods. Correlation Research concerned with establishing relationships between two or more variables in the same population or between the same variables in two populations (Leedy & Ormrod 2010).

Study Population

We carried out in a selected secondary school in central Kampala, located in Wandegeya Kampala district, Central Uganda. Makerere College is chosen because according to the institute to sensitized with the information about social support, self-esteem and depression.

The study population include both male and female adolescents aged between of 13 to 21 years, only school going adolescents who are willing to participate in the study was targeted for selection.

Sample Size and Selection.

According to Kothari (1990), sample size referred to the number of items to be selected from the universe to constitute a sample. A sample size are 50 adolescents in Makerere College School were selected. We selected few adolescents because most of them were busy reading for their final examination (UACE), and others were busy with class work activities like revision. It comprises of both male and female students. The sample was obtained through simple random sampling technique. Simple random sampling technique was a technique where individuals are selected randomly and entirely by chance, such that each individual has the same probability of being chosen at any stage during the sampling process (Yates, 2008). The advantages of simple random sampling included, it being more representative to the target population, eliminated sampling bias and easy to use and accurate, and lastly free from classification error (Yates, 2008). However, simple random sampling made it difficult to obtain the sample if the units are widely dispersed and it is also not applicable to population units that are heterogeneous in nature.

Instruments and Measures

Closed ended self-administered questionnaires was used to collect data specifically from respondents. Self-administered questionnaires were used because they are easier to answer considering the several alternatives, data is then quickly coded or entered and analysed, less skilled and no interviewer was needed because it requires little skills to administer it.

In order to measure Social Support, Multidimensional Scale of Perceived Social Support (MSPSS) by Zimet, Dahlem, Farley, (1988) is used. It is made up of 12 items that are scored on Likert scale. The Likert score as modified and items was scored as “strongly disagree (SD) = 1, disagree (D) = 2, neutral (N) = 3, agree (A) = 4 and strongly agree (SA) = 5

To measure self-esteem, Rosenberg (1965) Self-esteem scale was used. It is a ten-item scale which is to be scored on a Likert scale ranging from strongly agree (SA) = 4, agree (A)

= 3, disagree (D) = 2, strongly disagree (SD) = 1. However, negative items, was scored in the reverse that is strongly agree (SA) = 1, agree (A) = 2, disagree (D) = 3, and strongly disagree (SD) = 4. 17

To measure depression, Beck Depression Inventory (1996) was used. Scores of each response was indicated on the 21-item scale where each question has four (4) options of answers that indicated how a person is feeling ranging from zero (0) to three (3).

Sources of Data

While carrying out the research study, both primary and secondary data was used by the researcher.

Primary Source

Primary data are important for all areas of research because they are accurate information about the results of an experiment or observation. Primary data from the field was obtained through questionnaires and interviews to selected respondents in order to get their opinions. Primary data will help the researcher in collecting information for the specific purposes of their study. The researcher will collect the data herself, using focus group discussions and interviews.

Secondary Source

Secondary data referred to handling, collecting and possibly processing data by people other than the researcher in question. For the purposes of a historical research project, secondary sources are generally scholarly books and articles. This source was used to collect data from already written literature for example e-books, journals, published articles and periodicals. And documentary resources was classified in order to facilitate the data collection and textual analysis (Mubazi 2008).

Questionnaires

A uniform self-administered open and close-ended questionnaire encompassing background information, the domestic violence experiences of adolescents and coping mechanisms of adolescents after exposure to violence was used. These questionnaires was distributed to the selected adolescents aged 13-18 years from Makerere College in Wandegaya. This method was used to collect primary quantitative data. For purposes of this study the researcher will design closed ended questionnaires consisting of questions and answers for easy analysis. (Amin, 2005)

Interviews

Interviews was conducted in a quiet place without noise with the key informants who was the counselors from Makerere university and then the purpose of the interview was explained followed by addressing the terms of confidentiality.

Quality Control.

To ensure quality of the research, validity and reliability of the research instruments was be ensured. Validity refers to a degree to which empirical evidence and theoretical rationales support the adequacy and appropriateness of interpretations and actions based on test scores. (Messick, 1989). In regard to validity, research instruments were adapted and were reviewed by two (2) subject matter experts in the school of Psychology to ensure item construction and comprehensiveness of the items with regard to the study constructs. Subject matter expert's recommendations were considered in the final version of the research instruments.

Reliability referred to the degree to which a test is free from measurement error, since the more measurement errors occur the less reliable the test (Fraenkel & Wallen. 2003). According to Cornbach (1951) for research instruments to be reliable it must have a score/value of 0.70 and above. To ensure reliability of the instruments, reliability analysis was undertaken

for each scale or instrument to be used in the study. Section B measured social support using Multidimensional Scale of Perceived Social Support (MSPSS). The MSPSS has a reliability of 0.85. Section C measured self-esteem using Rosenberg self-esteem scale (Rosenberg, 1965). The Rosenberg scale has a reliability of 0.77. Section D measured depression among adolescents using Beck Depression Inventory (Beck, 1996); the Beck Depression Inventory has a reliability of 0.80.

Data Management

Data was coded according to the results that was got from the questionnaires after the participants have done with filling them. Collected data is cross checked for completeness before being entered into the SPSS computer program.

Data Analysis

Collected data is crosschecked for completeness. It's then edited, coded and entered into the computer for analysis. Data is analysed using statistical package for social scientist (SPSS, Version 21). Frequencies are obtained and computed into percentages, spearman's coefficient (r_s) is used to test the significance of hypotheses 1, 2, and 3. We were able to see the relationship through realtion of the the variables.

Ethical Considerations

Furthermore, to enable participants to fully engage into the research, verbal consent is sought from them in order to authorize the researcher to collect data from them. There are no participants who was forced to take part in the study and their participation is to be voluntary.

A letter of introduction was obtained from the school of psychology and presented to the administration of Makerere College School to allow the researcher carry out the research on school premises. The researcher will explain the purpose of the research and to be given permission to go ahead with the research. A teacher is to be appointed to help introduce the researcher to the students. Students was randomly selected in the O' level and A' level classes.

The researcher explains articulately the purpose of this study and assures the participants of confidentiality. The questionnaires were filled between twenty to thirty minutes and once they finalized, questionnaires are taken for analysis.

Ethics are standards for proper conduct that differentiate between acceptable and unacceptable behavior (Resnick, 2013). In this regard, all participants are informed the purpose of the study and researcher ensured confidentiality of information provided. In addition, participants are accorded respect and their rights are to be protected by not asking questions that would damage or harm their emotional wellbeing.

The researcher also provided adolescents the option of withdrawing if they did not want to participate. This was to make sure the adolescents were willing to participate. Anonymity is also ensured as no names are disclosed by the participants to establish their privacy. This is to show that the information they will give is fully for study purposes and avoid any confusion of it being part of their school tests.

Chapter Four

Results

Introduction

This chapter present results that the researcher discovered and its analysis in terms of descriptive statistics i.e., frequency and percentages and inferential statistics i.e., Pearson Correlation.

Descriptive Statistics

Under this section we look at the frequency distribution of different variables such as age of the respondents, tenure, sex and the position held at the organization. The section also an item analysis of the different questions that the respondents were meant to tick against while providing the right answers as per their best fit option

Table 1: Class of the Respondents

CLASS	Frequency	percent
S.1-S.2	6	12.0
S.3-S.4	37	74.0
S.5-S.6	7	14.0
Total	50	100.0

Table 1: The table above indicates that majority of the respondents were in classes of both s.3 and s.4 constituting over 70% of the Study population.

Table 2: Sex of the Respondents

SEX	Frequency	Percent
Male	25	50.0
Female	25	50.0
Total	50	100.0

Table 2: The table above reveals that both male and female respondents constituted 50%.

Table 3: Majority of the Respondents

Age	Frequency	Percent
13-15 years	8	16.0
16-18 years	42	84.0
Total	50	100.0

Table 4: The table above reveals that majority of the respondents were aged between 16-18 years with a representation of 84%.

Inferential statistics

Pearson Correlation

This section covers data results as per SPSS correlational data of the variables and also the research hypotheses. This section further seeks to find the truth behind the research hypotheses through the data results obtained from SPSS.

Table 5: Social Support and self-esteem

		Social support	Self esteem
Social support	Pearson Correlation	1	.243**
	Sig. (2-tailed)		.002
	N	50	50
Self esteem	Pearson Correlation	.243**	1
	Sig. (2-tailed)	.002	
	N	50	50

** . Correlation is significant at the 0.01 level (2-tailed).

Results in the table above reveal that there is a significant relationship between social support and self-esteem ($r = .243^{**}$, $p = .005 < .000$). This is because the p value is lesser in magnitude than the level of significance. Hence the alternative hypothesis is retained. This implies that as social support increases, self-esteem also increases.

Table 6: Social Support and Depression

		Social support	Depression
Social support	Pearson Correlation	1	-.542**
	Sig. (2-tailed)		.000
	N	50	50
Depression	Pearson Correlation	-.542**	1
	Sig. (2-tailed)	.000	
	N	50	50

** . Correlation is significant at the 0.01 level (2-tailed).

Results in the table above reveal that there is a significant relationship between social support and depression ($r = -.542^{**}$, $p = .000 < .000$). This is because the p value is lesser in magnitude than the level of significance. Hence the alternative hypothesis is retained. The correlations were negative and this implies that as social support increases, depression was reducing.

Table 7: Depression and Self-esteem

		depression	Self esteem
Depression	Pearson Correlation	1	-.085
	Sig. (2-tailed)		.555
	N	50	50
Self esteem	Pearson Correlation	-.085	1
	Sig. (2-tailed)	.555	
	N	50	50

Results in the table above reveal that there is no significant relationship between depression and self-esteem ($r = -.085$, $p = .555 > .000$). This is because the p value is greater in magnitude than the level of significance. Hence the alternative hypothesis is rejected.

Chapter Five

Discussion, Conclusions and Recommendations

Introduction

This chapter is composed of the discussion of the results of the study, conclusions drawn from the study and recommendations suggested according to the findings of the study.

Social Support and self-esteem

Results reveal that there is a significant relationship between social support and self-esteem ($r = .243^{**}$, $p = .002 < .000$). This is because the p value is lesser in magnitude than the level of significance. Hence the alternative hypothesis is retained. The results were in line with other research finding as shown below;

In general, self-esteem (Birkeland, Breivik, & Wold, 2014). Teachers' support and appraisal have been related to academic Self-esteem, which in turn is associated with academic achievement (Santana & García, 2011). Similarly, it has been found that adolescents who perceive a greater degree of support from their family, peers and school environment have a better Self-esteem (Demaray, Malecki, Rueger, Brown, & Summers, 2009). Finally, evidence exists of the direct influence of student-teacher relations on school adjustment (García-Bacete, Coll, Casares, & Perrin, 2014), as well as the impact of the most personal environmental systems (family, peers, school) on students' engagement (Lam, Wong, Yang, & Lui, 2012).

In addition to the information reported regarding each of the study variables and their interrelations, empirical evidence also exists of the effect of social support on school engagement, with Self-esteem as a mediating variable of said effect (Fall & Roberts, 2012). Perhaps the most direct antecedents are those studies which demonstrate that Self-esteem mediates the relationship between context (support from teachers, peers and family) and school adaptation (Rodríguez, 2012; Rodríguez, Ramos, Madariaga, Arribillaga, & Galende, 2016; Rodríguez, Ramos, Fernández, Goñi, Esnaola, & Goñi, 2016; Tian, Liu, Huang, & Huebner,

2013). Specifically, Rodríguez. (2012) measured family support and peer support, finding that only family support had a direct and indirect effect mediated by self-esteem on school adjustment.

The relationship between social support and self-esteem is essential for the adolescent and it is represented in Maslow's hierarchy of needs that one needs (Madariaga, Arribillaga, & Galende, 2016) to reach and achieve certain needs in order to fully achieve individual potential. It shows on the hierarchy of needs that love and belonging are important aspects of social support taking up the third level leading to esteem on the fourth level where the aspect of self-esteem is needed to satisfy it. Therefore, adolescents who receive inadequate social support are likely to experience low levels of self-esteem.

Social support and depression

Results revealed that there is a significant relationship between social support and depression ($r = -.542^{**}$, $p = .000 < .000$). This is because the p value is lesser in magnitude than the level of significance. Hence the alternative hypothesis is retained. The results were in line with other research finding as shown below;

Among different population in the world, studies show that adolescents depression is prevalent (Canino, 2014). Currently about 11.4% of adolescents, an estimated 2.8 million adolescents had major depressive episode during the past year. About 8.2% of the adolescents who had a major depressive episode had severe difficulty in completing school work, chores at home and forming close relationship with friends and family. Previous studies show that the occurrences of depression during adolescence not only increases the risks of future episodes in later life but it is also associated with academic difficulties, school dropout, anti-social behaviors, health risk behaviors like smoking, violence, drug use, exposure to unprevented diseases like HIV and lastly suicide risks.

Gullone (2000), stresses the risk of developing depression during adolescence increases with lack of self-esteem, stress and social isolation. These consequences are a result of lack of adequate social support given to adolescents by significant others in their respective environments.

Research studies show that perception or reception of support from family, friends and teachers and particular religions and their events minimizes the risks of depression among the individuals and offers counter measures against adolescent's depression (Bansal, 2009). Therefore, protective measures such as social support, religiosity and spirituality may be very important psychologically resources that adolescents can draw upon for better mental health. If so, these measures also help adolescents to deal with the emotional instability which characterizes adolescence.

Higher levels of friend support, family support and overall emotional have been consistently associated with lower odds of adolescent's depression (Heino, 2008). Social relationships may promote well-being by enhancing an individual's feelings of predictability and stability, maintaining positive emotional states, promoting an individual's sense of purpose, belonging and security and enhancing self-esteem through social recognition.

Depression and Self-esteem

Results revealed that there is no significant relationship between depression and self-esteem ($r = -.085$, $p = .555 > .000$). This is because the p value is greater in magnitude than the level of significance. Hence the alternative hypothesis is rejected. The results were in disagreement with other research finding as shown below;

Portia (2010), noted that adolescents with low self-esteem are depressed and paranoid. They are more likely to experience social anxiety and low levels of interpersonal confidence. Indeed, its thought that an optimum level of self-esteem lies within the continuum that is between low and high self-esteem. Individuals operating within this range are thought to be

more socially dominant within the relationship. This social dominancy simply means that adolescents on middle level on the self-esteem scale is comprised of mixed personality characteristics, some of which can be positive than others. It is noted that self-esteem continues to decline during adolescence especially in females. This could be attributed to decline in body image and other problems associated with puberty. Although males and females report similar levels of self-esteem during childhood, a gender gap emerges by adolescence, in that adolescent males have higher self-esteem than their female counterpart (Jennifer,2012).

Poor self-esteem poses a great challenge in both the developed and developing world. For instance, in Nigeria there are about two suicide attempts every month traceable to depression from low self-esteem. In addition, in United States, teen suicide is the third-leading cause of death for young people ages 15 to 24, surpassed only by homicide and accidents according to the U.S Centre for Disease Control and Prevention (2011). Self-esteem tends to improve as adolescents get older, it gradually increases and becomes more positive as freedom, personal authority and role-taking ability increase and more opportunities to behave in socially appropriate ways are available (Greenberg, 2011).

Recent studies have shown that implicit self-esteem does not particularly tap into your unconscious rather than people consciously over report their levels of self-esteem (Myer, 2010). Other theoretical models include depression, hopelessness and substance use and suicide risks (Myer, 2010). Evaluation of self-esteem among adolescents is a very vital issue often under reported in pediatrics practice and in this part of the world, its importance therefore cannot be overemphasized especially its impact on health which include depression, suicidal attempts, unwanted pregnancies (Myer, 2010).

The problem of self-esteem among adolescents have also increased due to apparent lack of interest by researchers and paucity of empirical data which makes it difficult to

ascertain its prevalence particularly in upcoming counties. The study is therefore aiming at determining the pattern of self-esteem among adolescents and associated factors.

Conclusion

In conclusion, the current study found that social support, depression and self-esteem are significantly related and that however much depression is taken unserious, in case they are not detected at the early stages, high levels without social support of each keep causing mental discomfort to an individual. Therefore, employers should put in place employee assistance programs to assist the employees facing depression at work.

Recommendations

Employees detected to be going through depression at work should be attended to as soon as possible to avoid disruption at work due to their low levels of performance.

Employee assistance programs should be put in place by the employers at work and employee participation highly encouraged. This shall help the depressed hence boost their esteem through the social support of the organization at large.

Free counselling sessions should also be put up at places of work to help employees cope with the depressive work environment.

Suggestions for Further Research

Research focused on the social support and the causes of depression and I suggest that further and extensive research could be made on the other factors that cause depression at work like organizational structure and the nature of supervision at work as well as self-esteem.

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Appendices

Appendix I: Questionnaire

QUESTIONNAIRE ABOUT THE RELATIONSHIP BETWEEN SELF-ESTEEM, SOCIAL SUPPORT AND DEPRESSION AMONG SCHOOL GOING ADOLESCENTS

Dear Respondent

This is a questionnaire seeking information that will help to guide in understanding the link between social support, self-esteem and depression amongst school going adolescents. This in now way has any influence on your academic performance so I kindly request that you answer correctly and honestly. All this information was treated with utmost confidentiality and is strictly for learning purposes.

SECTION A: PERSONAL INFORMATION

CLASS.....SEX: AGE:

SECTION B: SOCIAL SUPPORT

For each of the following statements, tick the response that best describes your experience. If you Strongly Agree Tick SA, Agree tick A, Neutral tick N, Disagree tick D, Strongly Disagree tick SD

NO.	ITEMS	Strongly Disagree SD	Disagree D	Neutral N	Agree A	Strongly Agree SA
1.	There is a special person who is around when I am in need					
2.	There is a special person with whom I can share my joy and sorrows					
3.	My family really tries to help me					
4.	I get the emotional help and support I need from my family					

5.	I have a special person who is a real source of comfort to me					
6.	My friends really try to help me					
7.	I can count on my friends when things go wrong.					
8.	I can talk about my problems with my family.					
9.	I have friends whom I can share my joy and sorrows.					
10.	There is a special person in my life that cares about my feelings.					
11.	My family is willing to help me make decisions.					
12.	I can talk about my problems with my friends.					

SECTION C: SELF-ESTEEM

Below is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement.

ITEMS	Strongly Agree SA	Agree A	Disagree D	Strongly Disagree SD
1. On the whole, am satisfied with myself				
2. At times I think I am not good at all				
3. I feel that I have a number of good qualities				
4. Am able to do things as well as most other people				
5. I feel I don't have much to be proud of				
6. I certainly feel useless at times				
7. I feel that am a person of worth, at least on an equal plane with others				
8. I wish I could have more respect for myself				
9. All in all, am inclined to feel that I am a failure				
10. I take a positive attitude towards myself.				

SECTION D: DEPRESSION**Depression**

The following are groups of statements. After reading through each group, write the number (1, 2, 3 or 4) of the statement that best describes how you have been feeling in the recent past.

1	1. I do not feel bad 2. I feel sad 3. I am sad all time and I cannot stand it 4. I am sad or unhappy that I cannot stand it	<input type="checkbox"/>
2	1. I am not particularly discouraged about the future 2. I feel discouraged about future 3. I feel I have nothing to look forward to 4. I feel that future is hopeless and that things cannot improve	<input type="checkbox"/>
3	1. I don't feel like a failure 2. I feel I have failed more than the average person 3. As I look back on my life, all I can see is a lot of failures 4. I feel I am a complete failure of a person	<input type="checkbox"/>
4	1. I get much satisfaction out of things as I used to 2. I don't enjoy things the way I used to 3. I don't get real satisfaction out of anything anymore 4. I feel am dissatisfied or bored with everything	<input type="checkbox"/>
5	1. I don't feel particularly guilty 2. I feel guilty a good part of the time 3. I feel guilty most of the time 4. I feel guilty all the time	<input type="checkbox"/>
6	1. I don't feel am being punished 2. I feel I may be punished 3. I feel to be punished 4. I feel am being punished	<input type="checkbox"/>
7	1. I don't am any worse than anybody else 2. Am critical of myself for my weakness or mistakes 3. I blame myself all the time for my fault 4. I blame myself for everything that happens	<input type="checkbox"/>
8	1. I don't have any thoughts of killing myself. 2. I have thoughts of killing myself. 3. I would like to kill myself. 4. I would kill myself if I had the chance.	<input type="checkbox"/>
9	1. I don't cry anymore more than usual 2. I cry more now than I used to 3. I feel irritated all the time now 4. I used to be able to cry, but now I can't even though I want to	<input type="checkbox"/>
10	1. I don't feel disappointed in my life. 2. I am disappointed in my life. 3. I am disgusted with my life. 4. I hate my life.	<input type="checkbox"/>
11	1. I am no more irritated now than I ever was 2. I get annoyed or irritated more easily than I used to 3. I feel irritated all the time now 4. I don't get irritated at all by the things that used to irritate me	<input type="checkbox"/>

12	<ol style="list-style-type: none"> 1. I have lost interest in other people 2. I am less interested in other people than I used to 3. I feel lost most of my interest in other people 4. I have lost all my interest in other people 	<input type="checkbox"/>
13	<ol style="list-style-type: none"> 1. I make decisions as well as I never could 2. I cannot make decisions as well as I used to 3. I have difficulty making decision 4. I cannot decide on anything by myself 	<input type="checkbox"/>
14	<ol style="list-style-type: none"> 1. I don't feel I look any worse than I used to 2. I am worried that am looking old or unattractive 3. I feel that there are permanent changes in my appearance that make me look unattractive 4. I believe that I look at all 	<input type="checkbox"/>
15	<ol style="list-style-type: none"> 1. I can work about as well as I used to 2. It take some extra effort to get started at doing something 3. I have to push myself very hard to do something 4. I cannot do any work at all 	<input type="checkbox"/>
16	<ol style="list-style-type: none"> 1. I sleep as well as usual 2. I don't sleep as well as I used to 3. I try so hard to sleep 4. I don't sleep at all 	<input type="checkbox"/>
17	<ol style="list-style-type: none"> 1. I don't get more tired than usual 2. I get tired more easily than I used to 3. I get tired from doing almost everything 4. I am too tired to do anything 	<input type="checkbox"/>
18	<ol style="list-style-type: none"> 1. My appetite is no worse than usual 2. My appetite is not as good as it used to be 3. My appetite is much worse now 4. I have no appetite at all now 	<input type="checkbox"/>
19	<ol style="list-style-type: none"> 1. I haven't lost much weight, if any lately 2. I have lost more than 5 kilograms 3. I have lost more than 10 kilograms 4. I have lost more than 15 kilograms 	<input type="checkbox"/>
20	<ol style="list-style-type: none"> 1. I am no more worried about my health than usual 2. I am worried about my physical problems such as aches, pains and upsets 3. I am so worried about physical problems to think much of anything else 4. I am so worried about my physical problems that cannot think about anything else 	<input type="checkbox"/>
21	<ol style="list-style-type: none"> 1. I have not noticed any recent change in my interest in sex 2. I am less interested in sex than I used to be 3. I am less interested in sex now 4. I have lost interest in sex completely 	<input type="checkbox"/>

Appendix II: Work Plan

1. Formulation of the Research topic
2. Guidance from the supervisor
3. Proposal write up
4. Correction of the proposal from the supervisor.
5. Formulation of the questionnaire.
6. Clarification of the questionnaire from the supervisor.
7. A letter was picked from the Dean's Secretary's office
8. Appointment was made between researchers and the Head teacher of Makerere college school.
9. Data collection was then followed
10. Data was entered into the spss for analysis
11. Data analysis was then presented for verification
12. Correction was made as we were guided by the supervisor.
13. Came up with a dissertation.

Appendix III: Budget

ITEMS.	Amount
1. Data.	35,000#
2. Printing.	65,000#
3. Data Analysis.	80,000#
Total:	180,000#

Appendix IV: Introductory Letter



SCHOOL OF PSYCHOLOGY

Department of Mental Health and Community Psychology

12th October, 2022

To the Headmaster
Makerere College School

Dear Sir / Madam

Re: UMO PAUL REG. 19/U/6307/PS, **KOBUSINGE JACKLINE, 12/U/7304/B**
ADAM AHMAD NSUBUGA 19/U/7140/EVE

I hereby introduce to you ~~Umo Paul~~ a Bachelor of Community Psychology student at Makerere University. As partial fulfillment of the degree program, he's required to carry out research on the topic **"Social support, self-esteem and depression among adolescents in Kampala District Central Division. A case of Makerere College School"**

The purpose of this letter is to request for your assistance in regard to this matter. The results are to be used for academic purposes only, participation is voluntary and there is no compensation for involvement in this study. The information collected from the participants is to remain confidential, and their names are not required.

Any assistance rendered to him is highly appreciated

Best regards,

Namugenyi Mastula
Supervisor

