Depression, Social Support and Gender among School going Adolescents.

By

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for the Award f A Bachelor Degree of Community Psychology of Makerere University

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Declaration

I declare that the work in this dissertation is original and has not been submitted for any award or to another institute for similar purpose. The views are my own unless cited and where such appears, references have been given.
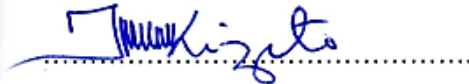
Signed;

Namuyomba Winnie Semaka

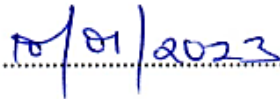.................................... 10/01/2023 ....

Approval

This disertation 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.

Supervisor's Signature

Dr. Simon Kizito

Date ....10/01/2023........

Dedication

I dedicate this dissertation to my parents, Mr.Lubega Isaac Ssemaka and Mrs Nabbanja Josephine,

who have given me a conducive atmosphere that has made my academic journey a successful one.

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I thank our research supervisor Dr. Simon Kizito for his support, patience, and guidance throughout the duration of this study.

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I thank the Lord Almighty, who has given me health, strength, and courage to be able to complete this research study.

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Abstract

The aim of this study was to examine the association between gender social support and depression among school going adoloscents. The study followed the following objectives; to find out whether there is an association between gender and social support among school going adoloscents, depression and gender among school going adoloscents and depression and social support among school going adolescents. The study targeted 189 school going adolescents and a quantitative study design which employed a correlation research design method to establish the association between variables was used. A purposefully constructed self-administered questionnaire was used to collect data from the 91 respondents. Collected data was analyzed using software called Statistical Package for Social Science (SPSS-24) to find the level significance of the hypothesis.The study results showed that there is no significant relationship between depression and gender among school going adolescents male [M=7.932],[SD=5.179] female [M=8.435],[SD=4.379]:t[137.031]=[-.690], p=[-.491] .The results furthermore showed that there is a significant relationship between gender and perceived social support among school going adolescents male [M=56.649],[SD=11.809] female [M=56.278],[SD=12.263] and perceived social support t[187]=[.206],p=[.837]. Lastly results revealed that there is no significant relationship between Depression is not related to perceived social support among school going adolescents r[189]=[-.232],p=[0.001].Conclusively being exposed the same environments and conditions, school going adolescents are almost equally affected by depression despite the gender. The difference Perceived social support potentially is due to the difference in gender roles and biological reasons.

Chapter one

Introduction

Background

Depression is a common illness worldwide with an estimated 3.8% of population affected including 5.0% among adults and 5.7% among adults older than 60years, which means that approximately 280 million people in the world have depression; according to the World Health Organization. In Africa about 29.19 million people which is apparently 9% of 322 million people suffer from depression. With over 7 million in Nigeria, 3.9% of 322 million people.(Esan and Esan,2016)Uganda is ranked among the top six African countries in rates of depressive disorders(4.6%; Miller et al.2020) while 2.9% live with anxiety disorders .(World Health Organization,2017) about 5.1% of females and 3.6% of males affected. depression can be caused by genetics, life events, stress, grief, trauma, isolation, medical conditions and lack of social support.

The lack of social support can lead to isolation and loneliness. People as result of social support turned out to have improved ability to cope with stressful situations. it also has a positive impact on a persons mood body. Which means social support can contribute to positive emotional and physical health and can help to deal with stress. The different types of social support include; emotional support, informational support, esteem support, social network support, tangible or instrumental support. However lack of social support has been found to be related to mortality rates, risk of coronary heart disease and stroke, chronic pain, poor health behaviors and sleep qualities. The prevalence of social support in Africa ranged from 30 to 72% by type in a research by Cambridge university press in 39 sub Saharan countries.

The numbers of men and women are roughly equal though men hold a slight lead with 102 men for 100 women. More precisely out of 1000 people, 504 are men, 50.4% and 496 are women, 49.6%. (UN, department of economic and social support affairs, population division,2015) women in Africa make up about 50.2% of the population of the total African population. this estimates to about 49.85% of males according to the world health organization. However in Uganda the population of females make up about 50.71% of the total population of the country according to the world bank collection of development indicators which means about 49.39%of the total Uganda population are male. With a ratio of male to female of about o.70%from 96.54 males per 100 females in 2015 increased to 97.21 males per 100 females in 2020 according to the world data atlas.

Problem Statement

Depression definitely affects the physical health of a person through erratic sleep habits, loss of appetite or increased appetite, constant fatigue, muscle aches, headaches, it also affects a person's mood and emotions i.e isolation which in turn can lead to lack of social support.

Poor social support however has also been linked to depression and loneliness and has been shown to alter brain function and increase of alcohol use, cardio vascular disease, but little is known about how gender social support. Though different genders perceive social support differently, in this research I focus on the effects of depression, social support and gender. It will also asses the diagnosis and how to address depression and social support among school going adolescents.

Purpose

The purpose of this study was to investigate the relationship between depression, social support and gender among school going adolescents.

Objectives

The objectives of study were;

1. To find out whether there is a difference in levels of depression between male and female.

2. To find out whether there is a significant difference in levels of social support among male and female

3. To find out if there is a relationship between social support and depression

Scope

The study was conducted among male and female school going adolescents aged 13 to 19 in Wakiso district, Wakiso lies in the central region of Uganda.

The study will focus on the relationship between depression, social support and gender among school going adolescents. Depression is a group of mental illnesses associated with the elevation or lowering of a person's mood such as bipolar disorder, post natal depression. It leads to aggravated health, physical and emotional states like insomnia, isolation. Social support is the perception and actuality that one is cared for, has assistance available from other people, and most popularly that one is part of a supportive social network. These supportive sources can be emotional , informational among others. Gender is the range characteristics pertaining to femininity and masculinity and differentiating between them. Depending on the context , this may include sex-based social structures and gender identity. Understanding how depression is associated with social support and gender is important for the development of programs that aim to eliminate depression and gender based problems.

Significance

This study may present data to help policy makers and others to understand the the nature and extent of harm caused by depression especially to school going adolescents and opportunities for action. The study may help adolescents understand how social support affects their mental health and how important social support is for their mental health.

The findings of this study may also help school going adolescents to understand how depression affects them in relation to gender. The findings of this research may also be relevant to primary and secondary schools to help them design effective mental health programs for students to address the mental health issues and academic issues as well.

The study may also help other researchers, who furthermore desire to study about depression, gender and social support among school going adolescents. This information may also help parents with school going adolescents to understand how important social support is to school going adolescents, to their wellbeing and mental health.

The findings of this study may also be useful to counseling departments in Uganda to guide them on providing efficient counseling services to school going adolescents that seek counseling in areas as depression, social support and gender. The findings of the study may also provide information to mental health experts by providing a range of diversity for research on mental health of school going adolescents.

Understanding social support in connection to gender among school going adolescents is important for the development of programs that aim to increase social support among all genders.

Conceptual framework.

Social support
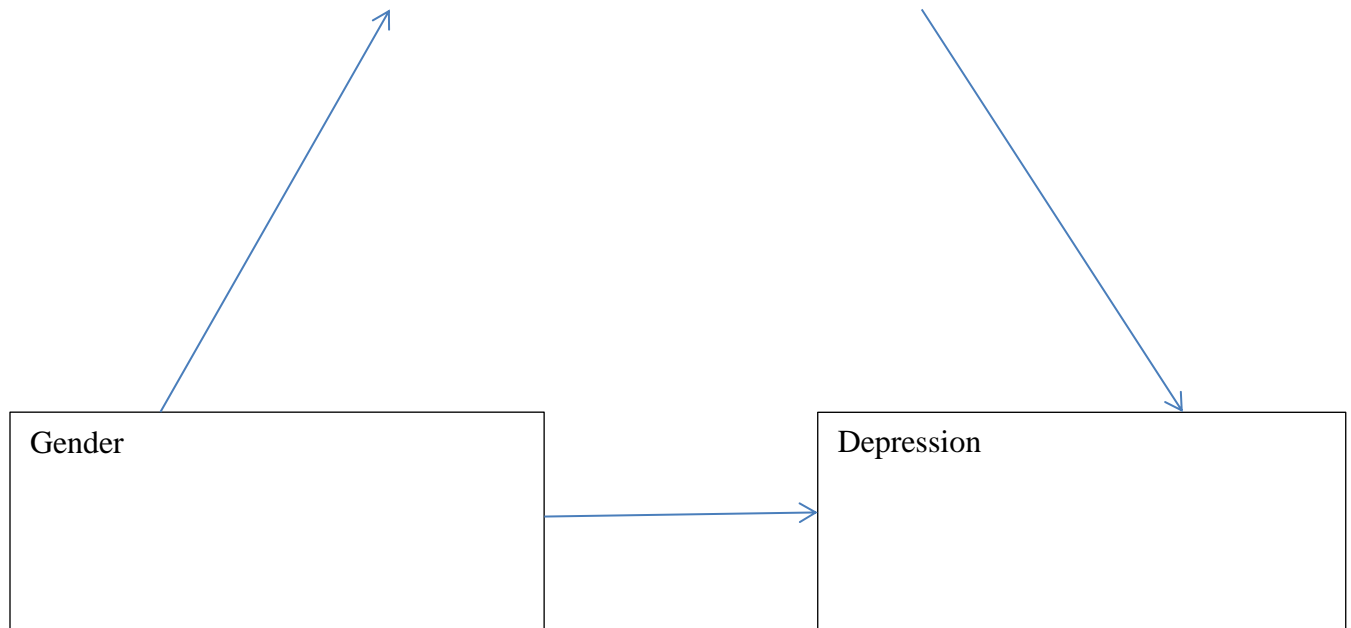
| Gender | | Depression |

Figure 1:A conceptual frame work showing the relationship between depression , social support and gender.

The conceptual framework shows that gender differences can through differences in perceived social support cause depression levels among school going adolescents. Gender differences can also directly affect the way social support is perceived among school going adolescents.

However differences in perceived social support can also lead to depression directly as well.

Chapter Two

Literature Review

This chapter provides literature done elsewhere in regard to the relationship between social support, depression and gender among school going adolescents including; the relationship between social support and depression and the relationship between depression and gender and the relationship between gender and social support. This acted as a basis for the research gap on which to build this research work.

The Relationship between Social Support and Gender

A study on gender differences in the association of social support and social network with self-rated health status among older adults in brazil found that the association between social interactions and SRH varies between genders. In the same study women were found to have more and larger social support than men. Gender differences have been found in social support and social networks across the aging process. However low perceived social support is associated with poor SRH in older women. (Caetano et al.2013). A study on gender and social support and well-being found that women reported more satisfaction with social support though there seemed to be no difference in the indicators of social support whatsoever.(Kafeitsois,K 2007).

Gender has been considered a factor , gender differences in social interactions and interpersonal connections may implicate as a factor determining health in the elderly. (Caetano et al.2013). Women were found to be more likely to depend on friends and family as health resources and are also more likely to receive support from those relationships (Kendrack, Grant and Segal.1991). Social support has often been identified as a key protective factor for mental well-being. Positive and good relationships with friends and family are thought to serve as protection from negative

influence with in one's immediate environment. (Van Droogenback et al.2018). Mental health problems were more related to the level of social support for girls than for boys.(Schradley and colleagues)

Sex differences in social support have been explained in terms of gender differences and socialization and personality. However the study on social support and gender and personality differences found that gender but not sex is significantly correlated with patterns of social support. Femininity in both sexes was associate(Gretchen, Reevy and Maslach,2001) with seeking and receiving emotional support and with seeking and receiving social support from women mostly.

Some studies found that women tend to have more diverse social network than men and also more likely to perceive social support. However some studies unlike others failed to find gender differences in network size.(Kafetsois k 2007). In a multinational community survey on negative life events, social support and gender difference in depression, women reported slightly more negative events than men do related to social support in general. Who are exposed to life events without social support were more vulnerable than men without social support. The study also found evidence that the higher rate of depression in women is not explained by gender differences in life events.(Dalgard O. S, Dowrick C., Lehtinen V. et.al.2016).

Mediating roles of family and others support in the relationship between perceived stress and depression and the mediating factors only work for boys instead of girls. The moderating effect of friend support between perceived stress and depression was found to have significant gender differences.(Zhang, B, Yan X., Zhao,F. et al.2015). A difference in how social support was understood to mitigate depressive symptoms, male participants in a study prioritized support that

helped them achieve self-control as first step toward awareness of emotional distress well as female participants prioritized support that helped them identify the problem as first step towards self control.(Martinez-Harnaez et al.2016).

A study examining stigma , social support and gender differences in unsuppressed HIV viral load among participants found that higher social support was not associated with viral suppression among women. Hence social support did not affect the viral load in female patients despite the type.

Women report relatively higher levels of depression than men, they also report more social support generally, a factor found in depressive symptoms.(Tuner.A.H.1994). findings also suggested that has a little over bearing on the amount of support received and confirmed that there are a few gender differences in the amount of social support in health as well.(Fusilier, Ganster,Mayes.1986)

However although there has been differences found in different social support measures in men and women, in numerous studies neither the cause nor an explanation is clearly known. The study concluded that there was differences in the structure of perceived social support for different genders.(Matud , Ibanez, Bethencourt, Marrero, Carbaleirc,2003)

Another study also found that women had more significantly larger and more extended informal social support networks than men.(Baker, Morrows, Mitteness, 1998). In other research, gender differences in social support were large and is therefore expected to contribute to gender differences in health as well.(Mathews, Stanfield, Power.1999). however the relationship between social support and adjustment varied depending on which social support measure was used and also gender of subject. (Caldwell, Pearson, Chin, 2016).

The Relationship between Depression and Social Support

The prevalence of depression is twice as high in women as in men, also older adults. Social support is a risk factor for after life depression. The relationship between depression and social support may be different for men and women.(international psychogeriatrics.2013). Studies have been consistent in finding a relationship between social support and depression. However a study on the relationship between social support, depression and treatment for depression in people with multiple sclerosis found that improvements in social support among MS patients during treatment for depression was explained by depression.(Mohi, Classen, Barrera.2004)

A study about gender differences in the relation between depression and social support in the later life found that low emotional support was more associated with depression, with men showing higher rates of depression than women. The study concluded that low social support and a high need for affiliation were related to depression in the later life with men being more vulnerable for depression than women. The 2007 Australian national survey of mental health and well being which consisted of 8841 participants aged 16-85 years was conducted to find the relationship between social support networks and depression. The survey found that high quality social connections with friends and family members is associated with reduced likelihood of the past year depression.(Slade, Johnston, Whiteford, Brown, Andrews,2009)

A study on health related functional status in pregnancy, relationship to depression and social support in a multi-ethnic population found that social support s not associated with increased physical or emotional wellbeing but is weakly associated with mental health. Another study on postpartum depression and social support in adolescents fond that the cause of depression at six weeks postpartum were: receiving more social support from friends and family and having low self-esteem. Logsdon, Birkimer, Simpson, Looney, 2005)

A study to validate MSPSS in Malawi found that there may be a direct relationship between social support and its effect on reducing depression by promotion of positive mood states and improving health related behaviors or it may protect against depression only under stress i.e a buffering effect.(Stewart et al,2014). Studies on social support and antenatal depression in high income countries have also found that support by an intimate partner more than social support in general is strongly associated with freedom from depression.

A study in china about how family function affected social support and depression found that social support could have a direct relationship on how it affects depression and depression in its self can have an effect on social support. Those experiencing depression are also more likely to perceive low social support because of their symptoms.(Shah et al,2021). Poor social support can result in emotional exhaustion, is related to physical disease, mental disease and also linked to morbidity of heart disease. Social and emotional support may also reduce the effects of stressful events and yield increased coping with diseases and risk factors such as smoking and drinking. A study on depression and associated factors found that with other factors, low social support can be a risk factor for depression. A long with other factors high levels of perceived social support maybe protective against depression.(Shah et al,2021)

Probably in the joint family system, older adults have more interactions at home and the family members would be able to physical, emotional and social support than the case in nuclear family setup. The adults reported less depressive symptoms. However separate living older adults with difficulty in BADL/ADL appeared to profoundly high odds of suffering from a major depression due to functional and health difficulties which may result in in the risk of creating feelings of loneliness eventually leading to a major depressive disorder.(Muhammad and Maurya,2022).

Social support is also an important factor in relation to depression (Tennant, Demaray , Coyle, Malecki.2017). A study found that subjective social support was most strongly associated with major depression, the effect was significantly stronger for men than women.(George, Blazer, Hughes, Fowler,1989).

Another study found that respondents with low emotional support were more depressed, having a small network predicted onset of depression in men but not women. Low social support was also related to depression in later life with men being more vulnerable than women. In respondents with low social support it was also found that depression rates were higher with men being more depressed than women.(Sonnenberg, Deeg, Tilburg, Vink, Stek , Beekman. 2013)

The Relationship Between Depression And Gender

World health organization (2017) ranked Uganda as the 6 countries in Africa with the highest depressive symptoms. About 5.1% of the females and 3.6% of the males in the country were affected. Which means more women than men are affected with depressive symptoms.

Major depression is a significant and major health issue and is a major cause of disability worldwide.(Gagne et al,2014). Community based prevalence rates ranging from 2.9% to 3.6% among men and 5.0% to 6.9% among women in the general population. studies on depression however have shown inconsistent findings with regards to gender. Some have reported gender differences in the likelihood of seeking mental health care where as others have not. A survey focusing on Latinos and African Americans with major depression. Using data from a Canadian population based community sample of adults aged 18-65 years old showed that focusing on social roles, women were more likely to use the services of psychologists than men who were in employed wok, both men and women.

A study on gender differences in the association between adiposity and probable major depression found that in the U.K alone, around of 20 adults experience an episode of depression annually and it is the third most common reason by patients to consult their general practitioner.(Ul-Haq et al,2014). Over weight and obese women were found to be significantly more likely to suffer from probable major depressive disorder as per the finding of the study.

Well established studies exist for mental health problems in general depression (Van Droogenback et al,2018)., anxiety and psychological distress affects girls to a greater extent than boys across different countries and vary in contexts. Women are twice as likely to be diagnosed with depression during their lifetime as men. This gender disparity / difference is believed to occur for both biological and psychosocial reasons for example hormonal changes can cause or are believed to cause vulnerability to depression at particular point and times in their lives, such as during adolescence or after giving birth.

A qualitative study on mental health professionals view about the impact of male gender for the treatment of men with depression found that due to gender based differences in rates of depression, high suicide rates among men, and male-specific help seeking behavior. World health organization published a report on men's health and emphasized the impact of gender norms on men's mental health and the need for strategies to address un met health needs to improve mental health among men. (Stiowa et al,2020).

An epidemiological survey in china's Hubei province found that the prevalence of high depressive symptoms in female adolescents was significantly higher than male adolescents. (Sun et al,2021)

Women experienced significantly greater emotional reactivity to daily stressors. However women experienced significantly greater emotional reactivity than men only among healthy controls and not among those with remitted depression. Formerly depressed men were more reactive to stress than men who never experienced depression, while no differences were observed for women across these groups. The study findings suggested that a prior episode of depression renders men and women more equivalent in terms of stress and vulnerability, this helping to explain why gender differences in depression prevalence change as a function of prior episodes.(Husky, Mazure, MaciejewskI,2019).

By the middle of adolescence until at least age 55, females are about twice more likely to be diagnosed with depression and exhibit twice as many depressive symptoms as males.(Girgus, Yang.2015). however the masked depression framework assumed that depression in men can be hidden by substance abuse and other externalizing problems.(Addis,2008). in epidemiology, the most replicated findings is the high female to male ratio in he prevalence of depression especially during productive year. Further research can ascertain which combination of factors increase women's risk.(Grigoiadius, Robinson, 2007).

A study found similar prevalence of cases of depression among men as among women in a sample of 339 Jews affiliated with the orthodox synagogues. It also showed significant gender differences in social situational factors and symptoms, mostly in the direction that would suggest that the case of depression would be higher among women than among men.(Lowenthal, Glodbatt, Gorton, Lubitsch, Bicknell, Fellowes, Sowden.1995). the role of gender remained statistically significant after adjustment, however female gender has been associated with increased odds of experiencing depression. Results also showed that neuroticism played a

significant role in the relationship between being female and major depression.(Goodwin, Gotlib, 2004)

Hypothesis

There is a significant difference in levels of depression as social support increases.

There is a significant difference in levels of social support towards different genders.

There is a significant relationship between depression and gender.

Chapter Three

Methods

This chapter presents the principles and procedures that were applied or followed in undertaking this research. It covers the study design, sample design, Instruments of data collection, data Analysis.

Study Design

The study employed a quantitative study design in particular a correlation study design. Correlation research design is a type of non-experimental research that facilitates prediction and explanation of the relationship among variables (Sundborg & Saleh-stattin, 2012). Therefore the researchers used correlation study design to measure variables (gender, social support and depression) to investigate the extent to which the variables are related.

Sample Design

A sample size of 189 was used in the study based on a population size of 374 (O'Neill, 2019). using the Krejcie and Morgan Table. A purposive or selective sampling technique was used to collect data from school going adolescents. Purposive sampling was used because it enabled the researcher to recruit participants who can give in-depth. And detailed information about the variables in question. Using purposive sampling, the units to be studied were selected based on the desired characteristics; participants were school going adolescents.

Research Instrument

Closed ended self-administered types of questionnaires were used to obtain information from respondents. These questionnaire included the following:

Socio-demographics questionnaire

This measured respondents' bio data and required a respondent to answer part of his or her personal data like age and religion

Patient health questionnaire-9. (PHQ-9)

The PHQ-9 is a 9-question instrument given to patients in a primary care setting to screen for the presence and severity of depression. It is the 9 question depression scale from the patient health questionnaire. The PHQ-9 items score ranges from 0-3 for each item. The PHQ-9 scores >10 had a sensitivity of 88% and a specifity of 88% for a major depressive disorder. Reliability and validity tests of the tool have indicated it has sound psychometric properties.(Worly et al.2018) Reliability and tests found Cronbach's alpha of 0.89 among 3,000 primary care patients and 0.86 among 3,000 OB-GYN patients. Reliability tests scored 0.84.in an assessment to construct validity, the correlation coefficient between the PHQ-9 and the SF-20 mental health scale was 0.73, 88% sensitivity and 88% specifity(Wheat et al.2019). The PHQ was developed by Dr. Robert. J. Spitzer, Dr. Janet. Williams, Dr. Kurt Kroenke, and colleagues from Columbia University in the 1990s and the PHQ-9 in 1999.(Fabiku.2020)

The PHQ-9 has been validated in Uganda and was found to perform well among patients with depression with area under the curve of 0.74-0.96.

Multi-dimensional scale of perceived social support.

The multi-dimensional scale of perceived social support is a 12 item measure of perceived adequacy social support from three resources: family, friends and significant other using a 5 point likert scale(0=strongly disagree, 5=strongly agree)each I tem is rated on a 7 point likert-type format. a total score is calculated by summing the results for all items. The possible score

range is between 12 and 84, the higher the score the higher the perceived social support. The multi-dimensional scale of perceived social support. It was developed by(zimet et al.1988) when tested for reliability and validity among 462 participants, the internal consistency of the scale was good, with a cronbach's alpha of 0.91 for SG and 0.87 for PG. after a four week retest for reliability exercise, the intra class correlation co-efficient (ICG) was found to be 0.84. the MSPSS was found to have a negative correlation with the STAI and the TDI but was positively correlated with the RSES.

The reliability of the instrument was tested in Uganda among 240 respondents from postnatal clinics in mulago hospital and it demonstrated a good internal consistency at 0.83using the cronbach's alpha.

Procedure

The researcher sought approval from the supervisor and this will be indicated in a formal introductory letter that was obtained from the College of Humanities and Social Sciences department of mental health and community psychology school of psychology at Makerere University. The letter was delivered to the local authority in Wakiso district. Respondents in the study were purposively chosen where the informed consent was also administered requesting them to participate in the study by filling in the questionnaires, they were told that they are free to refuse or withdraw from participating in the research at any time without adverse consequences. The questionnaires were then checked for completeness and thereafter used for the analysis of data.

Data Management

The questionnaires were gathered back and cross checked to ensure that they are all properly completed and taken for data analysis; the data was arranged and coded to help classify responses into meaningful categories in order to bring about essential patterns.

PHQ-9

Scores were calculated based on how frequently a person experiences these feelings. Each ''not at all'' response is scored as 0; each ''several days scores'' response is scored as 1; each ''more than half the days'' response is 2; and each ''nearly every day'' response is 3' the sum value of these responses gives you your total score. 1-4; this s considered minimal depression, 5-9; this is considered mild depression, 10-14; this is considered moderate depression, 15-19; this is considered moderately severe depression, 20-27; this is considered severe depression.

Multi- dimensional scale of perceived social support

Scores were calculated in subscales first, the significant other sub scale(1,2,5,10), the family subscale (3,4,8,11) and friends subscale(6,7,9,12) , the scores of each subscale were divided by four to find the mean. To find the total score all 12 items were summed(the total score ranges from 12 to 89) and divided by 12.the lowest was designated as the as the lowest perceived social support, the middle group as medium support and the highest as the highest perceived social support.

Data Analysis

Data from field was summarized, entered and analyzed using the Statistical Package for Social Scientists (SPSS). Frequency tables and Percentages were derived from the descriptive statistics.

Hypothesis 1 and 2 were analyzed using an independent T-test while hypothesis 3 was tested using Pearson product moment correlational coefficient.

Operating Procedures guidelines from ministry of Health to avoid the spread of COVID 19 were followed by wearing face masks, sanitizing and keeping social distance all the time in field.

Chapter Four

Results

This chapter presents the findings of the research. 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 gender, depression and social support among school going adolescents. The relationship between variables was measured using Pearson correlation coefficient.

Table 1: Socio-demographics; school going adolescents

Gender	
n=189(%)	
Female	115(60.8)
Male	74(39.2)
CLASS	
S.1-S.4	78(41.3)
S.5-S.6	111(58.7)
AGE	
13-14	26(13.8)
15-16	115(60.8)
17-19	48(25.4)
SCHOOL TYPE	
Boarding	136(72.0)
Day	50(26.5)
22.00	1(0.5)
RELIGION	
Anglican	19(10.1)
Islam	39(20.6)
Catholic	46(24.3)
Pentecostal	70(37.0)
Other	15(7.9)
ATITUDE TOWARDS EDUCATION	
Negative	22(11.6)
Positive	167(88.4)
FAMILY STATUS	
High income status	30(15.9)
Middle income status	113(59.8)
Low income status	46(24.3)

60.8% of the respondents were female well as less than half of the respondents were 39.2% male. 111 of the respondents which is 58.7% of the respondents were senior five to senior six students well as 41.3% of the respondents were senior one to senior four students. 13.8% of the respondents were ages 13 to 14, 60.8% were ages 15 and 16 well as 25.4% were ages 17 to 19. 10.1% were Anglican, 20.6 were Islam, 24.3% were catholic, 37.0% were Pentecostal well as other religions filled up to 7.9% of the respondents.72% of the respondents were boarding students well as 26.5% were day students, however one students did not fill this space which makes 0.5%. 11.6 had a negative attitude towards school well as 88.4 had a positive attitude towards school.15.9% of the respondents perceived to be from a high income status , 59.8% students perceived to be from middle income status well as 24.3% of the respondents perceived to be from low income status.

Table 2: Gender and depression

Gender	Depression			
	N	t	df	P
Male	74	-.690	137.03	.491
female	115			

Results after running chi-square showed that there was no significant difference between depression gender. There was no significant difference between male [m=7.932], [SD=5.179] and female [M=8.435], [SD=4.379]; t[137.031]=[-.690],p=[-.491].

Table 3: The relationship between gender and social support

Gender	Social support			
	N	t	df	P
Male	74	.206	187	.837
female	115			

Results after running chi-square showed that that there was a a significant difference in how males [M=56.649[,[SD=11.809] and females [M=56.278], [SD=12.263] perceived social support. t[187]=[.206],p=[.837].

Table 4: Social support and depression.

Social support			
Depression	df	r	P
	189	1 ,-.232	00.1

The results after running the person correlation showed that there was a negative correlation between the two variables r[189]=[-.232],p=[.001]. this shows that there was a significant relationship between depression and social support because the p value .001 was below the p Value 0.01.

Chapter Five

Discussion, Conclusion and Recommendations

The chapter focuses on the discussion based on findings of the study. This will include sections on the discussions, conclusions, and recommendations.

Discussions

Gender and Depression

The first alternative hypothesis stated that there is a significant relationship between depression and gender. Findings of this study revealed that there is no significant relationship between gender and Depression and these findings were accepted.

These findings are in disagreement with World Health Organization (2017), a study conducted in 6 countries in Africa with the highest depressive symptoms. The study found that About 5.1% of the females and 3.6% of the males in the country were affected. Which suggested that more women than men are affected with depressive symptoms. This can also be explained by the potential of society forcing men to mask their feelings and be a ''man''. Men especially in the African society are considered weak when they cry, look sad or show fear.

These findings are also in disagreement with Gagne et al,(2014) who suggested that community based prevalence rates ranging from 2.9% to 3.6% among men and 5.0% of 6.9% among women in the general population in a survey focusing on Latinos and African Americans with major depression. Studies have however shown inconsistent findings in regards to gender, however some have reported gender differences in the likelihood to seek mental health care.(Gagne et al,2014). This can also be that less men have their depressive symptoms

diagnosed hence not diagnosed at all even if they could be suffering from depression, because women are more likely to seek mental healthcare.

The findings are also in disagreement with Van Droogenback et al (2018)who suggested that well established studies exist for mental health problems in general depression anxiety and psychological distress affects girls to a greater extent than boys across different countries and vary in contexts. They also suggested that women are twice as likely to be diagnosed with depression during their lifetime as men. However it is also stated that there is high suicide rates among men, this could be due to masked struggles with depression and other mental health issues. This also still be related to help seeking behaviors.

The findings disagree with Sun et al (2021) an epidemiological survey in china's Hubei province by which found that the prevalence of high depressive symptoms in female adolescents was significantly higher than male adolescents. However Asian cultures often inhibit the expression of positive emotion, which would also lead to differences in prevalence between male and female adolescents.

The findings are in disagreement with Girgus ,Yang a study on gender and depression. The study found that females between adolescent ages to 55 years were found twice as likely to be diagnosed with depression and exhibit twice as many depressive symptoms as males. However this can also be explained by hormonal differences between the males and the females.

Prior depressive episodes can cause depression, this is because people have experienced depression before are more prone than others to suffer from it again. The findings however agree wi, Mazure, Maciejewki. et al (2009). a study findings which suggested that a prior episode of depression renders men and women more equivalent in terms of stress and vulnerability, this

helping to explain why gender differences in depression prevalence change as a function of prior episodes.

The findings are also in agreement addis(2008) who stated that the masked depression framework assumed that depression in men can be hidden by substance abuse and other externalizing problems. This could also also explain why depression can sometimes be undiagnosed in men and also why men are more prone substance abuse.

These findings are in disagreement with Goodwin and Gotlib whose findings stated that the female gender was more associated with depression. However this was also blamed on neuroticism which plays a significantly contributing role in the relationship between female and major depression.

Social Support and Gender

The first alternative hypothesis stated that there is a significant relationship between social support and gender. Findings of this study revealed that there is a significant relationship between gender and social support and these findings were accepted.

The findings are in agreement with Caetano et al (2013) , in a study on gender differences in the association of social support and social network with self-rated health status among older adults in brazil which found that the association between social interactions and SRH varies between genders. In the same study women were found to have more and larger social support than men. Gender differences have been found in social support and social networks across the aging process.

Women are more likely to receive high quality social support from friends and family since they are highly encouraged to express there emotions unlike males wwho are constantly advised to

not show how they feel.The study agrees with Kafeitos.K (2007),in a study on gender and social support and wellbeing which found that women reported more satisfaction with social support though there seemed to be no difference in the indicators of social support whatsoever.

The findings are in agreement with a study by Kendrack, Grant and Segal (1991) which found evidence for gender patterns of social support effects on wellbeing. Women are more likely to depend on friends and family as health resources and are also more likely to receive support from those relationships social support has often been identified as a key protective factor for mental well-being, hence suggesting that women have more social support than men.

The study findings are also in agreement with Gretchen Reevy and Maslach.C (2001) who said that `` Sex differences in social support have been explained in terms of gender differences and socialization and personality. However the study on social support and gender and personality differences found that gender is significantly correlated with patterns of social support. Femininity was associated with seeking and receiving emotional support and with seeking and receiving social support from women mostly``.

Parenting styles can also be a factor, considering that its been noted that girls are more significantly more likely to be securely attached to their parents than boys(D Barnett et.al).this makes it easier for the female even as adults to be able to seek emotional and social support from their parents. This give the females an advantage over the males in times when they desire or need to seek social support. The study is in agreement with a study by …..

Females are more likely to seek emotional support than males, when faced with tough times. Women have been found to be more depressed than men. And under stressful situations to be more likely to seek social support than men. (K M Donato, G.leon-perez, K A Waltson, S

Kripalani). This is agreement with the findings of the study which suggested a significant interaction between being female and frequency of family contact(support)

Males are more likely to self- isolate from friends and family, with men more likely to self-isolate than women(Vndervoort,D 2000). This cuts down on their access to social support hence limited social support. this could explain why women report more social support thn men do. The findings of this study are in agreement with…

Men most likely seek there emotional support from spouses/partners, vandervoot(2000) study supported that men donot create adequate emotional intimancy when they are not in partnership with significant other, with about 89% of men being single (A R Brown, W D Manning, 2021).

Family is a huge pat and factor to provide social support, however studies have noted difference in how family support is availed to different genders. With female reporting more emotional, financial and material support from families than the males.(S O Ebimgbo, U O Okoye, 2021)

Depression in itself can affect social support negatively, it can lead to bad and undesired habits among peers hence some people choose not to associate with the undesired behavior. These undesired behaviors can include……depression can lead to social erosion. This can also be due to depressed people are less likely to obtain and sustain relationship . Qin, Zhang, Zhang, 2018).

While women report more levels of stress, they also report greater lRvels of social support quality.(M. Kneavel, 2021). This however indicates that females are more satisfied with the social support they receive than males.

Culture also influences social support in a way that different cultures passive social support differently. Different cultures appropriate a certain amount of social support to different genders.

For example women are almost globally accepted to show their emotions and express them instead of covering them up like males are advised to do. This is also in agreement with Taylor (2007) who states that there may be cultural differences in the ways that social support is experienced. This study also suggest that women are more invested in their social networks than men.

Depression and Social Support

The third hypothesis stated that there was a significant relationship between depression and social support. findings of this study revealed that there is a significant positive relationship between depression and social support. these findings are in disagreement with;

The findings are in agreement with a study by David, Mohi, Mlassen, M Barrera (2004) on the relationship between social support, depression and treatment for depression in people with multiple scleriosis which found that improvements in social support among MS patients during treatment for depression was explained by depression.

The findings are also in agreement with a study about gender differences in the relation between depression and social support in the later life which found that low emotional support was more associated with depression, with men showing higher rates of depression than women. The study concluded that low social support and a high need for affiliation were related to depression in the later life with men being more vulnerable for depression than women.

The findings of this study are in agreement with the 2007 Australian national survey of mental health and well-being which consisted of 8841 participants aged 16-85 years was conducted to find the relationship between social support networks and depression. The survey found that high

quality social connections with friends and family members is associated with reduced likelihood of the past year depression.(Slade, Johnston, Whiteford, Brown, Andrews,2009)

The findings of this study are in agreement with a study on health related functional status in pregnancy, relationship to depression and social support in a multi-ethnic population which found that social support is not associated with increased physical or emotional wellbeing but is weakly associated with mental health.(McKee, Cunningham, Jankowski, Zayas,2001)

The findings are in agreement with a study on post-partum depression and social support in adolescents which found that the cause of depression at six weeks postpartum were: receiving more social support from friends and family. (Logsdon, Birkimer, Simpson, Looney, 2005)

The findings are in agreement with Stewart et al(2014) study to validate MSPSS and the relationship between social support, IPV and antenatal depression in Malawi which found that there may be a direct relationship between social support and its effect on reducing depression by promotion of positive mood states and improving health related behaviors or it may protect against depression only under stress. (Stewart et al,2014).

The findings are also in agreement with Shah et al (2021) study in china about how family function affected social support and depression which found that social support could have a direct relationship on how it affects depression and depression in its self can have an effect on social support.

The findings are also in agreement with Muhammad and Maurya (2022)which states that Probably in the joint family system, older adults have more interactions at home and the family members would be able to physical, emotional and social support than the case in nuclear family setup. The adults reported less depressive symptoms. However separate living older adults with

difficulty in BADL/ADL appeared to profoundly high odds of suffering from a major depression due to functional and health difficulties which may result in in the risk of creating feelings of loneliness eventually leading to a major depressive disorder.

The findings of this study are in agreement with Mohr, Classen,Mbarrera (2004) who suggested that all changes in social support were fully explained by depression among people with multiple sclerosis. This study suggested that different domains of social support could be differentially sensitive to changes in depression.

These findings are also in agreement with Tennant, Demaray, Cole, Malecki, (2015) who suggested social support as a significant factor in relation to depression. The study establishes a negative relationship between depression and social support.social support can also serve as a buffer against feelings of depression following .(Tennant, Demaray, Cole, Malecki, 2015).

The findings of this research are in agreement with George, Blazer, Hughes, Fowler, (1989) who suggested that   subjective social support was strongly associated with major depression with middle aged adults more affected than older adults and men more than women.

Limitations and Strengths

The following are the strengths experienced during the course of the study.

The respondents were willing to share the questionnaires with their friends who were also willing to take part in the study. This helped to reduce the time required to collect data.

The respondents were willing to provide truthful information due to the confidentiality nature of the questionnaires. The questionnaires did not reuire any personal information which encouraged them to participate.

The study was cost effective because it did not require follow up after data collection. The information was also brief and precise hence did not require more interpretation except for data analysis.

The respondents were allowed to ask questions in the areas they found difficult to understand on the questionnaires. With this I can affirm that the information provided was correct.

Due to the standardized nature of items, questionnaires were easy to replicate for research. This is also because the items used did not require purchasing or permission to acquire.

The following were the limitations of the study.

Data collection was relatively difficult due to the lack of readily available researchers.

Some respondents found the items a bit challenging to answer because they talked about really sensitive parts of their life experiences and mental health. This also made others refuse to participate in the research.

The process of data collection took a lot of time hence was time consuming. Due to the need to gather diverse information, I was required to move to different locations in Wakiso district. This made the process stretch out for a lot longer.

The process of data analysis was also very challenging due to lack of expertise in area. This in turn slowed down the progress of writing the rest of the research, for example there was need to use the independent sample T-test.

Conclusion

This study established that gender differences have no effect on the depression levels among school going adolescents. The relationship between gender and perceive social support was also

established, hence gender differences do have an effect on how males and females perceive social support. the perceived social support was established to have no significant relationship with depression. Depression is still a major issue affecting the school going adolescents in Uganda today.

Recommendations

It is recommended that school going adolescents take the initiative to seek help for the problems they face to avoid the prevalence of mental health issues such as depression. This would also help confront any underlying issues they may already be struggling with.

It is recommended that parents be actively involved in their children's life style. This will help to notice any deviations from normal behavior and to confront them early on to avoid the onset of mental health issues.

Deeper research is required to develop a solid understanding of the mental health issues that adolescents are dealing with. This will help to direct on how to take action by authorities to help the school going adolescents.

It is recommended that schools consider partnering with external sources that offer mental health services. This would ensure an increase in the awareness on mental health challenges that school going adolescents deal with hence help to create customized solutions.

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 Validation of the multi-dimensional scale of perceived social support (MSPSS) and the

relationship between social support, intimate partner violence and antenatal depression in

Malawi

Zimet GD, Dahlem NW, Zimet SG, Farley GK. The Multidimensional Scale of Perceived Social

Support. Journal of Personality Assessment 1988;52:30-41.

Questionnaires

Dear Participant,

As part of our degree requirements as students at Makerere University, School of Psychology, we are carrying out research. Our research is aimed at investigating the relationship between Intimate gender, depression and social support amongst school going adolescents. You're being requested to participate in this study. All information collected in this study will be confidential and anonymous (your identity will not be revealed). Participation in the study will be through filling of the questionnaire provided. Assistance will be provided by researchers where needed. Participation is voluntary and you can withdraw from the study at any point.

If you're willing to participate in the study please consent by ticking ☐☐the appropriate response;

YES ☐   NO ☐

BIO DATA

Gender;

Male ☐   female ☐

Class;

S.1-S.4 ☐   S.5-S.6 ☐

Age ; 13-14 ☐   15-16 ☐   17-19 ☐

Religious Affiliation

Anglican ☐   ☐Islam ☐   ☐☐Catholic ☐   ☐Pentecostal ☐

☐Other

School type

Boarding ☐   Day ☐   ☐

Attitude towards education;

Negative ☐   positive ☐

Family status;

High income status ☐   middle income status ☐

low income status ☐

PATIENT HEALTH QUESTIONNAIRE-9
(PHQ-9)

Over the <u>last 2 weeks</u>, how often have you been bothered by any of the following problems? *(Use "✔" to indicate your answer)*	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING __0__ + _____ + _____ + _____
=Total Score: _____

If you checked off <u>any</u> problems, how <u>difficult</u> have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
☐	☐	☐	☐

Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet & Farley, 1988)

Instructions: We are interested in how you feel about the following statements. Read each statementcarefully. Indicate how you feel about each statement.

Circle the "1" if you **Very Strongly Disagree**Circle the "2" if you **Strongly Disagree** Circle the "3" if you **Mildly Disagree** Circle the "4" if you are **Neutral** Circle the "5" if you **Mildly Agree** Circle the "6" if you **Strongly Agree**
Circle the "7" if you **Very Strongly Agree**

1.	There is a special person who is around when I am in need.	1	2	3	4	5	6	7	SO
2.	There is a special person with whom I can share my joys and sorrows.	1	2	3	4	5	6	7	SO
3.	My family really tries to help me.	1	2	3	4	5	6	7	Fam
4.	I get the emotional help and support I need from my family.	1	2	3	4	5	6	7	Fam
5.	I have a special person who is a real source of comfort to me.	1	2	3	4	5	6	7	SO
6.	My friends really try to help me.	1	2	3	4	5	6	7	Fri
7.	I can count on my friends when things go wrong.	1	2	3	4	5	6	7	Fri
8.	I can talk about my problems with my family.	1	2	3	4	5	6	7	Fam
9.	I have friends with whom I can share my joys and sorrows.	1	2	3	4	5	6	7	Fri
10.	There is a special person in my life who cares about my feelings.	1	2	3	4	5	6	7	SO
11.	My family is willing to help me make decisions.	1	2	3	4	5	6	7	Fam
12.	I can talk about my problems with my friends.	1	2	3	4	5	6	7	Fri

The items tended to divide into factor groups relating to the source of the social support, namely family(Fam), friends (Fri) or significant other (SO).