Social Support, Self-Esteem and Depression among University Students at Makerere University
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University
N
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Declaration

I Kalulu Emmanuel, declare that this is my original work from my own effort and knowledge. I therefore affirm that it has never been submitted to any other university or higher institution of learning for any academic reward.

Signature:

Date: 23rd 12 2022

Kalulu Emmanuel

17/U/4493/EVE

Approval

This is to certify that this research by Kalulu Emmanuel has been carried out under my supervision and it is now ready for submission with my approval

Signature:

Date: 23 12 2022

Mr. Mwase Patrick

Supervisor

Dedication

I dedicate this proposal to my family, supervisor and the University for their Continuous Support and encouragement that has kept me moving forward. Thus, this research project is dedicated to them with much love.

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Abstract

This study aimed at examining the relationship between social support, self-esteem and depression among university students. The study employed a correlation research design that was quantitative in nature. A sample of 100 undergraduate students both male and female was selected using simple random sampling technique. Self-administered questionnaires were used for data collection and the data was analyzed using Statistical Package for Social Science. Spearman's Rank Order Correlation Coefficient (r_s) was used to test the significance of the hypotheses. Results indicated that there is a significant relationship between social support and self-esteem among university students. However, the findings revealed that there is no significant relationship between self-esteem and depression among university students. Furthermore, results indicated that there is a significant relationship between social support and depression among university students. Therefore, the findings of this research can be used as evidence to provide information to various stakeholders especially the universities to provide necessary guidance and counseling services to the students that are being affected by the prevailing factors.

Chapter One

Introduction

Background

Depression is a mode of disorder that causes feeling of sadness and loss of interest. Many university students suffer from depression. According to WHO (2017), Approximately 350 million people worldwide are affected by depression. Depression affects how university students feel, think, and behave and can lead to a variety of emotional and physical problems. For many university students with depression, the symptoms cause noticeable problems in their day to day activities. Symptoms of depression include feelings of sadness, hopelessness, sadness, anger, loss of interest, sleep disturbances, tiredness, and anxiety. The many challenges faced while joining university include slow adaptation, socialization challenges among others and these lead to depression (Lakdawalla, Hankin & Mermelstein, 2007).

According to Thapa, Collishaw, Pine and Thapar (2012), depression is defined as a disorder consisting of a collection of emotional behavioral and thought patterns and associated with particular impairments. It is projected that 3/10 to 4/10 university students suffer from depression though in most cases it is not recognized and not treated (Kaducu, 2017). In a study carried out in 2013 by Kinyanda, Abbo, Bohlin, Nyanabangi and Levin, the prevalence of depressive disorder syndrome was at 8.6% and was a little higher in females in males. Moreover depression was reported to be the leading cause of death among university students (Windfuhr, While & Hunt, 2008).

Depression among university students has been linked to low levels of social support. Social support is defined as stipulation that is either psychological or material help rendered to an individual who needs support in order to cope up with the stressful situation (Chu, Saucier & Hafner, 2010). Inadequate social support received by university students from their peers, lecturers, or even parents result into high levels of depression among university students due to feeling unloved, rejected and under-appreciated. For university students offered adequate social support, they are faced with low levels of depression resulting from the feeling of being loved and appreciated by peers, lecturers and parents (Chang, Yuan & Che, 2018).

Beck's theory of Depression views social support as an important factor in depression (Beck & Alford, 2009). Also, low levels of parental warmth, high level of material hostility, rejection by peers and lecturers and parental conflicts directly cause depression among university students. (Gupta & Grover, 2017).

Studies have also shown that self- esteem has a direct impact on depression on university students with low self-esteem may withdraw from day to day activities like academic work, playing with peers, hence resulting into high levels of depression, while university students with high levels self-esteem feel more confident and assertive in their daily life activities hence resulting in low levels of depression (Bha, 2017)

Self-esteem is defined as the extent to which the university students value, acknowledge themselves, their skills and abilities (Miner, 2018), Self-esteem affects all genders but girls are more susceptible to low levels of self-esteem (Bha, 2017). People with high self-esteem are less likely to be worried about what is around them because of the positive attitude

they possess which is related to self- worth which reduces to risk of depression while those with low self-esteem are more susceptible to high depression levels because of the negative attitude on self-evaluation (Bha, 2017). Low self-esteem is linked to violence, university dropout rates, suicide and low academic achievement (Misefich & Delis-Abrams, 2003). Contextually, depression affects university students hence it results in high rates of university dropouts, suicidal thoughts, isolation, poor academic performance and poor decision making.

Problem Statement

Depression is a common health problem among university students. It is debilitating and has a detrimental impact on students psychosocial, emotional, interpersonal functioning and academic performance. Inadequate social support received by university students from peers ,relatives and lecturers makes them feel unwanted thus leading to high level of depression while the reverse makes them feel loved and cared for thus resulting into low levels of depression. University students with high levels of self-esteem feel confident and assertive about what they are doing and those with low levels of self-esteem feel like insecure thus resulting into high levels of prior dropping out of university, poor academic performance and increased substance abuse.

Purpose of the Study.

The study sought to examine the relationship between social support, self-esteem and depression among university students.

Objectives of the Study

1. To examine the relationship between social support and self-esteem among university students.

- 2. To examine the relationship between self-esteem and depression among university students.
- 3. To examine the relationship between social support and depression among university students.

Scope of Study.

This study was conducted in Makerere University Main Campus, Kampala district. This is because of the high population of students in this institution which creates a high sample of students available for the study and who are likely to suffer from depression as a result of lack of social support or low self-esteem.

Contextually, the study focused on social support, self-esteem and depression among undergraduate university students.

Social support is defined as assistance rendered to an individual by persons who are part of the individual's social network (Harnaez, Maicas, Digiacomo & Artiste, 2016).

Self-esteem in university students is defined as the feelings and overall assessment of the university students' worth or assessment of given personality, place in a group, activities and their interaction with others (Miner, 2018).

Depression is broadly defined as alteration in one's mood, feelings of loneliness, worthlessness, self-esteem and suicidal thoughts (Beck & Alford, 2009).

Significance of the Study.

The study was helpful to stake holders like the counselors as it created awareness about university students' lives. It also helped the counselors to identify the appropriate technique to use in modifying negative peer pressure.

The study threw more light on the problem of depression and its consequences and thus engaged in primary prevention programs.

The study also helped stalk holders like administrators to make informed decisions concerning students' welfare at campus in a way that may lower risks of depression.

The study helped lecturers find ways of helping students to achieve better academic through employing of better relations with students that lower the risk of depression among students, this may involve techniques that improve on students' self-esteem.

Study findings helped health care providers to inform the stake holders in the lives of university students on matters affecting students for better prevention of depression or symptoms related to depression.

The findings in the study were used by different organizations, communities to deal with depression among university students using first hand evidence-based information obtained from the study.

The findings in this study were able to help future researchers with background information, and they can as well find the missing gaps to bridge in this study thus prompt further research. This study will thus serve as a baseline to continue with further research.

Conceptual Framework.

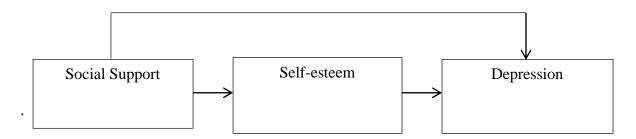


Figure 1: A conceptual frame work showing the relationship between social-support, self-esteem and depression among university students.

The conceptual frame work shows that university students who perceive low social support from lecturers, peers and parents may develop low self-esteem which in turn leads to depression resulting from negative self-worth. The frame work also shows that perceived inadequate social support can directly cause depression among university students.

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 self-esteem, social support and depression and lastly self-esteem and depression among University students.

Social Support

Social support refers to the various ways in which individuals aid others. Social support is also defined as assistance rendered to an individual by persons who are part of the individual's social network and they occupy the biggest part in this social network (Harnàez, Maicas, Giacomo & Artiste, 2016). The sources of social support to university students include the family, friends, the significant others as well as the lecturers. All these people are important in the life of university students as they study but perceived low social support among university students affects them in all life aspects that are socially, spiritually, academically, physically and mentally. This eventually leads to loss of interest and value and increases negative attitudes towards everything around them.

These interpersonal relationships are significant in helping them cope with stressors, protecting them from psychological distress by acting as social support sources (Camara, Gonzalo, Bacigalupe & Patricia, 2014). This is because most people in these relationships have gone through similar experiences at a point in their lives so they can advise from a point of experience.

Social support is a significant element in any university students' self-esteem. The presence of a perceived high social support promotes competence, sense of belonging and renders the students with a sense of autonomy which eventually strengthens and helps in the development of their self-esteem (Sharma & Agarwala 2015).

Self-Esteem

Self-esteem refers to a person's overall sense of his or her value or worth. Self-esteem means how much a person likes his or herself or the extent to which someone feels competent, loved and approved by others. The university life involves a lot of new ways of life that unfold from first day and can be a period of turmoil as the student has to meet the demands of the university, family, society and self (Rogina & Savarimuthu, 2018). A student who scores low on self-esteem is prone to a number of life changes like isolation, poor academic performance, manipulation and thus may end up in life destructive behaviors.

Those who score high on self-esteem are confident and are less likely to experience major life stressful challenges since they easily manage the situation by themselves or seek for help. Students with low self-esteem tend to step back and fail to give a try in order to protect their self-esteem as well as avoiding risks which exposes them to loneliness and avoidance from others (Sowisloy & Orth, 2013). It's logical to think that high self-esteem leads to improved social interaction (Tchoh & Mertan, 2018).

Furthermore, in a study carried out by Battistich, Solomon and Delucchi (1993) as cited in Tchoh and Mertan (2018), revealed that persons with high level of Self-esteem are more popular to others than those with low self-esteem. This is so because most people interact with individuals who have confidence in themselves and are very innovative in their self-esteem thus

promoting high self-esteem than those with low self-esteem since these in most cases manifest social insecurities hence may fail to interact with others, leading to low self-esteem.

Depression

Depression is a common mental disorder that presents with depressed mood, loss of interest or pleasure, decreased energy, feeling of guilt or low self-worth, disturbed sleep or appetite and concentration (WHO, 2012a, & 2012b). These problems can become chronicle or recurrent and lead to substantial impairments in an individual's ability to take care of his or her daily responsibilities. At worst, depression can lead to suicide. Almost 1 million lives are lost annually due to suicide which translates to 3000 daily suicide deaths. For every person that completes a suicide, 20 or more may attempt to end their lives (WHO, 2013).

Despite prevalence, depression is commonly undiagnosed and consequently untreated in general medical population (WHO, 2012a). Depression is often viewed as an expected reaction to medical. It is good to notice that there is a clear rising trend in depression over time in both genders. Depression is also 50% higher in women than men (WHO, 2012a).

Depression is also a common mental health issue among University students globally (Singh, Gupta & Grover 2017). One in five university students is likely to experience a diagnosable depressive episode by the age of 18 years (Shelke et al., 2014). Depression among university students can be caused by issues with self-esteem like obesity, peer problems, academic problems, and childhood trauma, being a victim or witness of violence, learned patterns of negative thinking. Students' psychological difficulties faced like their way of life for instance stress and poverty, can lead to high symptoms of depression (Sserunjogi et al., 2016)

Depression affects students in their way of thinking interaction. A person with

depression finds it so hard to take part in social activities like family functions, university activities and work. O'Neill (2008) reported in his study that persons with depression show impairment on their social, physical and work functions compared to those with no depression.

Social Support and Self-Esteem among University Students

Social support is a body or chain of supportive people and persons of an individual on which he or she can depend upon. People with strong social support systems are more likely to be social, academically and health wise better than those with low social support systems. Most students also make a lot of self-evaluation to know who they really are and take their own and other people's views into account as they do so (Ikiz & Cacar, 2010).

More so, when these students feel accepted and respected by their family or others, they develop a high level of Self-esteem. This is so because high self-esteem makes the students happier, successful and more confident to interact in their social environment (Arslan, 2009). When a low or no social support is perceived by students, they start to view themselves as losers and may reflect low self-esteem as a result (Arslan, 2009).

Self-esteem is shaped from childhood through the adolescent's life by social events within and without their families. Students at university with high Self-esteem are better at health and have better capacity to cope with depressive symptoms because the high self-worth they attach to themselves. Parental social support is important among students and it could promote self-esteem among their children which could reduce depressive symptoms (Boudeault-Bouchard, Dion & Perron, 2013).

Students with increased social support experience high level of self-esteem development which later helps them to achieve self-goals in life (Zhou, Wu & Zhen, 2018). A study on association between social support and self-esteem among College students reported a significant relationship between social support and self-esteem which further proves that higher social support from family relating with friends with high Self-esteem promotes a sense of high self-esteem in students (Tahi, Inam & Raana 2015).

Social support is unswervingly associated with self-esteem as is evident from the results of the study by Sajad (2017). These results suggested that high levels of social support indicated high levels of Self-esteem among College students. In another study by Farzae (2012), reported meaning relationship between subscale of social support (parents, friends and significant others) and self-esteem. According to the study, increase in social support leads to increase in Self-esteem and decreased Social support results in decreased self-esteem.

Furthermore, in a study carried out by Cordero (2011) on the relationship between social support and self-esteem showed that social support correlates with self-esteem. This implies that for students to feel or view themselves as possessing self-worth, a positive feedback has to be there originating from their social environment. This can be through a strong creation and maintenance of positive social relationships. Students' self-esteem is developed though interacting with those that believe in them.

Hence, positive factors like students feeling satisfied with their lives, having a strong social support and having a positive self-judgment related positively with Self-esteem hence a positive

relationship between social support and self-esteem was reported (Yu, Shu-Yin, Ming Chuan University & Taiwan, 2015)

In conclusion, recent studies on social support and self-esteem show that there is a relationship between the two variables. This is so because students tend to evaluate themselves highly based on the social perceptions of the people around them. As such, students who perceive adequate social support from lectures, peers and family tend to have high levels of self-esteem compared to those who receive a low perceived social support from the same.

Self-Esteem and Depression among University students

Self-esteem could be high or low and both levels can be harmful to college students emotionally and socially (Portia, 2010). In the first days of joining University, students experience a lot of social anxiety and low levels of Self-esteem. Portia (2010) stated that an optimum level of self-esteem is thought to lie within the continuum that is between high and low self-esteem. Individuals operating within this range are thought to be more socially dominant within relationships. It's also important to note that the levels of self-esteem are higher in male students compared to their female counterparts as reported by Jennifer (2012).

Self-esteem is defined as one's opinion of self-worth, one's feelings of self-respect, self-assurance and the degree to which the individual holds favorable or unfavorable views about self (Vein, Sedikides & Gress, 2003). Self-esteem affects all genders (Bha, 2017). Orth and Robbins (2013) offer more explanation on the relationship between low self-esteem and depression using two models namely; the vulnerability model and the scar model. The vulnerability model states that low self-esteem operates as a risk factor for depression. In contrast, the scar model suggests that low self-esteem is a consequence rather than a cause of depression. The scar model,

experiences of depression may leave scars in the individual's self-concept that progressively consumes self-esteem over time.

Despite the vast amount of previous studies indicating self-esteem as prospective predictor of depression (Orth & Robins, 2013), confirming how robust the vulnerability effect and applies to a wide range of samples and study designs, a few studies have not been able to confirm this temporal pattern of results. They have found prospective effects in support of the scar model (Shahar & Hendrich, 2016).

There is a link between depression low self-esteem and depression. The students' failure to face difficulties results into low level of their wellbeing (Stavropoulos, Lazaratou, Marini & Diekos, 2015). Low self-esteem is most likely linked to psychiatric disorders. This has led to suggestions that low self-esteem is the cause of psychiatric conditions and in suicidal individuals (Abdel-Khalek, 2016).

According to most research studies, implicit self-esteem does not particularly tap into your unconscious but instead people consciously over report their self-esteem levels (Myers, 2011). Evaluation of self-esteem among university students is a serious issue that is surprisingly under reported is pediatrics. As a result, its importance cannot be over emphasized and especially the impact it has on health like suicidal attempts and depression (Myers, 2011).

In a study carried out by Yacoob, Juhari, & Talibanduba (2009), self-esteem had moderate and significant correlations with depression. The results also showed that self-esteem had an opposite and significant relationship with depression and those with high self-esteem reflected low levels of depression. Manna, Ingoglia, Falgares and DeSantis (2016) reported that

there was a negative correlation between self-esteem and depression and recommended the use of self-esteem as a strategy during stressful circumstances.

In conclusion, the previous studies on self-esteem and depression have showed that there is a relationship between the two variables. They show that students with low levels of self-esteem are more vulnerable to higher levels of depression compared to those with high levels of self-esteem. Self-esteem is significantly associated with depressive symptoms and mediated the effect of self-stigma on depressive symptoms in different community samples of college and university students.

Social Support and Depression among University Students

Social support is defined as a series of supportive people one can rely on. It's suggested that people with a healthy social support tend be good socially, healthy and academically sounding compared to those with a poor social support network (Bha, 2017). In a study carried out by Eley, Liang and Plomini (2004), they reported that the level of social support received by adolescents or students from their peers, parents and lecturers has an effect on the level of depression among the adolescents in particular and students at large.

Research studies have explained how university students maintain and increase their social support in order to reduce depression among themselves. Many studies also suggest that a perceived good social support is linked with low depression levels and recommended that family and peers can help reduce depression among College students. Chao (2011), explained the relationship between social support and depression and identified that having broader networks, frequent contacts, living with family and satisfaction with support being given were negatively correlated with depressive symptoms. This study did not only pay attention to the quantity of

social support but also the quality of social support being given had an effect on depressive symptoms.

University students live in an environment consisting of hard relations, are prone to depression and thus depression has a high prevalence in these environments. It's reported that students who get depression can be as a result of transition into new university surroundings. This can be as a result of the receiving inadequate social support from parents and friends which may affect psychologically and thus increase the level and risk of getting depression (Thompson & Hamarat, 2001).

Social support is perceived to have direct and indirect influence on depression as reported by different studies. A positive correlation between social support and depression was reported by Li, Jiang and Ren (2017). Therefore, when university students perceive a negative social support from the people around them, depression sets in as a result of viewing themselves as loners (Beck & Alfred, 2009). This happens because being alone comes with a lot of ill thoughts that are not even shared due to a low social support perceived. Consequently, the thoughts build up and bring a feeling of helplessness, loneliness and thus risk of depression.

Bansal (2009), suggested that reception or perception of social support from peers, family, teachers and participating in religious events can minimize risk of depression among individuals and offers counter measures against student depression. The study suggested protective measures like social support, spirituality involvement as important psychological sources for students to upon for a better mental health.

Furthermore, structural equation results by Chang, Yuan and Chen (2018) reported that both parental and peer support can directly and indirectly contribute to the level of depression among individuals. Higher levels of peer support and overall emotional support have consistently been associated with lower odds of depression in students. Social relationships promote well-being by enhancing an individual's feelings of predictably and stability and creates a sense of acceptance thereby buffering the unhealthy effects of depression and stress related to the university environment.

In conclusion, social support is a very important element in reducing the levels of depression among students as already uncovered in the previous studies. The literature on social support and depression shows there is a relationship between the two variables in a way that students that receive adequate social support from people around them like parents, peers and significant others are less vulnerable to depressive symptoms compared to those that receive inadequate social support from their parents, peers and significant others. These are more vulnerable to high levels of depression.

Hypotheses

The study was guided by the following hypotheses;

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

Chapter Three

Methodology

Introduction

Research methodology is the specific procedures or techniques used to identify, select, process, and analyze information about a topic. This chapter looks at the various research methodologies that were adopted to conduct the research. According to Franklin, (2012), methodology refers to the systematic, hypothetical analysis of the methods applied to a field of research.

This chapter presents the study design, study population, sample design, instruments and measures, procedure, data management and analysis data analysis techniques, anticipated problems, inclusion and exclusion criteria.

Study Design

Study design refers to the overall strategy chosen to investigate the different components of the study. The study employed a correlation survey which was quantitative and descriptive in nature. This is because the study examined the relationship between social support, self-esteem and depression among University students at Makerere University.

Study Population

The study focused on a sample of 100 undergraduate Makerere University students both male and female. This was because the high number of students in this institution easily gave results representing the general student population. The institution being situated at the heart of the city, provides higher chances of depression related to everyday life in the city as a student.

Sample Size and Selection

The study used a sample of 100 students both male and female. The respondents were selected using the simple random sampling technique. Simple random sampling technique is one where each study participant or item in the population has an exactly equal chance of being selected (Saunders, Lewis & Thornhill, 2011). This technique is used by researchers to statistically measure the subset of participants selected from the larger population (Horton, 2019). Hence the technique was used because it gives the participants equal chance of being selected. Only those respondents that were willing to participate in the study were selected. The strength of this technique lies in avoiding bias and in being simple or easy to use since participants are selected randomly and there are no further steps. Its limitations include the fact that it consumes a lot of time to gather the full list of specific population.

Research Instruments

Data collection instruments in this study consisted of self-administered questionnaire with closed ended questions. Self-administered questionnaires were used because they are easier to answer and require less skills from the respondent. Each respondent was required to choose the preferred option from the alternative given.

The questionnaire consisted of four sections namely section A, B, C and D in that order. Section A included simple demographics such as age, sex and year of study. Section B consisted of the tool to measure social support. This was measured using the Multidimensional Scale of Perceived Social support (MPSS). It comprised 12 items that are scored on likert scale. The Likert scale is modified and the items were scored as "strongly disagree" (SD)=1, "disagree" (D)=2,

"neutral" (N)=3, "agree" (A)=4, "strongly agree" (SA)=5.

Section C will consist of the tool to measure self-esteem. Rosenberg Self-esteem Scale was used (RSS) developed by Rosenberg, (1965). The scale consisted of 10 items rated on a four point scale ranging from "strongly disagree" (SD)=1, "disagree" (D)=2, "agree" (A)=3, "strongly agree" (SA)=4.

And lastly, section D consisted of Beck's Depression Inventory (1996) which is a tool developed by Beck's. It will be used to assess respondents' feelings on depression symptoms. Scores of each response was indicated on a 21-item scale where each question had 4 options of answers and indicated how a person was feeling on a scale of 0-3.

Quality Control

Quality control refers to a set of measures or procedures one follows so as to ensure that the quality of products is maintained and improved and if there are errors, then they can be reduced or eliminated. The quality of the research will be ensured through validity and reliability.

Validity refers to the extent to which an instrument measures what it is supposed to measure (Sounders, 2009). In regard to validity, a number of measurements were undertaken to ensure that data collection instrument specifically questionnaire was valid. To ensure the validity of the research tool, a copy of standardized questionnaire was presented to two (2) subject matter experts in the School of Psychology to review the relevance, comprehensiveness and construction of items in the questionnaire. The subject matter experts' recommendations were considered and integrated in the final version of the study instruments for clarity and relevance of the study items. Reliability refers to the extent to which results can be reproduced when study is repeated under the same conditions (Middleton, 2019). It also refers to the degree to which a test is free from measurement error, since the more measurement errors occur, the less the reliability

of the test (Fraenkel & Wallen 2003). To ensure reliability, a pilot study was carried out among 20 respondents similar to those in the study. Reliability analysis was established using Cronbach Alpha Coefficient. For a scale to be reliable, it must have a Cronbach value of 0.70 and above (Cronbach, 1951).

Procedure

A copy of standardized questionnaire was given to two (2) subject matter experts in the school of psychology who reviewed the comprehensiveness and construction of items in the questionnaire. The recommendations were integrated to make the items clear and relevant. A pilot study was then carried out on 20 respondents similar to those in the study. This was done before the actual study to test the internal consistency of the instruments.

Before going to the field, a letter of introduction was obtained by the researcher from the School of Psychology of Makerere University, Department of Mental Health and Community Psychology. The letter served to introduce the researcher to all the places where data was collected. The introductory letter also explained the purpose of the study. The researcher reached out to the respondents, introduced herself and explained articulately the purpose of the study to the respondents and assured the respondents of confidentiality. She also informed them that the study did not require their names and then requested the willing members of the population to participate in the study. The respondents were then selected using the simple random sampling technique. The selected respondents were enrolled into the study after submitting their signatures. These were then given questionnaires to fill and in the process, the researcher cross checked to ensure that they are all completed before being collected on that same day. Once finalized, questionnaires were taken for analysis.

Data Management

Data was coded according to results obtained from the questionnaires after the respondents were done filling them. Collected data was crosschecked for completeness before being entered into the Statistical Package for Social Scientists computer program.

Data Analysis

Data was analyzed using the Statistical Package for Social Scientists (SPSS, Version 21).

Frequencies we're obtained and computed into percentages. Spearman's Rank Order Correlation Coefficient (r_s) was used to test the significance of hypotheses 1, 2 and 3.

Ethical Consideration

Ethics are standards for proper conduct that differentiate between acceptable and unacceptable behavior (Resnick, 2013). This research was conducted in regard to ethical principles regarding consent, dignity and welfare of participants.

The researcher made sure that the content and wording of the questionnaires were appropriate for the respondents so that they could understand what was required of them. The researcher explained to the respondents the purpose of the study so that they participate freely. Their consent was sought and they were required to sign if they agreed to take part in the study willingly.

Students were assured of confidentiality and this was proved by the guarantee of anonymity as their names weren't being asked for. Privacy of the respondents was protected and intrusions were avoided by ensuring that the researcher did not ask them sensitive questions.

Chapter Four

Results

Introduction

This chapter consists of results and interpretation of the findings in line with the objectives and hypothesis, data is presented in form of frequencies and percentages followed by correlations social support, self –esteem and depression

Descriptive Statistics

In this section, the respondents' personal data results are presented in form of frequencies and percentages as shown in the tables below;

Table 1: Bio data for respondents

Variable	Level	Frequency	Frequency Percentage
Gender	Male	41	41.0
	Female	59	59.0
Year of study	Year 1	39	39.0
	Year 2	21	21.0
	Year 3	40	40.0

Table 1 shows that more than half of the respondents were female 59.0% and only 41.0% were male from the same table results show that most of the respondents were third year students 40.0% followed by second year students 21.0% and the least were first year students 39.0%.

Social support

Respondents were requested to indicate their levels of social support. Frequencies were obtained and translated into percentages as shown in Table 2.

Table 2: Frequencies of respondents' responses on social support

Items	Strongly Disagree	Disagree N (%)	Neutral N (%)	Agree N (%)	Strongly Agree
	N (%)	1 (70)	N (70)	1 (70)	N (%)
There is a special person who is around when I am in need.	10 (10.0)	11 (11.0)	10 (10.0)	25 (25.0)	45 (45.0)
There is a special person with whom I can share my joys and sorrows.	16 (16.0)	8 (8.0)	5 (5.0)	25 (21.0)	46 (46.0)
My family really tries to help me.	6 (6.0)	1 (1.0)	0 (0.0)	20 (20.0)	73 (73.0)
I have a special person who is a real source of comfort to me.	4 (4.0)	3 (3.0)	13 (13.0)	30 (30.0)	50 (50.0)
My friends really try to help me.	3 (3.0)	23 (23.0)	21 (21.0)	37 (37.0)	16 (16.0)
I can count on my friends when things go wrong.	5 (5.0)	25 (25.0)	19 (19.0)	30 (30.0)	21 (21.0)
I can talk about my problems with my family.	8 (8.0)	14 (14.0)	10 (10.0)	27 (27.0)	41 (41.0)
My family is willing to help make me decisions.	2 (2.0)	20 (20.0)	15 (15.0)	17 (17.0)	46 (46.0)
I can talk about my problems with my friends.	2 (2.0)	18 (18.0)	3 (3.0)	47 (47.0)	30 (30.0)

Results in Table 2 show that majority of the respondents believed that they had a special person who is around when they are in need who accounted for 70%, those who remained neutral accounted for only 10% and 20% of the respondents disagreed. The respondents who revealed that they can talk about their problems with their families were 68%, those that disagreed were 22% and 10% decided to remain neutral.

Self-Esteem

Respondents were requested to indicate their levels of self-esteem. Frequencies were obtained and translated into percentages as shown in Table 3.

Table 3: Frequencies of respondents' responses on self-esteem

Items	Strongly disagree N (%)	Disagree N (%)	Agree N (%)	Strongly Agree
	(/0)			N (%)
On the whole, I am satisfied with myself	11 (11.0)	15 (15.0)	25 (25.0)	49 (49.0)
At times I think I am no good at all	18 (18.0)	36 (36.0)	21 (21.0)	25 (25.0)
I feel that I have a number of good qualities	12 (12.0)	16 (16.0)	30 (30.0)	42 (42.0)
I am able to do things as well as most other people	8 (8.0)	12 (12.0)	32 (32.0)	48 (48.0)
I feel I do not have much to be proud of what I have	27 (27.0)	38 (38.0)	22 (22.0)	13(13.0)
I certainly feel useless at times	17 (17.0)	31 (31.0)	22 (22.0)	30 (30.0)
I feel that I am a person of worth at least on an equal plane with others	14 (14.0)	10 (10.0)	39 (39.0)	37 (37.0)
I wish I could have more respect for myself	57 (57.0)	33 (33.0)	6 (6.0)	4 (4.0)
All in all, I am inclined to feel like am a failure	6 (6.0)	11 (11.0)	28 (28.0)	55 (55.0)
I feel am no good enough and do not need approval of others	14 (14.0)	7 (7.0)	31 (31.0)	48 (48.0)

Results in Table 3 show that 48% of the university students strongly agreed that they are able to do things as well as most other people, 32% agreed, 12% disagreed and 8% strongly disagreed with the statement. In addition, 13% strongly agreed that they do not feel they have much to be proud of as to the 22% that agreed while 38% disagreed and 27% strongly disagreed with the statement.

Depression

Respondents were requested to indicate their assessment on their individual levels of depression. Frequencies were obtained and translated into percentages as shown in Table 4.

Table 4: Frequencies of respondents' responses on depression

Variable	Items	Frequency (N)	Percentage (%)
Sadness	I do not feel sad	51	51.0
	I feel sad	32	32.0
	I am sad/unhappy that I cannot stand it	13	13.0
Discouragement	I am not particularly discouraged about the future	62	62.0
	I feel discouraged about the future	18	18.0
	I feel I have nothing to look forward to	13	13.0
Failure	I don't feel like a failure	85	85.0
	I feel I have failed more than the average person	8	8.0
	As I look back on my life, all I can see is a lot of failures	7	7.0
	I feel I am a complete failure of a person	0	0.0
Satisfaction	I get much satisfaction out of things as I used to	5	5.0
	I don't enjoy things the way I used to	8	8.0
	I don't get real satisfaction out of anything anymore	39	39.0
	I am dissatisfied with everything	48	48.0
Guilty	I don't feel particularly guilty	47	47.0
	I feel guilty a good part of a time	32	32.0
	I feel guilty most of the time	20	20.0
Punishment	I don't feel I am being punished	59	59.0
	I feel I may be punished	20	20.0
	I expect to be punished	8	8.0
Disappointment	I don't feel disappointed in my life	59	59.0
	I am disappointed in my life	25	25.0
Blame	I blame myself all the time for my faults	9	9.0
	I blame myself for everything that happens	27	27.0
Thoughts	I don't have any thoughts of killing myself	81	81.0
	I have thoughts of killing myself	10	10.0
Cry	I don't cry anymore than usual	46	46.0
	I cry more now than I used to	20	20.0
Irritation	I feel irritated all the time	16	16.0
	I feel less irritated than usual	18	18.0
Appetite	My appetite is not as good as it used to be	39	39.0
	My appetite is much worse now	14	14.0
Attractiveness	I don't feel that I look any worse than I used to	66	66.0

Results in Table 4 revealed that respondents that did not have thoughts of killing themselves were 81% and those who revealed that they had had a thought of killing themselves were 10%. A total of 20% of the respondents revealed that they cried more than usual as well as 46% of the respondents showed that they don't cry more than usual.

A total of 16% of the respondents revealed that they felt irritated all the time, those who revealed that they used to be able to cry but now they can't even though they wanted to were 23%. Those that had lost interest in other people were 47% and those who were less interested in other people than they used to were 35%.

Hypotheses Testing

Testing the first hypothesis (H_11)

The first hypothesis of the study stated that there is a significant relationship between social support and self-esteem. Spearman's Correlation Coefficient (r_s) was used to determine this relationship.

Table 5: Correlation of Social Support and Self-esteem.

Correlations			Social support	Self-esteem
Spearman's rho	Social Support	Correlation Coefficient		.166*
		Sig. (2-tailed)	X	.098
		N		100
	Self-esteem	Correlation Coefficient	.166*	
		Sig. (2-tailed)	.098	X
		N	100	

Correlation results in Table 5 show that there is a relationship between social support and self-esteem, (r=.166,p=.099).since p values(.098) are smaller in magnitude than the level of significant (.098<0.05) .therefore the alternative hypothesis is retained and it is concluded that there is a relationship between social support and self-esteem. This means that the higher the level of social support among university students, the higher their self-esteem levels.

Hypothesis two (H_12)

The second hypothesis of the study stated that there is a significant relationship between self-esteem and depression. Spearman's Correlation Coefficient (r_s) was used to determine this relationship.

Table 6: Relationship between Self-esteem and Depression.

Correlations			Self-esteem	Depression	
Spearman's rho	Self-esteem	Correlation Coefficient		087	
		Sig. (2-tailed)		.393	
		N	X	100	
	Depression	Correlation Coefficient	087*		
		Sig. (2-tailed)	.393	X	
		N	100		

Correlation results in Table 6 above show that there is no relationship between self -esteem and depression, (r=-.087, p=.393). The results show a negative correlation; this implies that depression was severe among students of with low self-esteem. Since p values (.393) are greater in magnitude than the level of significant (.393>0.05). Therefore the alternative hypothesis is rejected and it is concluded that there is no relationship between self –esteem and depression.

Hypothesis (H₁3)

The third hypothesis of the study stated that there is a significant relationship between self-esteem and depression. Spearman's Correlation Coefficient (r_s) was used to determine this relationship. The table below presents Pearson's Correlation Coefficient of the relationship between self-esteem and depression

Table 7: Relationship between Social Support and Depression.

Correlations			Social support	Depression
Spearman's rho	Social support	Correlation Coefficient Sig. (2-tailed) N	X	364** .000 100
	Depression	Correlation Coefficient	364**	
		Sig. (2-tailed)	.000	X
		N	100	

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

Correlation results in Table 7 show that there is a significant relationship between social support and depression, (r=-.364**, p=.000). The results showed a negative correlation (-.364**) this implies that as social support was increasing, depression was reducing. Since p value (.000) is smaller in magnitude than the level of significant (.000<0.05), the alternative hypothesis is

retained and it is concluded that there is a significant relationship between social support and depression

Chapter Five

Discussion, Conclusion and Recommendations

Introduction

This chapter focuses on the discussion on social support, self-esteem and depression among university students based on results presented in chapter Four. It further presents the conclusion and recommendations of the study.

Discussion

Social Support and Self-Esteem among University students

The first hypothesis stated that there is a significant relationship between social support and self-esteem among university students. The study findings also revealed that there is a significant relationship between social support and self-esteem among university students. This implies that the more support one gets from friends, family members, relatives and even lecturers, the higher the levels of self-esteem whereas if university students get inadequate social support from friends, relatives, family members and lecturers, then there is a higher chance of them having low levels of self-esteem.

This is so because the poor quality or the inadequate social support has a direct impact on the university students in a way that it causes the students to have a negative view of themselves, negative beliefs and even affects their social relationships with their peers and family members which all reflect low levels of self-esteem.

These findings are in agreement with research findings by (Yu, Shu Yin, Ming Chuan University & Taiwan, 2015). They reported a positive relationship between social support and self-esteem among young adults who in the case of the current study make up the large

percentage of the university students' population. The agreement between this study and the current study serves to strengthen the suggestion of existence of a relationship between social support and self-esteem among University students.

The study findings are also in agreement with a study by Farzae (2012), who reported a positive meaningful relationship between subscales of social support (parents, friends and significant others) and self-esteem. He continues to say that increased social support increases self-esteem in adolescents and young adults. This means that when university students are given adequate social support from their peers and family members and others, then they will have higher levels of self-esteem compared to those that don't get enough Social support from the same.

The study findings are in also in agreement with a study by Arslan (2009), who indicated a significant positive relationship between social support received from parents and lecturers and self-esteem. Farzaee (2012) in her research found a strong relationship between self-esteem and three types of social support namely family social support, peer support and support from significant others.

It is also highlighted that the study findings are in agreement with Augestad (2017) who found out that self-esteem tends to be higher in university students who receive higher levels of social support from family, peers and lecturers. The study findings are also in agreement with Teoh and Nur (2010) who received a strong relationship between social support and self-esteem. Additionally Tam (2011) also found a positive correlation between perceived social support and self-esteem with perceiver peer support as the highest form of perceived social support among University students.

In conclusion, social support and self-esteem are significantly related thus university students who receive adequate social support from their friends, family members and lecturers feel loved and cared for have high levels of self-esteem while those who receive inadequate social support from the same feel unloved, uncared for and underappreciated experience low levels of self-esteem.

Self-Esteem and Depression among University Students

The second hypothesis stated that there is a significant relationship between self-esteem and depression. The study findings revealed that there is no significant relationship between self-esteem and depression which is a contradiction to the hypothesis. This means that whether or not the university students have low or high self-esteem, it does not contribute to depression. This can be attributed to many different factors like imitation of significant others or role model, religion, independence and love for tangible things.

Imitation of role models by university students and young adults serves the function of developing self-esteem. The university students can experience depression regardless of whether they reflect high or low levels of self-esteem since the self-esteem is imitated. Imitation then covers the real identity of the student of which self-esteem is part. In that line, if a university student imitates a depressed character then will show signs of depression regardless of their self-esteem.

Religion too has a role in playing a role that self-esteem does. The university students who are stronger believers are able to fast and pray believing that they will be rewarded for their commitment to God. Their levels of depression have nothing to do with self-esteem but rather

their prayers being answered or not can affect their levels of depression. This too can explain the lack of relationship between self-esteem and depression among university students.

The love for material things among most university students is so strong in a way that whether have low or high self-esteem does little to lead to depression as would the failure to acquire their desired material things. This too can explain the lack of relationship between self-esteem and depression among university students.

Individual's independence is another reason that can explain the lack of relationship between so self-esteem and depression among university students. Some students are raised while being taught to be independent and as they grow up, they possess a high sense of independency in a way that self-esteem whether high or low doesn't have a direct effect on their depression levels. But their levels of independency can instead have an effect on depression.

On that note, the findings of this study contradict with the previous findings by different scholars on these variables. The findings disagree with findings of a study by Yaacob, Juhari, Talib and Uba (2009) who found out a moderate and significant correlation between self-esteem and depression. The findings also contradict findings by Orth, Robins & Roberts (2008) whose study on whether low self-esteem predicted depression among young adults. Their findings showed that low self-esteem significantly predicted subsequent levels of depression.

In conclusion, the findings of this study revealed that there is no statistically significant relationship between self-esteem and depression among university students meaning the self-esteem has no effect on the students' levels of depression. Factors like counseling, psychosocial support, religion can overshadow the impact of self-esteem on depression thus reflecting the no correction between social support and self-esteem.

Social Support and Depression among University Students

The third hypothesis stated that there is a significant relationship between social support and depression. These study findings confirmed the hypothesis. This means that there is a relationship between social support and depression among university students. It implies that the students who get adequate social support from their friends, peers, family members and relatives are less likely to show depressive symptoms since they feel loved, cared for and appreciated whereas the university students who receive inadequate social support from their friends, family members, relatives and lecturers feel unloved, not cared for and underappreciated hence are more likely to show depressive symptoms.

University students live in an environment consisting of hard relations, are prone to depression and thus depression has a high prevalence in these environments. It's reported that students who get depression can be as a result of transition into new university surroundings. This can be as a result of the receiving inadequate social support from parents and friends which may affect psychologically and thus increase the level and risk of getting depression.

Social support is perceived to have direct and indirect influence on depression as reported by the study. When university students perceive a negative social support from the people around them, depression sets in as a result of viewing themselves as loners. This happens because being alone comes with a lot of ill thoughts that are not even shared due to a low social support perceived. Consequently, the thoughts build up and bring a feeling of helplessness, loneliness and thus risk of depression.

Many students struggled to talk about their problems with their families. However, it was reported by most that their families tried to help and provided emotional support. This finding may be linked to findings of Liew (2017), that although communication within a family may lead to overall family satisfaction, it does not exert a positive effect on individuals' reactions to grief

The findings of the study are in agreement with Broadhead (2006) who found out that depression among university students maybe as a result of transition to a new environment such as college and university where those students that lack adequate social support from their parents and friends experience depression. The findings are also in agreement with a study by Tamura (2019) who found out that adolescents with parents are less likely to experience depression. The findings are also in line with a study by Christie, Munro and Retting (2012), who reported that students who live at home with their families are less likely to be affected by depression because their families provide the needed support and protection against academic stress. The findings also agree with a study by Heaven, Newbury and Mak (2004) who noted that strong bonds between college students and their parents lead to low levels of depression since they feel loved, appreciated and cared for.

In conclusion, social support and depression are significantly related. Having inadequate social support leads to feelings of being unworthy, disliked and rejected which leads to depression which is characterized by feeling sad, irritated, self-blame and hopeless while adequate social support from family and friends makes university students feel loved and cared for this resulting in low levels of depression.

Conclusion

The study concluded that there is a statistically significant relationship between social support and self-esteem. This was in line with the cited literature. This means that university students with adequate social support are more likely to have high levels of self-esteem while inadequate social support rendered to university students will lead to low levels of self-esteem.

The study also found no statistically significant relationship between self-esteem and depression. This finding contradicted with the cited literature of the previous studies in the same area. This means that the students' levels of self-esteem have no relationship with the depression levels. This could be attributed to factors like religion, love for material things, independence among others which have an overshadowing effect on depression. The students can have depression regardless of their self-esteem levels as the above factor play a bigger role.

The study found that there is a statistically significant relationship between social support and depression and it's a negative correlation. This means that the higher the social support availed to the students, the higher the lower the levels of depression and the lower the levels of social support availed, the higher the levels of depression experienced. The findings were in line with the cited literature of the previous studies.

Depression is one of the common conditions in primary care but is usually unrecognized and untreated. It has high mortality and mobility if left untreated. The university students experiencing depression usually complain of stress. The students who receive inadequate social support from friends, family and relatives or even lecturers tend to have low levels of self-esteem which then crystalize into depression which is characterized by feelings if sadness, failure,

hopelessness and rejection. There is this need to emphasize on seeking attention when these signs show.

Recommendations

Basing on this study, university students with adequate social support are able to cope in stressful circumstances due to the fact that they have high support from their friends, family and relatives and their lecturers which reduces the risk of depression. It is hence important for parents and lecturers to provide adequate support to the students so as to lower the risk of depression among the students.

The government and non-governmental organizations should work hand in hand to provide psychosocial support to university students and also train lecturers and parents to detect the depressive symptoms in their children so as they can be treated once spotted.

Health workers too can be trained to also look for depressive symptoms in the patients when they visit the health centers so as to avoid the cases of untreated depression.

Parents should be trained on the best parenting styles that are associated with high selfesteem and low levels of depression.

Universities should disseminate adequate information on depression to students and encourage them to seek help when they feel unwell. This can be accompanied by establishing counseling centers across the university colleges.

The universities should introduce stress management and depression workshops to equip students with skills to handle stress, avoid depression and general mental wellness activities.

Limitations of the study

The study focused on university students and thus the findings are limited to university students only.

A sample of 100 students was used in this study. This sample is too small to be representative of the general university population

The researcher also faced challenges in timing since there were few students at the university at the time of data collection since the new semester had just began. This means the students were still reported in bits and had not reached the normal capacity. This meant that data collection had to take longer time than anticipated.

Areas of Further Research

This study was carried out at Makerere University which is an urban public University. For generalization of results, further research should be carried out in different universities both private and public, urban and rural.

The study was carried out among undergraduate students. Further research can be carried out to include other postgraduate students.

Further research should be carried out the relationship between self-esteem and depression to seek more clarity on the relationship between the variables.

Future researchers should also carry out similar studies while eliminating other factors that may have direct influence on the results like religion and independence.

References

- Abdel-Khalek, A. M. (2016). Introduction to the Psychology of self-esteem. Self-esteem 978-1-53610-294-9 (Ed's) *Franklin Holloway*. Nova Science Publishers, Inc.
- Adler, N. And Stewart, J. (2004). Self-esteem. Psychosocial working group. *MacArthur Foundation Research Network on socio-economic Status and Health*.
- American Psychological Association (2012) Anxiety? A meta-analysis of longitudinal studies. Psychological bulletin. doi: 10.1037/a0028931.
- Arslan, C. (2009). Anger, self-esteem and perceived social support in adolescence. Social behavior and Personality: *international journal*. *37*(4), 555-564.
- Bansal, V., Goyal, S., & Srivastava, K. (2009). Study of prevalence of depression in adolescent students of a public school. *Industrial psychiatry journal*, 18(1), 43.
- Beck, A. T., Alford, B. A. (2009). Depression: Causes and treatment (2nd Ed.). Pennsylvania Press.
- Birkeland, M. S., Breivik, K., & Wold, B. (2014). Peer acceptance protects global self-esteem from negative effects of low closeness to parents during adolescence and early adulthood. *Journal of youth and adolescence*. 43(1), 70-80.
- Birkerland, M. S., Breivik, K., & Wold, B. (2014). Peer acceptance protects global self-esteem from negative effects of low closeness to parents during adolescent and early adulthood. *Journal of youth and adolescence*, 43(1),70-80
- Boudreault, A.M., Dion, J., Vandermeerschen, J., Laberge, L., & Perron, M. (2013. Impact of parental emotional support and coercive control on adolescent's self-esteem and

- psychological distress: Results of a four- year longitudinal study. *Journal of adolescence*, 36(4), 695-704.
- Chang, C. W, Yuan, R & Chen, J.K (2018). Social support and depression among Chinese adolescents. The mediating roles of self-esteem and self-efficacy. *Children and Youth* services 128-134.
- Chao, S. F. (2011). Assessing social support and depressive symptoms in Older Chinese adults: a longitudinal perspecty. *Aging and mental health*.15(6) 765-774.
- Christie, H., Munro, M., & Retting, H (2002). Accommodating students. *Journal of youth studies*,

 5(2), 209-235.
- Chu, P. S., Saucier, D. A., & Hafner, E. (2010). Meta-analysis of the relationships between social support and wellbeing in children and adolescents. *Journal of social and clinical psychology*, 29(6), 624-645.
- Farzaee, N. (2012). Self-esteem and social support vs student happiness. *International research journal of applied and basic sciences*. 3(9), 1908-1915.
- Harnàez, A. M., Maicas, N. C., DiGiacomo, S. M & Artiste, S. (2016). Social support and gender differences in coping with depression among emerging adults. Doi: 10.1186/s13034.015.0088.x
- JenniferRhodes., Roffman, J., Reddy, R., & Fredricksen, K (2012). Changes in self-esteem during the middle school years: a latent growth curve study of individual and contextual parameters associated with adolescents' domain specific self-perceptions. *Journal of adolescence*.

- Kinyanda, E., Bohlin, R. K., Abbo, C., Ndyanabangi, S., & Levin, J. (2013). Prevalence and risk factors of depression in childhood and adolescence as seen in four districts of northeastern
- Uganda. BMC international health and human rights.

 Mental health: Strengthening our response. Retrieved from

 http://www.who.int/mediacententre/factsheets/fs220/en/133 World Health Organization (2012a)
- Myers, J. E., Willse, J. T., & Villalba, J. A. (2011). Promoting self-esteem in adolescents: The influence of wellness factors. *Journal of counselling and development*, 89(1), 28-36.
- Orth, U., & Robbins, R. W. (2013). Understanding the link between low self-esteem and depression. *Current directions in psychological science*, 22(6), 455-460.
- Portia, EA., Chinawa, J.M., Obu, H.A., Manyike., P.C., Obi, I.E., Israel, O.O., & Chinawa, A.T (2010). Self-esteem among adolescents in Nigerian secondary Schools: a neglected issue. *Journal of Advances in Medicine and Medical Research*, 98-106.
- Rosenberg, M 1965). Rosenberg self-esteem scale (RSE). Acceptance and commitment therapy.

 Measures package, 61(52), 18.
- Social Cognitive Theory: Explanation of behavioral patterns. Retrieved from http://www.utwente.nl/cw/theorieenoverzicht/theory%20Clusters/Health%20Communication/Social_cognitive_theory.doc/USAID.(2014)
- Sowislo, J.F & Orth, U. (2012). Does low self-esteem predict depression and anxiety?

 A metaanalysis of longitudinal studies. American Psychological Association.

 00332909/12/\$12.00. doi:10.1037/a0028931.

- Sserunjogi, J. N., Ovuga, E., Musisi, S., Rukundo, G.Z., Kiwuwa, M. S., & Mpungu, E. N. (2016). Prevalence and factors associated with depression symptoms among school going adolescents in central Uganda. *Child adolescent psychiatry Mental Health*. Doi: 10.1186/s13034-016-0133-4.
- Stavropoulos, V., Lazaratou, H., Marini, E. & Dikeous, D. (2015). Low family satisfaction and depression in adolescence. The role of self esteem. *Journal of Educational and Developmental Psychology*, 5, 109-118.
- Thapar, A., Collishaw, S., Pine, D. S & Thapar, A. K.(1012). Depression in Suicide in juveniles and adolescents in the United Kingdom. National confidential inquiry into Suicide and homicide by People with mental illness, adolescence lancet. 379(9820): 1056-1067.
- Theeke, L., Goons, R., Moore, J., & Campbell, H. (2012). Social relationships and depression.

 Ten-year follow up from a nationally representative study. Plos One, 8(4), e62396).doi:10.1371/journal.pone.0062396.
- Windfuhr K, While, D., Hunt, I., Turnbull, P., Lowe, R., et al. 2008. Center for suicide Prevention., University of Manchester, *Manchester journal of Child Psychology and psychiatry*. 49(11). 1155-1165.
- World Federation for Mental Health. (2012). Assessment of depression in medical patients. A systematic review of the utility of the Beck's Depression Inventory-II. CLINICS, 68(9), 1274-1287.doi: 10.6061/clinics/2013(09)15.
- World Health Organization (2012b). *Media Center. Depression*. Retrieved from http://www.who.int/mediacentre/factsheets/fe369/en/index.html

World Health Organization. (2010). *Depression: A global crisis. World mental health day*,

October 10, 2012. Retrieved from

<a href="http://www.who.int/mental_health/management/depression/wfmh_paper_depression_wm_http://www.who.int/mental_health/management/depression/wfmh_paper_depression_wm_hd_2012.pdf.

World Health Organization. (2013b). *Media Center: HIV/AIDS*. Retrieved from http://www.who.int/mediacentre/factsheets/fs360/en/Index.html

Yacoob, R., Juhari, M., Talib A., Uba, I., (2009). Loneliness, stress, self-esteem and depression among students. Retrived from

https://jurnalkemanusiaan.utm.my/index.php/kemanusiaan/article/view/208

World Health Organization (2017).

https://www.who.int/publications/i/item/9789240003927?gclid=EAIaIQobChMIge2UmNio_AIV8eDmCh3MPwOMEAAYASAAEgKwCvD_BwE

Liew, H., S., (2017) Retrieved from

https://journals.healio.com/doi/full/10.3928/02793695-20181023-03#x02793695-20181023-03-bibr17

Appendix I

Questionnaire

I am Kalulu Emmanuel, a Makerere University student doing research on social support, depression and among University students. I am therefore requesting for your voluntary participation in this study because I believe you meet the selection criteria of this study. It is not mandatory to participate and feel free to withdraw from the study at any time. If you choose to participate, be assured your data will be treated with highest level of confidentiality and can only be disclosed for research purposes where your identity won't be disclosed still. By participating in this study, it indicates you consented to be part of the study after understanding the whole purpose of the study.

Section A:

1.	Gender: (I) Male (II) Female.
2.	Course:

3. Year of study:

Section B: Social support

You are kindly requested to choose your best alternative provided to you. Simply tick or circle any response that best describes your experience. If you strongly disagree tick SD, disagree tick

D, Neutral tick N, agree tick A and strongly agree tick SA.

No.	Item	SD (strongly disagree)	D(Disagree)	N(Neutral)	A (Agree)	SA(strongly agree)
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 joys 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 with whom I can share my joys 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

You are kindly requested to choose your best alternative provided to you dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement.

No.	Item	Strongly	Disagree	Agree	Strongly
		Disagree			Agree
1.	On the whole, I am satisfied with myself				
2.	At times I think am not good at all.				
3.	I feel that I have a number of good qualities.				
4.	I am able to do things as well as most other people				
5.	I feel I do not have much to be proud of.				
6.	I certainly feel useless at times.				
7.	I feel that I 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 I am inclined to feel that I am a failure				
10.	I take a positive attitude towards myself				

Section D: Beck's Depression Inventory

This depression inventory can be self-scored. The scoring scale is at the end of the questionnaire.

1.	0	I do not feel sad
	1	I feel sad
	2	I am sad all the time and I can't snap out of it
	3	I am so sad and unhappy that I can't stand it
	<u> </u>	
2.	0	I am not particularly discouraged about the future
	1	I feel discouraged about the future
	2	I feel I have nothing to look forward to
	3	I feel the future is hopeless and that things cannot improve
3.	0	I do not feel like a failure
	1	I feel I have failed more than the average person
	2	As I look back on my life, all I can see is a lot of failures
	3	I feel I am a complete failure as a person
4.	0	I get as much satisfaction out of things as I used to
	1	I don't enjoy things the way I used to
	2	I don't get real satisfaction out of anything anymore
	3	I am dissatisfied or bored with everything
5.	0	I don't feel particularly guilty
	1	I feel guilty a good part of the time
	2	I feel quite guilty most of the time
	3	I feel guilty all of the time
6.	0	I don't feel I am being punished
	1	I feel I may be punished
	2	I expect to be punished
	3	I feel I am being punished
7.	0	I don't feel disappointed in myself
	1	I am disappointed in myself
	2	I am disgusted with myself
	3	I hate myself

8.	0	I don't feel I am any worse than anybody else
	1	I am critical of myself for my weaknesses or mistakes
	2	I blame myself all the time for my faults
	3	I blame myself for everything bad that happens
	1	
9.	0	I don't have any thoughts of killing myself
	1	I have thoughts of killing myself, but I would not carry them out
	2	I would like to kill myself
	3	I would kill myself if I had the chance
10.	0	I don't cry any more than usual
	1	I cry more now than I used to
	2	I cry all the time now
	3	I used to be able to cry, but now I can't cry even though I want to
11.	0	I am no more irritated by things than I ever was
	1	I am slightly more irritated now than usual
	2	I am quite annoyed or irritated a good deal of the time
	3	I feel irritated all the time
12.	0	I have not lost interest in other people
	1	I am less interested in other people than I used to be
	2	I have lost most of my interest in other people
	3	I have lost all of my interest in other people
13.	0	I make decisions about as well as I ever could
	1	I put off making decisions more than I used to
	2	I have greater difficulty in making decisions more than I used to
	3	I can't make decisions at all anymore
	-	
14.	0	I don't feel that I look any worse than I used to
	1	I am worried that I am looking old or unattractive
	2	I feel there are permanent changes in my appearance that make me look unattractive
	3	I believe that I look ugly
	1	
15.	0	I can work about as well as before
	1	It takes an extra effort to get started at doing something
	2	I have to push myself very hard to do anything
	3	I can't do any work at all

16.	0	I can sleep as well as usual
	1	I don't sleep as well as I used to
	2	I wake up 1-2 hours earlier than usual and find it hard to get back to sleep
	3	I wake up several hours earlier than I used to and cannot get back to sleep.
17.	0	I don't get more tired than usual
	1	I get tired more easily than I used to
	2	I get tired from doing almost anything
	3	I am too tired to do anything
18.	0	My appetite is no worse than usual
	1	My appetite is not as good as it used to be
	2	My appetite is much worse now
	3	I have no appetite at all anymore
	1	
19.	0	I haven't lost much weight, if any, lately
	1	I have lost more than five pounds
	2	I have lost more than ten pounds
	3	I have lost more than fifteen pounds
20.	0	I am no more worried about my health than usual
	1	I am worried about physical problems like aches, pains, upset stomach, or constipation
	2	I am very worried about physical problems and it's hard to think of much else
	3	I am so worried about my physical problems that I cannot think of anything else
21.	0	I have not noticed any recent change in my interest in sex
	1	I am less interested in sex than I used to be
	2	I have almost no interest in sex
	3	I have lost interest in sex completely

Thanks for participating.

Appendix II: Table for Determining Sample Size from a given Population.

N	S	N	S	N	S	N	S	N	S
10	10	100	80	280	162	800	260	2800	338
15	14	110	86	290	165	850	265	3000	341
20	19	120	92	300	169	900	269	3500	246
25	24	130	97	320	175	950	274	4000	351
30	28	140	103	340	181	1000	278	4500	351
35	32	150	108	360	186	1100	285	5000	357
40	36	160	113	380	181	1200	291	6000	361
45	40	180	118	400	196	13000	297	7000	364
50	44	190	123	420	201	14000	302	8000	367
55	48	200	127	440	205	1500	306	9000	368
60	52	210	132	460	210	1600	310	10000	373
65	56	220	136	480	214	1700	313	15000	375
70	59	230	140	500	217	1800	317	20000	377
75	63	240	144	550	225	1900	320	30000	379
80	66	250	148	600	234	2000	322	40000	380
85	70	260	152	650	242	2200	327	50000	381
90	73	270	155	700	248	2400	331	75000	382
95	76	270	159	750	256	2600	335	100000	384

NOTE: S is sample size,

N is population size

Krejcie, Robert V., Morgan, Daryle W., "Determining Sample Size for Research Activities".