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**SAVE A LIFE: IMPACT OF SOCIAL SUPPORT, SELF-ESTEEM
AND RELIGIOSITY AS DETERMINANTS OF DEPRESSION
AMONG ADOLESCENTS IN OWERRI MUNICIPAL**

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ABSTRACT: This study investigated Social Support, Self-Esteem and Religiosity as Determinants of Depression among Adolescents in Owerri Municipal. Three hypotheses were postulated and tested. Two hundred (200) participants were drawn from Owerri Municipal in Imo State through convenience sampling technique. They comprised of one Hundred (100) males and one hundred (100) females with an age range of 17 years to 40 years, a mean age of 24.69. Four instruments were employed for the study; The Interpersonal Support Evaluation List (ISEL), Index of Self-Esteem Manual (ISE), Intrinsic Religiosity Scale (IRS) and Self-Rating Depression Scale (SDS). Cross-sectional survey design was adopted for this study and three-way ANOVA statistics was used to analyse the data collected. Results show that the findings of this study indicate no statistically significance impact of social support on depression among adolescents in Owerri Municipal. The second hypothesis which states no statistical influence of religiosity on depression among youths in Owerri Municipal was accepted. The third hypothesis which states that there will be no statistically significant influence of self-esteem on depression among youths in Owerri Municipal was also accepted. The study recommends that having a good therapeutic encounter will help reduce low self-esteem and depression. Suggestion for this study is to examine the factors that causes and reduces the incidences of depression among youths.

Keywords: Social Support, Self-Esteem, Religiosity, Depression, Adolescents, Owerri

INTRODUCTION

Depression is a debilitating and pernicious cluster of symptoms that may persist for a period of weeks, months, or even years. It is an affective disorder that presents with depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt or low self-worth, disturbed sleep or appetite, and poor concentration (Dabana & Gobir, 2018). It is also characterized by changes in mood status presenting as feelings of sadness which may fluctuate from slight hopelessness to severe feelings of disappointment. Depression is a disorder that can be reliably diagnosed and treated in primary care. If left untreated in the early age of occurrence, it can lead to different problems such as school failure, conduct disorder, and delinquency, eating disorders such as anorexia and bulimia, school phobia, panic attacks, substance abuse, or even suicide.

World Health Organization (2017) defined depression as a pathological state that is associated with feelings of loss or guilt and characterized by sadness, lowering of self-esteem, disturbed sleep or appetite, feelings of tiredness, and poor concentration. It is a mood disorder characterized by low mood, a feeling of sadness, and a general loss of interest in things. Depression causes feelings of sadness and/or a loss of interest in activities once enjoyed by an individual. Clinical depression can be diagnosed by duration and severity of sadness. Normal sadness or short lived feelings of depression which do not result in impaired functioning are not clinical depression. Clinical depression is diagnosed when the signs of depression are present in an individual for at least a period of 2 weeks. Clinically depressed people do not take part in social, occupational, and over all daily functioning activities. Some of the symptoms of clinical depression include frequent depressed mood, nearly every day changes in appetite that result in weight losses unrelated to dietary, loss of energy or increased fatigue, increased alcohol or drug use, thought of suicide etc. It is characterized by feelings of sadness, loneliness, despair, low self-esteem and self-reproach, accompanying signs include psychomotor retardation or less frequent agitation, withdrawal from social contact and vegetative states such as loss of appetite and insomnia.

Depression among adolescents is a common phenomenon in Nigeria (Uwaoma, 2016). There are many cases of depressive symptoms that are overwhelming the youths now. Symptoms in teens may manifest themselves in different ways than in adults due to the different social and developmental challenges facing teens-like peer pressure, sports, changing hormone levels and developing bodies. Depression among adolescents is associated with high levels of stress, anxiety, and in the worst possible scenarios, suicide. It can also affect adolescent's personal life, school life, work life, social life, and family life (Legg, 2016). Thus, this can lead to social isolation and other problems.

Depression is a common mental disorder that presents with depressed energy, feelings of guilt or low self-worth, disturbed sleep or appetite, and poor concentration. Moreover, depression often comes with symptoms of anxiety. These problems can become chronic or recurrent and lead to substantial impairments in an individual's ability to take care of his or her everyday responsibilities. At its worst, depression can lead to suicide. Almost 1 million lives are lost yearly due to suicide, which translates to 3000 suicide deaths every day. There are multiple variations of depression that a person can suffer from, with the most general distinction being depression in people who have or do not have a history of manic episodes. Depressive episode involves symptoms such as depressed mood, loss of interest and enjoyment, and increased fatigability. Depending on the number and severity of symptoms, a depressive episode can be categorized as mild, moderate or severe. An individual with a mild depressive episode will have some difficulty in continuing with ordinary work and social activities, but will probably not cease to function completely. During severe depressive episode, on the other hand, it is very unlikely that the sufferer will be able to continue with social work, or domestic activities, except to a very limited extent.

Social support refers to the various ways in which individuals aid others to overcome circumstances of life. Social support has been documented as playing an important and positive role in the health and well-being of individuals. To receive support from another,

one must participate in at least one important relationship. However, social support has often been summarized as a network of individuals on whom one can rely for psychological or material support to cope effectively with stress. According to Towey, (2018) Social support is theorized to be offered in the form of instrumental support (i.e., material aid), appraisal/informational support (i.e., advice, guidance, feedback), or emotional support (i.e., reassurance of worth, empathy, affection). Social support enhances quality of life and provides a buffer against adverse life events like depression (Towey, 2018).

There are two aspects of social support: Perceived and Conditional Social Support. Perceived social support is support that an individual believes to be available, regardless of whether the support is actually available. Perception of support may be a function of the degree of intimacy and affection within one's relationships. Compared with actual support, perceived support may be just as important (and perhaps more so) in improved health and well-being. Actually, perceived support appears to correlate more closely with health status than does actual social support. Similar to actual support, perceived support may heighten the belief that one is able to cope with current situations, may decrease emotional and physiological responses to events, and may positively alter one's behaviour.

Studies on support network have been found to reduce the negative effects of stress and depression. The support of one's social network can act as a buffer to stress in many ways. For example, individuals in one's support network can offer less threatening explanations for stressful events that can lead to depression. A positive social support network increases an individual's self-esteem and self-efficacy and reduces the incidents of depression. Social support network provides solutions to current problems or stressors being faced. Having a support group can also alter perceptions of the stressor by decreasing the perceived importance of the stress that may likely lead to depression. Furthermore, having a supportive group of people surrounding a person can result in increased positive behaviours such as more exercise, proper rest, and better eating habits (Rutter, 2018). Likewise, interactions with others may help distract attention from the problem.

More so, According to Cohen, (2016) Social support also has important effects on one's health and well-being. Overall, support has been linked with good health and well-being as well as improved adjustment to specific illnesses, such as cardiovascular disorders and cancer. For example, having a strong support network has been correlated with lower mortality rates, less depression, better adherence to medical treatment, greater health-related behaviours (e.g., lower rates of smoking), maintenance of health behaviours, lower incidences of cardiovascular disorders, and improved adjustment to breast cancer (Cohen, 2016).

Conversely, lack of social support has been associated with increased anxiety and depression, an increase in cardiovascular problems, feelings of helplessness, and unhealthy behaviours (e.g., sedentary lifestyle, habitual alcohol use). For example, a lack in parental support predicted potential increases in depressive symptoms and onset of depression in adolescent girls (Collins, 2018). That is, girls who had very little to no support from their parents were more likely to develop depression than were girls who had parental support. In

addition, females reporting low levels of perceived support also have more eating problems than do females reporting high levels of support.

Another interesting variable in this study is Self-esteem. Self-esteem depicts feeling good about oneself. People with self-esteem: feel liked and accepted and are proud of what they do and they believe in themselves. Self-esteem is an individual's subjective evaluation of his own worth. Self-esteem encompasses beliefs about oneself. Sedikides and Gress (2003) see self-esteem as an individual's perception or subjective appraisal of one's own self-worth, one's feelings of self-respect and self-confidence and the extent to which the individual holds positive or negative views about self. Self-esteem is also defined as a global barometer of self-evaluation involving cognitive appraisals about general self-worth and affective experiences of the self that are linked to these global appraisals (Murphy, Stosny and Morrel, 2005). Wang and Ollendick (2001) stated that self-esteem involves an evaluation of oneself followed by an emotional reaction towards oneself. The evaluative and affective elements are present in all extant definitions and theories of self-esteem. Brown, Dutton, and Cook (2001) distinguished three ways in which the term self-esteem is used: (a) global or trait self-esteem to refer to the way people characteristically feel about themselves, i.e., feelings of affection for oneself; (b) self-evaluation to refer to the way people evaluate their various abilities and attributes, and (c) feelings of self-esteem to refer to momentary emotional states, e.g., a person might say the self-esteem was sky-high after getting a big promotion, or a person might say the self-esteem plummeted after a divorce.

However, for the purpose of this study, self-esteem is defined as the self-evaluation and descriptive conceptualization that individuals make and maintain with regard to themselves. Aziz (2018) highlighted the following as signs of high self esteem: Confidence, Self-direction, Non-blaming behaviour, Awareness of personal strengths, Ability to make mistakes and learn from them, Ability to accept mistakes from others, Optimism, Ability to solve problems, Independent and cooperative attitude, Feeling comfortable with a wide range of emotions, Ability to appropriately trust others, Good sense of personal limitations, Ability to set boundaries and say no, Good self-care etc.

Aziz (2018) noted that low self-esteem has been highlighted in the literature including loneliness, isolation, medical conditions, physical disabilities, social reasons, low socioeconomic status and cultural reasons such as stigma, being unmarried and ashamed. Individuals with low self-esteem are more sensitive to denial and have a tendency to withdraw and reduce interpersonal closeness after conflicts, thereby declining attachment, support, and satisfaction in close relationships. Moreover, low self-esteem is considered as a risk factor for depression in adolescents.

Another significant variable in this study is Religiosity. Religiosity is strong religious belief. It is the quality of being very or too religious. According to Hills (2014), religiosity typically refers not only to a belief in a higher entity or something greater than oneself but also formal involvement in organized religious activities and specific, measurable acts such as prayer, meditation, service attendance, religious readings, and affiliation with a particular religion or

place of worship. A key characteristic of religion is that it is organized in a hierarchical fashion with an identified authority figure such as a priest, pastor, or rabbi presiding (Hills, 2014). Koenig (2008) identified three general types of religiosity: organizational, non-organizational, and intrinsic. Organizational religiosity typically involves public or group activities and is most commonly measured by one's religious service attendance. Non-organizational religiosity, by contrast, is more private and typically occurs on a person's own time, alone, encompassing activities such as reading religious texts, praying, and/or meditating. Intrinsic religiosity is concerned with individuals' subjective meaning of religiosity and how religious beliefs affect everyday life. King and Coworkers (2007) suggested that the impact of religiosity on depression is stronger among women who also tend to be more active participants in both organizational and non-organizational religious activities than men, including, for example, religious affiliation and private prayer. Furthermore, individuals who regularly attend religious services display lower rates of depression when compared with individuals who either do not attend services or do attend services but on a more sporadic basis (Blazer, 2010).

Statement of the Problem

Adolescents are the leaders of tomorrow. For any nation to have hope in its development, the health status of the adolescents must be of great concern to it. Depression is a debilitating health condition that devastates the adolescents if not tackled on time. Owerri municipal has continued to witness high rate on inflow of individuals especially since the return of the country to democracy. The massive inflow, however, has brought with it, attendant challenges in managing the social and economic and developmental needs of the people. More so, the economic recession in the country also brought many excruciating pains to adolescents especially the cutting of salaries of the parents of these adolescents by 30 percent by the then state government of Imo State. The cut and other poor economic indices have made the youths to lose hope in the system and move towards hopelessness and the attendant depression. Sadly, few studies have been confirmed to look into the depressive conditions of adolescents as these conditions dominate the landscape of the municipal and make our youths hopeless and depressed. This study therefore is aimed to fill this gap in knowledge, and thus will be examining how providing social support, enhancing self esteem and religiosity of adolescents can determine depression of adolescents of Owerri municipal area.

Purpose of Study

1. To determine the role of social support on depression among adolescents in Owerri Municipal.
2. To investigate the influence of self-esteem on depression among adolescents in Owerri Municipal..
3. To determine the influence of religiosity on depression among adolescents in Owerri Municipal.

Empirical Review

Depression and Social Support

Depression is a prevalent mental condition across the globe and a main contributor to the global burden of disease. Although the risk factors for depression are well described, less is known about factors that enable individuals to bounce back from depression or even to avoid it altogether. Social support is hypothesized to protect mental health both directly through the benefits of social relationships and indirectly as a buffer against stressful circumstances. Social support is a multidimensional concept which broadly refers to the emotional (e.g. providing encouragement), instrumental (e.g. helping with housekeeping) or informational (e.g. notifying someone of a job opportunity) assistance that is received from others. It may also be characterized by the provider of support, including support from a spouse, relatives or friends, each thought to have independent protective effects against depression.

Research evidence indicates a significant negative relationship between social support and psychological disorders including depression and stress (Alimoradi, 2014). Consistent findings from these cross sectional studies revealed the important role of social support on students' wellbeing. A study of 115 university students in India found students who had higher social support had lower rates of stress and were well-adjusted to university (Friedlander, 2007).

Likewise, in another study conducted in China, Glozah, (2013) found that the impact of academic stress and depression defined as frustrations, conflicts, pressures, changes and self-imposition on psychological wellbeing depends on the level of perceived social support from friends. A study by Awang (2014) found that social support from family and friends has a substantial impact on the emotional, social and academic performance of university students in Taiwan. However, in this developmental stage of adolescence, friends are increasingly more important as a source of social support compared to family (Kugbey, 2015) as the emphasis shifts from parents to that of peers as the child seeks to individuate from family. This is supported by a study showing social support from friends is a significant predictor of depression in university students in South Carolina (Wörfel & Gusy, 2016).

Depression and Self Esteem

Self-esteem is the adolescent's attitude and overall evaluation of their own worth, or evaluation of given traits, position in the group, their own activities and relationship with others. Self-esteem is the degree to which the adolescents value and accept themselves. Depression increases during puberty; however, this increase seems to be greater among girls, which leads to gender differences in depression. Meier (2011) in a study found contingent self-esteem to be temporally highly stable over a period of half a year among young adolescents aged 12–15 years Nairobi, Kenya. In a second study by Meier (2011) wherein contingent self-esteem was operationalized in a rather indirect way as the degree to

which an individual's daily self-esteem and affect fluctuates in response to conflicts occurring on the same day, contingent self esteem was found to decrease from 7th to 10th grade in the secondary schools selected schools in Nairobi, Kenya. In a longitudinal study by Burwell and Shirk (2006) that examined a diathesis-stress model of contingent self-esteem as a vulnerability to depression among a sample of adolescents in Birmingham, the study revealed that the interaction between social contingent self esteem and social stress has a significant positive effect on increases of depression. However, there was no significant interaction between self esteem and academic stress. In another significant study Stauffacher and DeHart (2006) on the important sources of influence on adolescents in Norway, the authors contended that that peers become particularly important sources of influence during middle primary school years and this reduces the preponderance of depression. On bullying and the effect on self esteem of adolescents and the consequent depression in Malaysia, Yaakub and Leong (2007) revealed that cases of school bullying in the country has become a cause for concern.

Depression and Religiosity

Depressive symptoms and religious/spiritual practices are widespread around the world, but their intersection has received relatively little attention from mainstream mental health professionals. The World Health Organization (2017) projects that, by the year 2020, major depression will be the world's second most debilitating condition; only cardiovascular disease will cause more disability among persons aged 15 to 44 in the USA. Religious involvement is also common today, with surveys showing that a significant proportion of the world's population has religious beliefs and practices that are important to daily life (Bonelli, 2012). In another survey by Dew (2012) with representative populations of 143 countries (n = 140,000), found that 92 percent of people in 32 developing countries indicated religion was an important part of daily life and influences response to issues of life. Likewise, a survey of developed countries by Angus (2017) involving 5,800 adults in Australia, Britain, Canada, China, Egypt, France, Germany, India, Israel, Italy, Japan, Lebanon, Mexico, Russia, Saudi Arabia, South Africa, Republic of Korea, Spain, Turkey, and the United States found that 48% of respondents said religion is a very important component of their daily lives and admit that religious or spiritual beliefs and practices may be used to cope with or adapt to stressful life circumstances

Hypotheses

1. There will be no significant impact of social support on depression among adolescents in Owerri Municipal.
2. There will be no significant influence of self-esteem on depression among adolescents in Owerri Municipal.
3. There will be no significant influence of social support on depression among adolescents in Owerri Municipal.
4. There will be no significant influence of religiosity on depression among adolescents in Owerri Municipal.

METHOD

Participants

The researcher used 200 participants for the study. The participants were selected through simple convenience sampling from Owerri municipal in Imo state. The participants were 100 males and 100 females. Their age ranged from 10years to 17years with mean age of 14.69.

Instruments

Four instruments were used for this study. They are: Interpersonal Support Evaluation List (ISEL) developed by Cohen, and Hoberman, (1985)., Index of Self Esteem Manual (ISE) developed by Hudson (1985), Intrinsic Religiosity Scale (IRS) developed by Hoge (1972) and Self Rating Depression Scale (SDS) developed by Zung (1965).

The Interpersonal Support List (ISEL) a 40 item questionnaire used to assess the perceived availability of social support on a 4- point scale ranging from 0 (definitely false) to 3 (definitely true). Items 7, 10, 17, 20, 32, 37 are directly scored while the rest are reversely scored. It has a Cronbach Alpha of .86 and norm 64.21. Odaniji (2008) obtained the validity for Nigeria sample. He reported a reliability coefficient of .86. Scores above the norm shows high level of social support while scores below shows low level of social support.

The Self Esteem Index (ISE) measures the level of self-esteem/self-concept. The 25-item inventory was developed for individuals above 12years of age the scoring pattern includes item 1, 2, 8, 9, 10, 11, 12, 13, 15, 17, 19, 20, 24 which is scored directly while item 3, 4, 5, 6, 7, 14, 15, 18, 21, 22, 23, 25 I scored reversely. Hudson (1985) provided the psychometric properties for American samples while Onighaiye (1996) provided the properties for Nigerian sample. The norms include male 30.89 and female 32.40. Hudson (1985) conducted the reliability coefficient of .93. Onighaiye (1986) obtained coefficient validity of .90.

Intrinsic Religiosity Scale (IRS) consists of 10 items. The items are measured using a five point Likert scale ranging from 1 definitely true -5 definitely not true. The items of the IRS measure individual's religions believe, Anumba (2001) provided the properties for Nigerian samples. Holge (1972) reported an alpha of .69. The norm for this scale is 27.05. High scores show high devotion to religion while low scores show low devotion.

Self-Rating Depression Scale (SDS) assesses the cognitive affective, psychomotor, somatic and social interpersonal dimension of depression. This scale is scored directly..Zung (1965) provided the psychometric properties for American samples while Obiora (1995) provided the properties for Nigerian samples. The norms are male = 48.77 while for females =47.87. Obiora (1995) obtained the test-retest coefficient of reliability of .93 while the coefficient of concurrent validity of .79 was obtained by Zung (1965).

Procedure

In conducting the research, the researcher visited the communities that make up Owerri Municipal. The communities are Umuoronjor, Umuoyima, and Umuonyeche. The researcher used a face to face method in administering the instruments. Before administering the instruments, the researcher explained the rationale behind the research and sought for their cooperation. The researcher also obtained verbal permission from the parents of the participants as most of them have not reached 18 years to participate in the research and the confidentiality of their information was absolutely assured. The instruments were later distributed to the participants in their various communities. They were given enough time to fill and return the questionnaires and later they were collected for data analysis. The instruments were 250 in number and but only 200 were returned and used for data analyses.

Design and Statistics

The researcher adopted cross sectional survey design for the study. The use of cross sectional design is because the population type is made up of people of different gender, ages, religion, family background. The most suitable statistics for the study was three-way ANOVA because the researcher collected data at interval levels of measurement and the influence of the 3 independent variables were measured simultaneously on the dependent variable.

RESULTS

Table 1: Summary of Means and Standard Deviations for Social Support, Self-Esteem and Religiosity on Depression

	Mean	Standard Deviation	N
Low Social Support	44.16	4.41	37
High Social Support	43.63	4.40	163
Low Religiosity	43.54	3.94	69
High Religiosity	43.82	4.63	131
Low Self-Esteem	43.75	4.40	69
High Self-Esteem	43.71	4.41	131

The table above shows the means and standard deviation scores of Social support, Self esteem and Religiosity.

Table 2: Summary Table of Two-Way ANOVA for Social Support, Self-Esteem and Religiosity on Depression

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Social Support (A)	.399	1	.399	.020	.887 ^{NS}
Religiosity (B)	3.063	1	3.063	.155	.694 ^{NS}
Self-Esteem (C)	10.294	1	10.294	.522	.471 ^{NS}
A X B X C	.014	1	.014	.001	.978 ^{NS}
Error	3789.389	192	19.736		
Total	386225.000	200			

Note: ^{NS} = Not significant

As shown in Table 2 above, the first null hypothesis which stated that there will be no significant impact of social support on depression among adolescents in Imo State was accepted [$F(1,192) = .399, p > .05$] at the 95% confidence interval. From the means obtained as shown in Table 1 above, youths who reported low social support ($M = 44.16$) scored slightly higher than those who reported high social support ($M = 43.63$) on level of depression. The result implies that level of social support does not significantly influence the manifestation of clinical depression among Imo State youths.

Similarly, the result of the second null hypothesis which states that there will be no significant influence of self-esteem on depression among adolescents was also accepted [$f(1, 192) = 10.29, p > .05$] at the 95% confidence interval. The means obtained (Table 1) show that youth with low self-esteem ($M = 43.75$) scored slightly higher than their counterparts with high self-esteem ($M = 43.71$) on level of depression. The result implies that adolescent's level of self-esteem does not significantly influence their level of depression.

Lastly, the results of the third null hypothesis which states that there will be no significant influence of religiosity on depression among adolescents was accepted [$f(1, 192) = 3.063, p > .05$] at the 95% confidence interval. The means obtained (Table 1) show that youths who are highly on religiosity ($M = 43.82$) were only slightly higher than their counterparts who were low on religiosity ($M = 43.54$) on level of depression. The result indicates that youths' level of religiosity does not significantly influence their level of depression.

DISCUSSION

This study investigated social support, self-esteem, religiosity as determiners of depression among adolescents in Owerri Municipal in Imo State. Three hypotheses were postulated and tested. The finding revealed that out of the three variables none yielded a significant outcome. The first hypothesis which stated that there will be no statistical significant impact of social support on depression among adolescents in Imo State was accepted. This means that the level of social support does not statistically significantly influence the manifestation of clinical depression among youths in Imo State. The finding was consistent with the study

of Aziz (2017) who found that social support did not statistically influence the level of depression of middle aged nurses in India.

The second null hypothesis which stated that there will be no significant influence of religiosity on depression among adolescents in Owerri Municipal in Imo State was upheld indicating that youth's level of religiosity does not statistically significantly influence their level of depression. This study supports the findings of Moa (2010) who found that there was no significant difference between religiosity services associated with depression in study in Malaysia using senior secondary students.

The third hypothesis according to the findings which stated that there will be no significant influence of self-esteem on depression among adolescents in Owerri Municipal in Imo State was accepted which implies that adolescent level of self-esteem does not statistically significantly influence their level of depression. This result is consistent with the findings of Anderson (2018) who found no significant relationship in the samples taken from youths in Indonesia on their self-esteem and depression.

Implications of the Study

In line with the outcome of this research, it is clear from the result of the first hypothesis that social support does not significantly influence depression. This obviously means that individuals should try as much as possible to develop themselves and equip themselves with both social and cognitive skills that can enable them cope with the challenges of life and not relying on the support from others. The nature of the world has changed and people are now more self-centred than people centred. The second hypothesis which states that self-esteem does not influence the preponderance of depression means that no matter the level of an individual's self-esteem, depression can occur. Depression is a disorder that has many precipitating factors and circumstances that can cause it. Thus, relying so much in building the self esteem of people as a panacea to depression is totally misleading. While, it is appropriate to encourage people to build their self-esteem, the processes should not becloud individuals. People with either low or high self-esteem can be depressed at any time.

The result from the third hypothesis that confirms that religiosity does not influence depression means that people should form cogent personal belief system that can sustain in times of difficulties rather relying on religious systems and their delivery paraphernalia as a remedy to addressing challenges facing them that usually lead to depression. More so, many of the religious houses are now peopled with fake pastors and imams that dish out fake and scandalous prophecies that in most instances cause more harm and problem to the people.

Limitations of Study

In the process of carrying out this study, the researcher came across some difficulties which include the sample size of the research. By using 200 participants to test the hypotheses of this research, the validity and reliability of the research might be restricted. Also, the research concentrated on the adolescents from Owerri Municipal and the result may not

actually reflect the true position of adolescents in Imo State. More so, there was paucity of time to do this research as the researcher was faced with other personal and family challenges as the research was going on.

Suggestions for Further Study

.Future studies can examine the influence and the negative consequences of depression on national integration and development and also increase the age bracket of the population. Also the sample size can be increased to make the result more representative.

Recommendations

Based on the findings of the study, the government and management of organizations should create a conducive atmosphere of hope and optimism, and take into accounts how depression may affect the patients with a chronic physical health problem by ensuring that discussions taken are in cool and conducive environment. Individual with low or high self-esteem should not be undermined but should be encouraged in the society. Having a good therapeutic encounter will help address issues of depression.

Conclusion

This study was designed to investigate correlation among social support, self-esteem, religiosity and youths on depression. Two hundred (200) participants were drawn through convenience sampling technique from Owerri municipal in Imo State. The samples were made up of one hundred (100) male and one hundred (100) female.

Four instrument were used to collect data from the participants; the interpersonal support evaluation list (ISEL) which was used to measure social support, Index of Self-esteem Manual (ISE), for measuring religiosity and Self Rating Depression Scale (SDS) which was used for measuring depression. A cross sectional survey design was adopted for the study and two-way ANOVA statistics was used to analyze the data collected.

The findings of this study were compared with similar studies on other tangible factors in the literature reviewed. Based on the findings, it can be said that an individual with social support, (high or low), self-esteem (high or low), and religiosity (high or low) as determiners among youths has no association with depression.

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