

**Emotional intelligence and social support as predictors of depression among undergraduate students of University of Nigeria, Nsukka**

**Joy U. Nzenweaku, Chisom J. Ugwuanyi, Chinonso A. Okoro, Nkechi A. Chukwuemeka and Chinonso L. Nwanosike**

Department of Psychology, University of Nigeria Nsukka.

\*Correspondent author: joy.nzenweaku@unn.edu.ng

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**Abstract**

The pressure encountered by students' as a result of academic stress in their day to day activities, sometimes lead to depression. The study investigated roles of emotional intelligence and social support in depression among undergraduates. Participants in this study were 352 students (186 males, 166 females) recruited through convenience sample method, with their age ranging from 18-34 years (Mean = 24.05,  $SD = 4.14$  years). Four hypotheses were postulated and tested. Three instruments were used for data collection; Center for Epidemiologic Studies Depression Scale–Revised, Multidimensional Scale of Perceived Social Support and Brief Emotional Intelligence Scale. The study adopted a cross-sectional survey design. Pearson correlation was used to test the relationship between variables whereas hierarchical multiple regression was used to analyse predictions. The results showed that social support had positive significant prediction on depression. Therefore, the study concluded that social support serves as a protective factor to depression among undergraduates. The study recommended that Psychologists, social workers, parents should create awareness programs for students teach them about the symptoms of depression and provide a certain degree of social support or intervention for those who are indicative of depression.

**KEYWORDS:** Depression, Emotional intelligence, Nigeria, Social Support, Undergraduates.

## Introduction

Approximately 350 million people globally are affected by depression, and the World Health Organization has declared it to be the world's leading cause of disability (WHO, 2021). One population with risk factors to both depression and suicide is the female gender between ages 15 and 29 years (WHO, 2015). People with depressed mood are described as being depressed, sad, hopeless, discouraged, or down in the dumps. Young people aged 18 to 29 years old which is the typical age of most undergraduates, have the highest prevalence of Major Depressive Disorder (MDD) than all other age groups; and early adolescent females (aged 11-14 years) experience approximated threefold higher prevalence than males (American Psychiatrics, 2013).

Depressed individuals may need support in order to overcome problems associated with depression and social support is seen as material or psychological resources from a social network that intends to strengthen individual's ability to cope with stress (Atri & Sharma, 2006). Social support is not a unitary concept, but a multidimensional construct which includes perceived social support and received social support (Lakey, Orehek, Hain, & VanVleet, 2010). Perceived social support means the individuals subjective feelings and experience of social support, and perceived availability of assistance from others through social interactions when confronted with various stressors, whereas received social support refers to the actually received objective support within the social network (Lakey, *et al.*, 2011). The main resources of social networks include family, friends and close relations, teacher, and social groups.

Intelligence is needful when dealing with issues that depress humans. The field of emotional intelligence (EI) offers a useful organizing framework for examining the impact of emotional competencies on mental health in young people (Davis & Qualter, 2019). Emotional intelligence (EI) includes "the abilities to accurately perceive emotions, to access and generate emotions so as to assist thought, to understand emotions and emotional knowledge, and to reflectively regulate emotions" (Mayer, Salovey & Caruso 2004, p. 197). Research suggests that emotional intelligence ability can be improved with training, so the construct has potential utility as both a screening tool and as a foundation for interventions designed to decrease the risk of depression (Wraw, Deary, Der, & Gale, 2016). Previous reviews investigate the relationship of depression with emotion perception and social cognition, and found that the problems with social

interaction observed in MDD may be due to a moderate and stable deficit in the ability to decode emotional stimuli and mental states (Fulmer, Joerin, Gentile, Lakerink, & Rauws, 2018)

### **Statement of the problem**

Early occurrence of depression has been documented to be during adolescent and young adult ages. Depression in this early period can build up negative consequences in adult life through its impacts on career prospects and social relationships. Thus, tackling depression among university students is vital since most lifetime mental disorders commence during the university age, and their mental health has essential ramifications for campus health services in particular and mental health policy-making in general. From a public health view, early detection and prevention of mental health problems among young adults in higher education is paramount. Comprehension of their salient psychological distress, namely depression, and its correlates would enable tailor-made and early screening and intervention programs to reduce mental health problems in this population. Consequently, many studies in this area have shown emotional intelligence as a protective factor against depression while inadequate social support has been reported as a risk factor for depression. However, most of the studies in this area were conducted outside Nigeria and none in Nsukka with undergraduates. The present study is therefore deemed necessary to provide localized data for practice and knowledge in this area.

### **Purpose of the study**

Purpose of the study is to investigate whether emotional intelligence will play a role in the development of depressive symptoms among students; whether support from family, friends and significant others will predict the development of depressive symptoms among students.

### *Theoretical framework*

The study was anchored on behavioural theories. Behaviorism emphasizes the importance of the environment in shaping behavior. The focus is on observable behavior and the conditions through which individuals learn behavior, namely classical conditioning, social learning theory and operant conditioning. Therefore, depression is the result of a person's interaction with their environment. For example, classical conditioning argues that depression is learned through associating certain stimuli with negative emotional states. Social learning theory states that behavior is learned through observation, limitation and reinforcement. Operant conditioning states that depression is caused by the removal of positive reinforcement from the environment. Some events such as lose of a loved one constitute to depression because they reduce positive reinforcement from people (e.g. being close to those who like you). People who are depressed usually become less socially active.

### *Empirical review*

Ahmed, Negash, Kerebih, Alemu and Tesfaye (2020) assessed the prevalence of depression and its associated factors among Jimma University students in Ethiopia. An institution-based quantitative cross-sectional study was conducted on a total of 556 students selected by a multistage stratified sampling technique. Becks Depression Inventory (BDI-II) was used to screen depression severity. Data were collected through a pretested, structured, and self-administered questionnaire. The result indicates that the prevalence of depression among the students was 28.2%. Having a mentally ill family member and poor academic performance were significantly associated with depression

Sumaiya, Amesh, Prakash, Shabab *et al.*, (2020) assessed the prevalence of depressive symptoms among various professional course; students including medical, dental, and engineering students in Patna, Bihar. A total of 3,100 students attending government and private medical dental, and engineering colleges in Patna were approached during the course of this study. Students were briefed about the study and questionnaire. BDI-II (Beck's Depression Inventory-II) was administered to the students and they were instructed to fill it. Beck's scores

were recorded and a descriptive analysis performed. Result indicates that 2798 students out of 3,100 responded positively to the survey by completely filling out the form. The overall response rate was 90.25%. The overall prevalence of depressive symptoms was found to be 47.78%. Of the three streams, students belonging to the engineering stream (40.28%) showed a maximum prevalence of depressive symptoms followed by dental (38.50%) and medical students (34.74%).

Ajmal and Bano (2017) conducted a study on relationship between depression and emotional intelligence quotient among the medical and dental students of Nishtar college Multan, the research was designed to investigate the relationship between Depression and Emotional Intelligence Quotient among the medical and dental students of Nishtar Medical College Multan. The sample consisted of 200 students (100 males & 100 females) of age range of 18 to 26 years from Nishtar Medical and Dental college Multan. The data were collected with the Beck Depression Inventory, BDI-II and EQ-i. The data was analyzed by using means standard deviation t test and Correlation. The results revealed that there is a negative correlation between emotional intelligence Quotient and depression. The results further indicated that those who have a high level of emotional intelligence Quotient have low level of depression. The results also showed that female research participants score low as compared Male research participants on Emotional Intelligence Quotient and high on Depression Scale

Gomez-Baya, Mendoza, Paino, and de Matos (2017) in their study Perceived emotional intelligence as a predictor of depressive symptoms during mid-adolescence: A two-year longitudinal study on gender differences, analysed the association between changes in perceived emotional intelligence and changes in depressive symptoms during mid-adolescence, with a focus on gender differences. A two-year longitudinal study comprising three assessments separated by one year each was conducted. Self-report measures of perceived emotional

intelligence and depressive symptoms were administered to 525 adolescents from 12 to 15 years of age who were enrolled in 18 secondary schools in Andalusia (Spain). The results showed a lower emotional intelligence and more depressive symptoms in girls and an increase in depressive symptoms and a decrease in perceived emotional intelligence, especially in girls

Fernández-Berrocal and Extremera, (2016) in a study titled; Ability emotional intelligence, depression, and well-being opined that previous research suggests a strong association of health indicators with self-report ability emotional intelligence (EI) and self-report mixed EI, but a weak or moderate association with performance-based ability EI measures. The size of the association for ability EI may be inaccurately estimated, because there has not been enough research on the relationship of ability EI to health outcomes to allow moderator analyses in meta-analyses. Therefore, their review aimed to synthesize results specifically from studies on the relationship of performance-based ability EI with depression and well-being across adult populations in different settings. They found that maximum-performance measures of ability EI are associated negatively with depression and positively with well-being, and that these associations are moderated and mediated by several factors, including gender and self-report EI.

Badeleh and Toomaj (2018) in their study, Structural equations of relationships between learning disorder, emotional intelligence and depression in primary school students, identified depression as one of the factors that is currently expanding and affects people's individual and social aspects. For sampling, 295 students sixth grade elementary students of AghGhala city in the academic year 2016-2017, from both urban and rural areas were selected randomly. Emotional intelligence questionnaire, children's depression inventory and Colorado learning difficulty questionnaire were used to collect data. The findings of the research showed that there is a positive relationship between depression and learning disorder and there is a

negative relationship between emotional intelligence and learning disorder, and emotional intelligence with depression ( $P > 0.01$ ). Findings indicate that there is a direct and reverse relationship between learning disorder, depression and emotional intelligence, and emotional intelligence has an indirect effect on depression. Also, due to the results obtained from the structural model, learning disorder has a greater effect on emotional intelligence than depression.

Guo , Zhang , Bai , Minhat, Nazan , Feng , et al. (2021) investigated the factors associated with mental health symptoms of depression, anxiety, and stress among undergraduate students in Shaanxi province during the COVID-19 pandemic in China. A cross-sectional study was conducted from Feb 23 to Mar 7, 2020. A total of 1278 undergraduate students from the universities located in Shaanxi province participated in this study. The mental health symptoms were measured by 12-item Perceived Social Support Scale (PSSS) and Depression Anxiety Stress Scale (DASS-21) instruments. This survey showed that females receive more social support compared to males ( $t = -5.046, p < 0.001$ ); males have higher-level depression symptoms ( $t = 5.624, p < 0.001$ ). This study also found that participants who have low social support was negatively correlated with mental health symptoms. In Conclusion, Males and low social support were associated with having the higher level of depression, anxiety, and stress symptoms among undergraduate students in Shaanxi province during the COVID-19 pandemic in China. Therefore, it is suggested that people should supply more social support for undergraduate students in Shaanxi province during COVID-19 pandemic.

Parks' *et al.* (2020) examined depressive symptoms among residents of the U.S. Gulf Coast region 6 years after the onset of the Deepwater Horizon oil spill (DHOS). Using data from the Survey of Trauma, Resilience, and Opportunity in Neighborhoods in the Gulf (STRONG), they tested on how social support and ties to the fishing industry are related to the likelihood of a positive depression screen. The results show that, among most residents of the Gulf Coast region, social support holds an inverse relationship with the likelihood of a positive depression screen. However, among fishing households, greater social support is associated with a higher

probability of screening positive for depression. By showing that fishing households with greater social support are more susceptible to depressive symptoms in this setting, their result show a potentially important mechanism that contributes to the unique vulnerability of fishers, which in turn holds implications for differential impacts across social groups in environmental disaster contexts.

In a meta-analysis of 341 studies involving social support and depression in youth, Rueger, Malecki, Pyun, Aycock & Coyle (2016) found that support from family members and the general peer group (e.g., classmates) was associated with depression more strongly than support from teachers. The associations between depression and support from family, general peers, and teachers were stronger than with support from close friends. Thus, it is important to examine sources of support separately when investigating depression because of the unique nature of these relationships. Another meta-analysis (Rueger *et al.*, 2016) also showed that classmate support (the peer group) was more strongly related to depression for younger adolescents than for older adolescents. Adolescent girls typically perceive higher levels of peer social support than boys, with similar levels of adult support (Rueger, Malecki, & Demaray, 2017).

### **Hypotheses**

1. Emotional intelligence will not significantly predict depression among students.
2. Support from family will not significantly predict depression among students.
3. Support from friends will not significantly predict depression among students.
4. Support from significant others will not significantly predict depression among students.



## **Method**

### **Participants**

Participants in the study were 352 students, 186 males and 166 females. They were drawn from the Faculty of Agricultural sciences, Department of Agricultural Extension, University of Nigeria, Nsukka using purposive sampling technique. They were students who showed symptoms of depression at the time of the study. Age of the participants ranged from 18-34 years (Mean = 24.05,  $SD = 4.14$ ).

### **Instruments**

*Brief Emotional Intelligence Scale:* The Brief Emotional Intelligence Scale (BEIS-10; Davies, Lane, Devonport, & Scott, 2010), is a 10-item scale modeled on the Schutte Emotional Intelligence Scale (SEIS; Schutte et al., 1998) and the EI framework proposed by Salovey and Mayer (1990s). The BEIS-10 comprises five factors: utilization of emotions, Although the Salovey and Mayer (1990) model is viewed as representing ability Emotional intelligence. Given that the Brief Emotional Intelligence Scale-10 model is a short-form of the Schutte Emotional Intelligence Scale (SEIS), it can also be considered as a trait Emotional Intelligent measure. The present researcher conducted a pilot study to validate the BEIS for the present study on a sample of 135 students 67 males, 68 females, age ranging from 18-34; mean age= 24,  $SD=4.00$ . Mean scores for the items ranged from 1.38( $SD=.77$ ) to 1.44( $SD=.74$ ), with an overall mean of 13.53( $SD=5.76$ ). The items yielded a good internal consistency reliability, Cronbach's alpha of .91.

*Multidimensional Scale of Perceived Social Support:* The Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet, & Farley, 1988) was created and developed to measure self-perceptions of social support. The MSPSS consists of 12 items evaluating perceived social support from family (i.e., My family really tries to help me), friends (I have friends with whom I can share my joys and sorrows), and significant others (There is a special person who is around when I am in need). Scores are obtained on a 5-point likert format ranging from 1 - strongly disagree to 5- strongly agree. The present researcher conducted a pilot study to

validate the MSPSS for the present study on a sample of 135 students 67 males, 68 females, age ranging from 18-34; mean age= 24, SD=4.00. Mean scores for the items ranged from 1.38(SD=.77) to 1.44(SD=.74), with an overall mean of 13.53(SD=5.76). The three components factor structure of the scale was extracted and they accounted for 65.00%. The items yielded good internal consistency reliability, Cronbach's alpha of .71, .86, and .80 for family support, friend's support and support from significant others.

*The Patient Health Questionnaire (PHQ-9):* The PHQ-9 is a nine (9) item self-report measure of depression developed by Kroenke, Spitzer, and Williams (2001). It is a multipurpose instrument for screening, diagnosing, monitoring and measuring the severity of depression. The tool rates the frequency of the factors into the scoring severity index. Four response options were provided: 1 = not at all; 2 = several days; 3 = more than half of the days; 4 = nearly every day. Major depression is diagnosed if 5 or more of the 9 depressive symptoms criteria have been present at least more than half the days in the past 2 weeks, and one of the symptoms is depressed mood or anhedonia. Other depression is diagnosed if 2, 3, or 4 depressive symptoms have been present at least more than half the days in the past 2 weeks. One of the 9 symptom criteria (thoughts that you would be better off dead or of hurting yourself in some way) counts if present at all, regardless of duration. The PHQ-9 can be completed within minutes and is rapidly scored by the clinician. The present researcher conducted a pilot study to validate the PHQ-9 for the present study on a sample of 135 students 67 males, 68 females, age ranging from 18-34; mean age= 24, SD=4.00. Mean scores for the items ranged from 1.38(SD=.77) to 1.44(SD=.74), with an overall mean of 13.53(SD=5.76). The items yielded good internal consistency reliability, Cronbach's alpha of .94.

## **Procedure**

The researcher obtained an Ethical permission from the Department of Psychology and was approved by the Research and Ethics committee in the same Department. Once the investigators allowed conducting the study, the researcher applied to the Department of Agricultural extension in the Faculty of Agricultural Sciences in order to allow them to conduct the study with their students. As soon as the Ethical committee in Agricultural-extension

approved the letter, the researcher proceeded to the students’ class during break time with two research assistants. She explained her intention of carrying out a research with them and sought their opinion, those that accepted were briefed on what to do. The instruments were administered by the researcher to only the students who gave their consent. Participants were informed that participation in the study and completion of the instrument was voluntary and every response would be strictly confidential. Hence, they were required to give honest response to the items in the questionnaire which included the demographic data such as age, gender, and ethnicity. The properly filled questionnaires were collected from the participants for coding and analysis using Statistical package for the Social Sciences (SPSS) version 22.

**Design and statistics**

The study adopted a cross-sectional survey design and hierarchical multiple regression was used to test the hypotheses. The multiple regression model is preferable because it accommodates more than one independent variables. It is more accurate than simple regression. It also gives more of the information available to estimate the dependent variable.

**Results**

**Table 1: Descriptive statistics for age and the study variables**

<b>Variables</b>	<b>Range</b>	<b>Mean</b>	<b>Std. Deviation</b>
Age	18 – 34	24.05	4.14
Family support	6 – 27	16.09	4.62
Friends support	4 – 22	14.63	4.34
Significant others	4 – 26	15.10	4.88
Emotional intelligence	16 - 46	31.48	7.19
Depression	13 – 38	26.02	4.90

Descriptive statistics in Table 1 showed that age range of the participants was from 18-34 years (Mean = 24.05, *SD* = 4.14 years). The scores of the participants on the variables in the

study were within the normal range of scores. Family support had mean of 16.09, which is higher compared to friends' support (14.63) and significant others (15.10) respectively. The results indicate that all dimensions of social support are inversely associated with depression. But support from family was stronger in predicting depression among Agric-extension,

**Table 2: Correlations of demographic variables, family support, friends support, significant others support, emotional intelligence and depression.**

Variables	1	2	3	4	5	6	7
1 Age	-						
2 Gender	-.27***	-					
3 Level	.35***	-.10	-				
4 Family support	.07	.02	.03	-			
5 Friend support	-.06	-.02	-.04	.26***	-		
6 Significant others	-.01	.00	.00	-.00	.12*	-	
7 Emotional intelligence	.01	-.11*	-.02	-.04	.12*	.25***	-
8 Depression	.02	.01	-.02	-.36***	-.37***	-.32***	-.14**

**Note:** \*\*\* $p < .001$ ; \*\* $p < .01$ ; \* $p < .05$ ; Gender (0 = Male; 1 = female)

In Table 2, younger age was associated with female ( $r = -.27, p < .001$ ), while older age was associated with being in higher level of education ( $r = .35, p < .001$ ). Support from friends was positively associated with support from family ( $r = .26, p < .001$ ). Support from significant others was positively associated with support from friends ( $r = .12, p < .05$ ). Emotional intelligence was positively associated with support from friends ( $r = .12, p < .05$ ), and support from significant others ( $r = .25, p < .001$ ). The results of the present study showed that emotional intelligence was not a significant predictor of depression.

**Table 3: Hierarchical multiple regression predicting depression by social support and emotional intelligence.**

<i>Predictors</i>	<i>Step 1</i>			<i>Step 2</i>		
	<i>B</i>	<i>B</i>	<i>T</i>	<i>B</i>	<i>B</i>	<i>T</i>
Family support	-.31	-.29	-6.31***	-.32	-.30	6.38***
Friends support	-.29	-.26	-5.50***	-.29	-.25	-5.34***
Significant others	-.29	-.29	-6.39***	-.28	-.28	-5.93***
Emotional intelligence				-.04	-.06	-1.17
$R^2$	.30			.30		
$\Delta R^2$	.30			.00		
$F$	48.55(3, 348)***			36.79(4, 347)***		
$\Delta F$	48.55(3, 348)***			1.36(1, 347)		

\*  $p < .05$ ; \*\*  $p < .01$ ; \*\*\*  $p < .001$ ;  $\Delta R^2$  = Change in  $R^2$ ;  $\Delta F$  = Change in  $F$ ;

$B$  = unstandardized regression coefficient;  $\beta$  = standardized regression coefficient.

Results of the Hierarchical Multiple Regression for the test of the hypotheses is shown in Table 3. In Step 1 of the regression model, support from family, friends, and significant others were added to the regression model. Support from family significantly negatively predicted depression,  $\beta = -.29$ ,  $t(352) = -6.31$ ,  $p < .001$ . The unstandardized regression coefficient  $B$  showed that for everyone unit increase in support from family, depression reduces by -.31 units. Support from friends significantly negatively predicted depression,  $\beta = -.26$ ,  $t(352) = -5.50$ ,  $p < .001$ . The unstandardized regression coefficient ( $B$ ) showed that for everyone unit increase in support from friends, depression reduces by -.29 units. Support from significant others significantly negatively predicted depression,  $\beta = -.29$ ,  $t(352) = -6.39$ ,  $p < .001$ . The unstandardized regression coefficient ( $B$ ) showed that for everyone unit increase in support from significant others; depression reduces by -.29 units. The model contributed 30% in explaining the variance in depression ( $R^2 = .30$ ), and the model was significant,  $F(3, 348) = 48.55$ ,  $p < .001$ .

In step 2, emotional intelligence was added to the regression model, and it was not a significant predictor of depression,  $\beta = -.06$ ,  $t(352) = -1.17$ . The  $R^2$  model contributed 0% in explaining the variance in depression ( $\Delta R^2 = .00$ ), and the model was not significant,  $\Delta F(1, 347) = 1.36$ .

The strongest predictor of depression in the present study was support from family ( $\beta = -.30$ ), and all the predictor variables in the study accounted for 30% of the variance in depression ( $R^2 =$

.30). The results indicate that all dimensions of social support are inversely associated with depression, but support from family was stronger in predicting depression among students in Agric-extension.

## **Discussion**

The present study investigated roles of emotional intelligence and social support on depression among undergraduates in Agric extension in University of Nigeria, Nsukka. The aim of the study was to understand the salient psychological distress, which is depression, among students and its correlates so as to enable tailor-made and early screening and intervention programs to reduce mental health problems in this population. The first hypotheses which stated that emotional intelligence will predict depression among students was rejected. The results of the recent study showed that emotional intelligence was not a significant predictor of depression. This is supported by the works of Ajmal & Bano (2017) which revealed that there is a negative correlation between emotional intelligence Quotient and depression, which further indicated that those who have a high level of emotional intelligence Quotient have low level of depression. Badeleh, & Toomaj, (2018) also indicate that there is a direct and reverse relationship between depression and emotional intelligence, and emotional intelligence has an indirect effect on depression. Fernández-Berrocal, & Extremera (2016) found that maximum-performance measures of ability emotional intelligent are associated negatively with depression and positively with well-being. The second hypotheses stated that support from family will not significantly predict depression among students. The findings from the result showed that support from family significantly negatively predicted depression, showing that the more the support from family, the less the depression experienced by the students.

The third hypothesis which states that support from friends will negatively predict depression among the Agric-extension students was confirmed. This result indicates that support from friends was a significant predictor of depression. Which signifies that the more support from friends, the less depression experienced by the students.

The fourth hypothesis which states that support from significant others will negatively predict depression among the students of Agric extension was confirmed. The result show that support from significant others was significant, meaning that the more support from significant others, the less depression the students experienced. The second, third and fourth hypotheses which indicate that social support from family, friends and significant others will predict depression among students were confirmed. The findings from the result showed that social support was a significant predictor of depression respectively. The correlation was negative showing that the more the support from significant others, the less the depression experienced by students of Agric-extension. The results indicate that all dimensions of social support are inversely associated with depression, even when all dimensions of social support are considered simultaneous, support from family was stronger in predicting depression among Agric-extension, which indicates that as family supported these students by encouraging them not to give up on their studies, and provide their necessary needs, make them stronger. This finding is consistent with the study conducted by Jayanthi & Thirunavukarasu, (2018) which found that all dimensions of social support negatively predicted depression and other researchers like Mohanraj, Subbhiah, & Watson (2010) also reported that peer acceptance acted as a protective buffer against depression among adolescents in India. Guo , Zhang , Bai , Minhat, Nazan , Feng , et al. (2021) found that participants who have low social support was negatively correlated with mental health symptoms. Rueger, Malecki, Pyun, Aycock, and Coyle (2016) also found that support from

family members and the general peer group (e.g., classmates) was associated with depression more strongly than support from teachers.

### **Implications of the Study**

Results of this study provide several implications for psychologists and other professionals who are involved or interested in screening and intervention programs to reduce mental health problems in student population. The findings are particularly important because of its various implications for prediction and targeted prevention. The results obtained will give a contribution to the overall scientific knowledge in the prediction and identification of high-risk, vulnerable subclinical group for depression, which will enable the creation of a specific model for early prediction, diagnosis and rational treatment, and thus a better long-term prognosis and improvement in the quality of adolescent lives. The greatest value of the results is their implication for creating a model for the prevention of depression in adults. Support from psychotherapists or counsellors is essential for the therapy to be successful, but involving support from family members, peers or significant other in the course of preventive interventions will further facilitate improvement. On the other hand, subjective appraisals of whether family, friends, or significant others will provide help are based largely on adults' assessments of the quality of their social relations. Therefore, prevention programs such as interpersonal communication and social skills training are as important as therapeutic treatments. The value of such prevention programs in enhancing the quality of social relations should not be ignored and underestimated.

### **Limitations of the study**

First limitation of the study is that it used self-report measures which focused on individual beliefs and may be subject to bias. However, the self-report approach to measuring emotional intelligence is nonetheless a useful tool for predicting psychological adjustment (Saklofske *et al.*, 2003). Finally, the sample size used is too small to generalize to the entire



population of students and also the limited time and resources available to the researcher. This limitation has an adverse effect on the study because it will not be generalised.

### **Recommendations**

The researcher suggest that school authorities, educationists and counsellors should create awareness and enlighten the new students during orientation to understand better the kind of course they have applied to read in the school. Again, parents, family and friends should also check on these students from time to time to know how they are faring and give them both physical and emotional support. Lastly, those who are already depressed should be encouraged to see psychologists for therapy interventions, and not to be abandoned.

### **Conclusion**

The study investigated roles of emotional intelligence and social support on depression among students. Emotional intelligence failed to predict depression among students, thereby rejecting the first hypotheses. This was surprising especially since it contradicted the works of other researchers. This contradiction can be explained by the use of different methods of assessment of emotional intelligence as well as by the context of the study.

Social support was found to be a significant predictor of depression among students. This finding implied that perceived social support prevents depression among students. Students with inadequate perceived social support have to be identified early and prompt interventions will prevent depression, suicide and other psychiatric illnesses. This confirms the second, third and fourth hypotheses. Friends and family members should endeavour to render assistance to students and help them seek professionals that will manage their depressive symptoms before it escalates to severe depression.

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