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The Efficacy of Social Skills Training on Depression among Young Adults in Nairobi County, Kenya

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Abstract

The study evaluated the efficacy of social skills training on depression among young adults in Nairobi County, Kenya. The study adopted a quasi-experimental research design. The results revealed that there was no significant mean difference in depression levels between experimental and control groups at baseline. At midline, the study found that there was a significant mean difference in depression levels between experimental and control groups. In particular, the experimental group had a significantly lower depression mean compared to the control group. Furthermore, results revealed that there was a significant mean difference in depression levels between experimental and control groups. The experimental group had a significantly lower depression mean compared to the control group. The study concluded that the social skill training was effective as an intervention for depression among the students. The students who went through the intervention were found to have a significantly lower depression level compared to those who did not go through the intervention. The implication of the findings is that the social skill training program is effective in reduction of depression. Further, the study concluded that the longer the social skills training intervention program, the more the effectiveness. The study recommended that the universities' management should adopt and implement social skills training program among the students. This will ensure that students gain skills to help them deal with depression and be able to focus on their studies.

Keywords: *Efficacy, Social Skills Training, Depression, Young Adults*

1.0 Introduction

Depression is a significant public health concern worldwide and has been ranked as one of the illnesses having the greatest burden for individuals, families, and society (World Health Organization, 2002). All over the world, studies have shown high prevalence rates of depression. In the adult population, prevalence rates for depression have been shown to be between 5.0% and 10.3% in the United States of America (Olfson, Marcus, Druss, Elinson, Tanielian, & Pincus, 2002), 14.6% in South Africa (Tomlinson, Grimsrud, Stein, Williams, & Myer, 2009), and 17.4% in Uganda (Oyuga, Boardman, & Wasserman, 2005). In Kenya, depression prevalence in the adult population has been shown to be much higher, with a prevalence rate of 42 % (Ndetei, Khasakhala, Kuria, Mutiso, Owuor, & Kokoya, 2009).

Depression has a huge impact on a person's ability to function at work, in relationships, and in other areas of life (Kessler, Wai, Demler, & Walters, 2005). World Health Organization (WHO) projects that by the year 2020; major depression will be the world's second most disabling condition after cardiovascular diseases (WHO, 2004). Depression affects not only

the ability to function and quality of life, but also physical health by driving persons to suicide (WHO, 2009). It also alters vital physiological processes necessary for survival such as immune, endocrine, and cardiovascular functions (Vincent & Alyson, 2004).

High rates of depression among university students have been reported in many parts of the world. A survey of Association for University and College Counseling Center Directors (AUCCCD) revealed that depression ranked second from anxiety as the top presenting psychological concern among college students (36.4 percent), followed by relationship problems (35.8 percent). The survey which was done in United States, Canada, Europe, the Middle East, Asia, and Australia, also reported that the average age of onset for many mental health conditions is the typical college age range of 18 to 24 years old. This is not surprising due to the fact that adolescence being a transitional period from childhood to adulthood is a stage of emotional instability resulting from demand for separation and independence, and this may be stressful and result in depression. Evidence suggests that early intervention for depression can improve long-term outcomes (Mistler, Reetz, Krylowicz & Barr, 2012).

In Africa; 71% of the students exceeded the cut-off point for mild depression and 37.6 had moderate depression among Egyptian university students using a self-repot Arabic language version of Hamilton Rating Scale (Ibrahim et al., 2012a, 2012b). In Ethiopia symptoms of depression were recorded in 23.6% of 1176 college students using the Patient Health Questionnaire (PHQ-9) (Terasaki et al., 2009). However, much lower levels of depression were recorded by Adewuya et al. (2006) in Nigeria with only 8.3% of the students meeting the criteria for depression. In Kenya, depression among university students overall prevalence of moderate depressive symptoms was 35.7% (33.5% males and 39.0% females) and severe depression was 5.6% (5.3% males and 5.1% female) (Othieno, Okoth, Peltzer, K., Pengpid & Malla, 2014).

Evidence suggests that early intervention for depression can improve long-term outcomes, and that lack of effective intervention on university students' depression at this stage of life may impact the students negatively. Depressed students can be helped by ensuring that they learn coping strategies that are healthy. The strategies are essential in helping them maintain or regulate their own moods. The students can be assisted by educating them on how to identify the early warning symptoms that indicate they are at the risk of becoming depressed (Cooper, Quick & Schabracq, 2009). Such symptoms include becoming increasingly irritable at school and inattentiveness. Making short lists of the things the students do when they notice the symptoms helps them in crafting healthy coping strategies (Miller & Shelly, 2010). The students can be helped by educating them to make out the impediments to their ability to execute their own ideas when they are stressed and how to exploit their relationships as important resources (Mohammad et al., 2016).

1.1 Problem Statement

Depression is highly prevalent among university students, and despite current intervention measures, depression continues to persist at substantially high levels in this population. There are several important issues that are relevant to depression prevalence rates among university students. Students' transition from high school to college is associated with many challenges which the student has to overcome. Geographic changes, academic pressure, and an entirely new interpersonal environment are some of the changes that the college student must face. From a developmental perspective, the age at which many students begin their university education is late teenage or early adulthood.

This age has important implication for adjusting effectively to college life since it is the stage at which the process of identity development takes place. Navigating the process of identity development can lead to self-doubt, social withdrawal, loneliness, lowered self-esteem, and

even depression (Hames, Hagan & Joiner, 2013). Further, the four commonly cited reasons for depression among university students are academic problems, loneliness, economic problems, and relationship difficulties (Furr, Wastefeld, McConnell & Jenkins, 2001). In addition, depression during this period is correlated with impaired social functioning, substance abuse, and school difficulties (Wells, Kataoka & Asarnow, 2001). Other adverse outcomes of depression among university students include increased use of alcohol and risky HIV sexual behavior (Othieno, Okoth, Peltzer, Pengpid & Malla, 2015).

There are a number of professionals in the university setting charged with the responsibility of responding to the challenges experienced by the students. Dean of students, counseling units, university chaplain, and peer counselors, all have important roles of assisting students in their daily challenges in the campus. Together with these, there are university clinics and psychiatric services offered at the universities. However, despite all these services, depression still persists at substantially high rates among university students. This persistence of depression suggests that the interventions used are not effective enough to lower depression levels and therefore the need for an alternative intervention. It is in view of this that the current study sought to introduce and test the efficacy of Social Skill Training (SST) as an intervention for depression among university students.

1.2 Purpose of the Study

The purpose of the study was to evaluate the efficacy of social skills training on depression among young adults in Nairobi County, Kenya.

2.0 Theoretical Framework

This study was informed by Lewinson's behavioral theory of depression (Lewinson, 1974) and Wendy Treynor's theory of Depression (Treynor, 2009). Both of these are behavioral theories of depression, which emphasize the role played by maladaptive behavior in the onset and maintenance of depression. The theories are built on principles of learning and conditioning, based on research by Ivan Pavlov on classical conditioning and B.F. Skinner on operant conditioning in early to mid-1900. Their research established that behaviors could be learned, and the same could be unlearned. These theories have been applied in several contexts and those specifically applied to depression emphasize the individual's reactions to their environment and how they develop adaptive and maladaptive coping strategies.

3.0 Empirical Review

3.1 Social Skills Training as an Intervention

Social skills can be defined as the ability to express both positive and negative feelings in the interpersonal context without suffering the consequent loss of social reinforcement (DeMatteo, Arter, Parise, Marcie & Panihamus, 2013). Humans are social beings who thrive on interaction with others, failure to which they may face isolation which could further lead to depression and mental health issues. Social skills allow people to interact in social situations. Social skills are the behaviors, verbal and non-verbal that used to communicate effectively with other people. Social skills continuously change and develop throughout peoples' lives as governed by their culture, beliefs, and attitudes.

There are effective treatments for depression, both pharmacological and psychological (DeRubeis, Siegel & Hollon, 2008). In university setting, students can seek peer support to cope with depression since there are peer counselors in all campuses of most of the universities. They can also seek help from students' counselors stationed on each campus. However, only a few students benefit from psychological treatments because they do not go to seek help when they are depressed. The reasons given for this include stigma associated

with mental illnesses and inability to identify symptoms of depression (Hinderaker, 2013). This study proposes that incorporating social skills training with these other treatments would effectively deal with depression and depressive symptoms.

Somebody who uses social skills to effectively interact with friends, family, workmates, and strangers is said to have social competence. Some examples of social skills are eye contact with others during conversation, expressing opinions to others, and perceiving how others are feeling and showing empathy. Many people may not realize that these are skills and they treat them casually. For other people, socializing is not easy because they either lack social skills or do not feel comfortable using their social skills (Kopelowicz, Liberman & Zarate, 2006).

According to Del Prette and Del Prette (2013), social skills can be classified into six. These are social skills of communication; social skills of civility; assertive social skills; empathetic social skills; social skills of work; and social skills to express positive feelings. Assertive skills enable somebody to manifest his/her own opinions through agreeing, disagreeing, asking, accepting and refusing requests. They also enable somebody to apologize, admit errors, establish affective and sexual relationships and deal with criticism. Assertive skills imply that one is able to exercise his/her own rights, and expression of any feeling, controlling anxiety and not infringing on other people's rights.

In a study done in London by Thomson (2008), Social Skills Training was conducted for typically developing adolescent females in a one-day classroom training incorporating instructions, modeling, role-playing, and feedback. The participants were taught three skills from a behavior skills training curriculum. Through pre-assessment and post-assessment role plays, it was found that typically developing adolescents demonstrated an increase in the accuracy of their use of social skills following the training. These skills also maintained during follow-up assessments. Another study was done in Nigeria to investigate the effect of enhanced thinking skills (ETS) and social skill training (SST) in fostering interpersonal behavior among Nigerian adolescents and the results indicated that Enhanced Thinking Skills (ETS) and Social Skills (SS) treatment programs are both effective in fostering interpersonal behavior among Nigerian adolescents (Ayodele, 2011).

Other studies have in the past sought to determine whether Social Skills Training is effective in treating depression. In their study, American Psychiatric Association (2006) assigned patients to varied intervention groups: amitriptyline group, SST besides amitriptyline group, SST besides placebo group, and psychotherapy besides placebo group. At the end of the study, there were no variations among the different groups. All the four interventions, including the two with SST components, were effective. The SST besides placebo intervention was the most effective, with the patients treated using it showing the highest improvement level.

In another study by Thase (2012), patients were assigned to varied intervention groups: amitriptyline group, SST besides amitriptyline group, SST besides placebo group, and psychotherapy besides placebo group. The results showed that the patients in the intervention groups with SST components registered more improvement than the patients in the other groups. The researchers concluded that the four interventions were all effective in treating depression. However, SST besides placebo intervention was found to be the most effective, with the patients treated using it showing the highest improvement level. In another study, Mirta (2001) assigned depressed patients to different intervention groups: the SST interpersonal behavior group, the pleasant events group, and the cognitions group. All the patients in the different groups showed comparable improvement.

Although life skills have been integrated into the education curriculum both in primary and secondary schools, lack of social skills has been found to be one of the factors that contribute

to unemployment of Kenyan university graduates (Tumuti, Mule, Gecaga & Manguriu, 2013). Abobo and Orodho (2014) found out that implementation of Life skills curriculum in schools faced several challenges including inadequate learning materials, unqualified training personnel, workload, lack of interest, and poor school management. As such, the skills taught in schools may not be effective in enabling students to cope with challenges in universities.

In the current study, Social Skills Training involved training students in various techniques that would enable them to communicate and interact with others effectively. These techniques were divided into intrapersonal and interpersonal. Intrapersonal skills included self-awareness and self-esteem while interpersonal skills included interpersonal relationships and assertiveness. These were trained through instructions, role-playing, group discussions, case studies, and feedback.

4.0 Methodology

The study adopted a quasi-experimental research design, where two Kenyan public universities were conveniently sampled. Engineering students from the University of Nairobi formed the experimental group while those from Technical University of Kenya formed the control group. The experimental group was treated under a social skills training manual developed by Life Skills Promoters and modified in line with WHO's list of core life skills. The study data was collected using questionnaires and the Beck's Depression Inventory (BDI). The prevalence of depression was determined through proportions obtained from the data from the BDI at the different stages of the study in the two different universities. Students who met the inclusion criteria were considered for the experiment. The criteria involved students who registered mild and moderate depression levels as per the BDI index.

5.0 Results and Discussion

The aim of the study was to evaluate the effectiveness of social skills training as an intervention for depression among the students. Independent t tests were conducted at three stages: baseline, midline and endline to compare the depression levels between control and experimental group.

Baseline

Table 1: Independent T test at Baseline

	Groups	N	Mean	Std. Deviation	Std. Error Mean	F statistics	P value
BDI	UON	136	19.31	2.983	0.256	1.082	0.365
	TUK	137	18.97	3.171	0.271		

Results in Table 1 indicate that there is no significant mean difference in depression levels between experimental and control groups. This is shown by a p value of 0.365, which is greater than 0.05 at 95% confidence interval. This means that from the baseline data, both experimental and control groups had more or less the same level of depression.

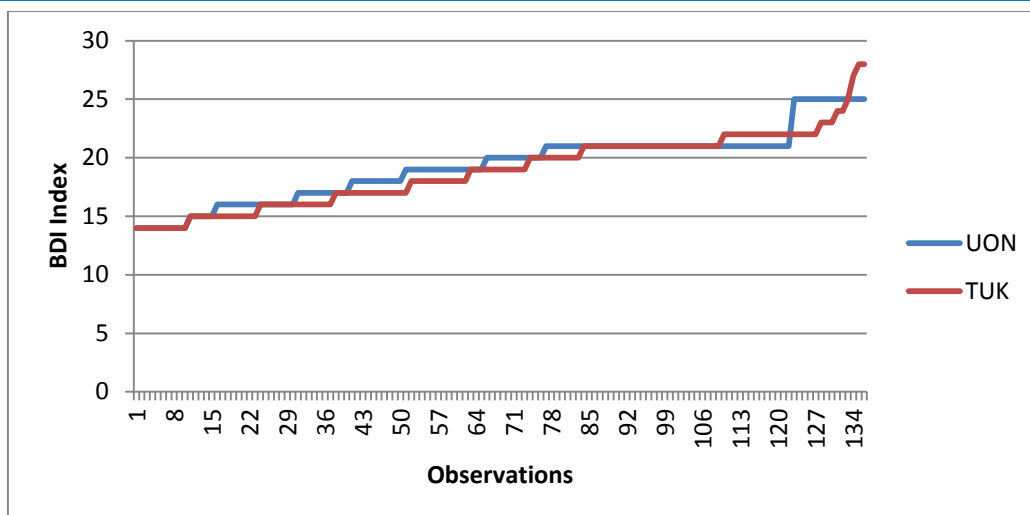


Figure 1: Line graphs using baseline data

Figure 1 shows line graphs using baseline data. It can be observed that the two line graphs are closer to each other. This confirms the results in Table 1 that there is no significant mean difference in depression levels between experimental and control groups.

Midline

Table 2: Independent T test at Midline

	Groups	N	Mean	Std. Deviation	Std. Error Mean	F statistics	P value
BDI	Control	133	19.01	2.721	0.236	0.955	0.000
	Experimental	136	16.56	2.786	0.239		

The results in Table 2 indicate that there is a significant means difference in depression levels between experimental and control groups. This is shown by a p value of 0.000, which is less than 0.05 at 95% confidence interval. The experimental group (UON) has a significantly lower depression mean compared to the control group (TUK). From the findings, the implication is that the SST intervention was effective in reducing depression.

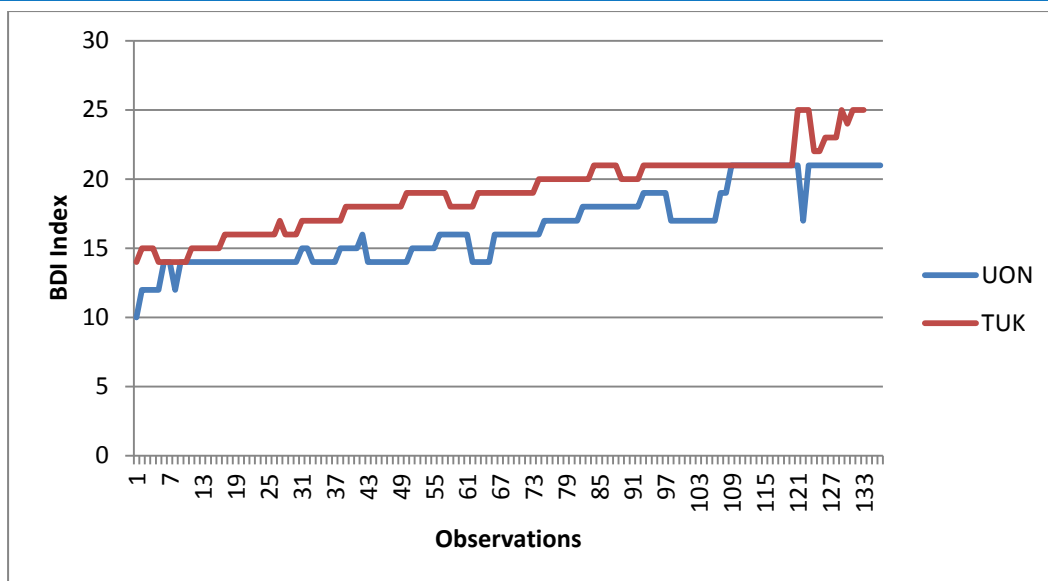


Figure 2: Line graphs using Midline data

Figure 2 shows line graphs using midline data. It can be observed that the line graph for UON is lower than that of TUK. This confirms the results in Table 2 that the depression level of the experimental group was significantly lower compared to that of the control group.

Endline

Table 3: Independent T test at Endline

	Groups	N	Mean	Std. Deviation	Std. Error Mean	F statistics	P value
BDI	Control	133	19.27	2.733	0.237	11.103	0.000
	Experimental	127	15.07	2.233	0.198		

The results in Table 3 indicate that there is a significant means difference in depression levels between experimental and control groups. This is shown by a p value of 0.000, which is less than 0.05 at 95% confidence interval. The experimental group (UON) has a significantly lower depression mean compared to the control group (TUK). The outcome implies that the SST intervention was even more effective in reducing depression among the experimental group at endline than at midline.

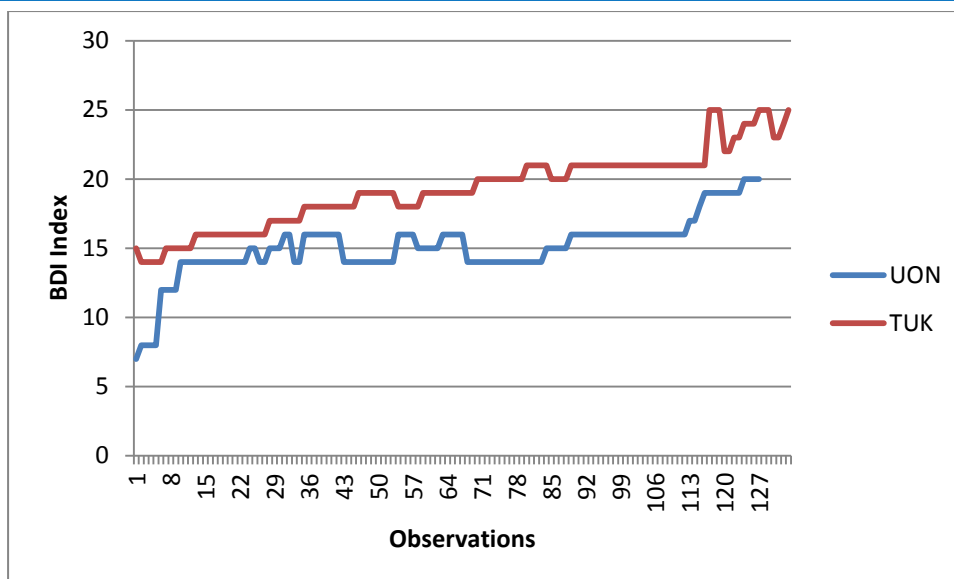


Figure 3: Line graphs using Endline data

Figure 3 shows line graphs using endline data. It can be observed that the line graph for UON is much lower than that of TUK. This confirms the results in Table 3 that the depression level of the experimental group was significantly lower compared to that of the control group.

In a nutshell summary of major findings, there was no significant mean difference in depression levels between experimental and control groups at baseline. This means that from the baseline data, both experimental and control groups had more or less the same level of depression. At midline, the study found that there was a significant mean difference in depression levels between experimental and control groups. In particular, the experimental group had a significantly lower depression mean compared to the control group. This implied that the SST intervention was effective in reducing depression. Furthermore, results revealed that there was a significant mean difference in depression levels between experimental and control groups. The experimental group had a significantly lower depression mean compared to the control group. The outcome implied the SST intervention was even more effective in reducing depression among the experimental group at endline than at midline.

6.0 Conclusion

The study concluded that the social skill training was effective as an intervention for depression among the students. The students who went through the intervention (experimental group) were found to have a significantly lower depression level compared to those who did not go through the intervention (control group). The implication of the findings is that the social skill training program is effective in reduction of depression. Further, the study concluded that the longer the SST intervention program, the more effective it is, this is because the intervention was more effective at endline compared to midline.

7.0 Recommendations

The study established that the social skill training was effective as an intervention for depression among the students. The study, therefore, recommended that the universities' management should adopt and implement SST program among the students. This will ensure that students gain skills to help them deal with depression and be able to focus on their studies.

References

- Abobo, F. & Orodho, J. A. (2014). Life skills education in Kenya: An assessment of the level of preparedness of teachers and school managers in implementing life skills education in Trans- Nzoia District, Kenya. *IOSR Journal of Humanities and Social Science*, 19(9), 32-44.
- Adewuya, A. O., Ola, B. A., & Afolabi, O. O. (2006). Validity of the patient health questionnaire (PHQ-9) as a screening tool for depression amongst Nigerian university students. *Journal of affective disorders*, 96(1-2), 89-93.
- American Psychiatric Association (2006). Social skills training compared with pharmacotherapy in the treatment of unipolar depression. *American Journal of Psychiatry*, 138(12), 1562-1567.
- Ayodele, K. O. (2011). Fostering adolescents' interpersonal behaviour: An empirical assessment of enhanced thinking skills and SST. *Edo Journal of Counseling*, 4(2), 64-68.
- Cooper, C. L., Quick, J. C. & Schabracq, M. (2009). *International handbook of work and health psychology*. Chichester, UK: Wiley-Blackwell.
- Del Prette, A. P. & Del Prette, A. (2013). *Social skills inventory (SSI-Del-Prette): Characteristics and studies in Brazil*. In Osorio, F. L., *Social Anxiety Disorders: From Theory to Practice*. New York: Nova Science Publishers, Inc.
- DeMatteo, F. J., Arter, P. S., Parise, C. S., Marcie, M. F. & Panihamus, A. (2013). SST for young adults with autism spectrum disorder: Overview and implications for practice. *National Teacher Education Journal*, 5(4), 121-126.
- DeRubeis, R. J., Siegel, G. J., & Hollon, S. D. (2008). Cognitive therapy versus medications for depression: Treatment outcomes and neural mechanisms. *Nature reviews. Neuroscience*, 9(10), 788-796.
- Furr, S. R., Westefeld, J. S., McConnell, G. N. & Jenkins, J. M. (2001). Suicide and depression among college students: A decade later. *Professional Psychology: Research and Practice*, 32(1), 97-100.
- Hames, J.L., Hagan, C.R. & Joiner, T.E. (2013). Interpersonal processes in depression. *Annals Review of Clinical Psychology*, 9(1), 355-377.
- Hinderaker, D. J. (2013). *College student mental health and use of counseling center services*. Master of social work clinical research Paper 190.
- Kessler, C., Wai, T., Demler, O. & Walters, E. (2005). Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the national comorbidity survey replication. *Arch Gen Psychiatry*, 62(6), 617-627.
- Kopelowicz, A., Liberman, R. P. & Zarate, R. (2006). Recent advances in SST for schizophrenia. *Schizophrenia Bulletin*, 32(1), 12-23.

- Lewinson, P. M. (1974). A behavioral approach to depression: The nature of clinical depression, symptoms, syndromes, and behavior analysis. *Behav Anal*, 31(1), 1–21.
- Miller, A. R. & Shelly, S. (2010). *Living with stress*. New York, N.Y: Facts on File.
- Mirta, S. (2001). Training in social skills. *Psychosocial Reports*, 88(5), 903-911.
- Mistler, B. J., Reetz, D. R., Krylowicz, B., & Barr, V. (2012). College health surveillance network. *Journal of American College Health*, 63(8), 530-538.
- Mohammad, A.W., Sankar, R. Rakshantha, P., Nivatha, A.L., Sowparnika, C.E. & Marak, L. (2016). Stress, anxiety and depression among science and arts students. *International Journal of Education and Psychological Research*, 5(3), 48-51.
- Olfson, M., Marcus, S., Druss, B., Elinson, L., Tanielian, T. & Pincus, A. (2002). National trends in the outpatient treatment of depression. *JAMA*, 287(2), 203-209.
- Othieno, C. J., Okoth, R., Peltzer, K., Pengpid, S. & Malla, L. O. (2015). Risky HIV sexual behaviour and depression among UON students. *Annals of General Psychiatry*, 14(3), 16-22.
- Othieno, C. J., Okoth, R. O., Peltzer, K., Pengpid, S., & Malla, L. O. (2014). Depression among university students in Kenya: Prevalence and sociodemographic correlates. *Journal of affective disorders*, 165, 120-125.
- Ibrahim, A. K., Kelly, S. J., & Glazebrook, C. (2012a). Reliability of a shortened version of the Zagazig Depression Scale and prevalence of depression in an Egyptian university student sample. *Comprehensive Psychiatry*, 53(5), 638-647.
- Ibrahim, A. K., Kelly, S. J., & Glazebrook, C. (2012b). Analysis of an Egyptian study on the socioeconomic distribution of depressive symptoms among undergraduates. *Social psychiatry and psychiatric epidemiology*, 47(6), 927-937.
- Ovuga, E., Boardman, J. & Wasserman, D. (2005). The prevalence of depression in two districts of Uganda. *Social Psychiatry Epidemiology*, 40(6), 439-445.
- Terasaki, D. J., Gelaye, B., Berhane, Y., & Williams, M. A. (2009). Anger expression, violent behavior, and symptoms of depression among male college students in Ethiopia. *BMC public health*, 9(1), 1-8.
- Thase, M. E. (2012). SST for depression and comparative efficacy research: A 30- year retrospective. *Behavior Modification Journal*, 36(4), 545 –557.
- Thomson, R. (2008). Social skills in interpersonal communication. *Journal of Advanced Nursing*, 20(6), 1176-1178.
- Tomlinson, M., Grimsrud, A. J., Stein, D. J., Williams, D. R.& Myer, L. (2009). The epidemiology of major depression in South Africa: Results from the South African stress and health studies. *South African Med. Journal*, 99(5), 367-373.

- Treynor, W. (2009). Towards a general theory of social psychology: Understanding human cruelty, human misery, and perhaps a remedy. *Journal of Religion and Spirituality of Aging*, 23(3), 272-273.
- Tumuti, D., Mule, L., Gecaga, M. & Manguriu, D. (2013). Enhancing graduate employability through community engagement: A case study of students' community service at Kenyatta University. *Journal of Administrative Sciences and Policy Studies*, 2(1), 97-107.
- Vincent, T. & Alyson, J. B. (2004). The impact of depression on social skills. *Journal of Nervous and Mental Diseases*, 192(4), 260-268.
- Wells, K.B., Kataoka, S.H. & Asarnow, J.R. (2001). Affective disorders in children and adolescents: Addressing unmet need in primary care settings. *Biological Psychiatry*, 49(12), 1111-1120.
- World Health Organization (2009). Mental health, poverty, and development. Retrieved from <http://eprints.lse.ac.uk/47609>.