Relationship Between Social Support and Depression among Individuals Undergoing Rehabilitation from Drug and Substance Use in Rehabilitation Centres in Ongata Rongai, Kajiado County, Kenya

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ABSTRACT

Social support is a fundamental component that may facilitate healing and recovery for drug and substance use addicts. This study investigated the relationship between social support and depression among individuals undergoing rehabilitation from drug and substance use in rehabilitation centres in Ongata Rongai, Kajiado County, Kenya. The objective of the study was to examine the levels of social support among individuals undergoing rehabilitation for drug and substance use in rehabilitation centres in Ongata Rongai, Kajiado County, Kenya. The research was informed by social support theory and the Beck theory of depression. The target population of this study was 800 individuals undergoing rehabilitation for drug and substance use. The sample size was 287 participants. The study used the simple random sampling technique. The Berlin Social Support Scale (BSSS) and the Beck Depression Inventory (BDI-II) were used to collect data. Data were analyzed using descriptive statistics and inferential statistics; utilizing SPSS version 25. Ethical consideration was adhered to. The findings revealed that a majority (88%, n = 242) of the participants were at high level of social support, 12% (n = 32) were at moderate level of social support, while none of the participants scored low level of social support. The study recommended that there should be continuous family involvement through counseling, educational initiatives, and organized visitations in rehabilitation centres Families are essential for sustained recovery, and their presence contribute to meaningful recovery.

Keywords: Social Support, Depression, Rehabilitation, Drug and Substance Use.

INTRODUCTION

The interplay between social support and depression is particularly critical for individuals undergoing treatment for drug and substance use disorders (Smith et al., 2019). As individuals navigate the challenges of recovery in rehabilitation centers, the presence or absence of social support can shape their mental health trajectory, underscoring the need for integrated support systems within treatment frameworks. Social support is one of the most important needs that people have that significantly affects their wellbeing. This is especially necessary for people who are coping with existential problems like mental illness, such as addiction or depression (Kugbey & Atefoe, 2015).

Adams (2017) view social support as having a network of friends or relatives that a human person can seek help from in time of need or crisis. Social support refers to the existence and size of a social network, and the extent to which people are connected within a social network, such as the number of social ties (quality of the relationships) and the features of the social exchanges between individuals, for example, social support activities and frequency of interactions. Relationships with family, friends, and members in organizations might contribute to social integration. Hence, social support may be seen as any process through which social relationships make people live the way they would have wanted to (Horvath et al., 2019a). Social support works toward edifying the quality of human life as people are encouraged to face their challenges in life instead of living a life of avoidance and denial. This could be carried out through emotional appraisal as well as material provisions by people close to those experiencing stressful moments associated with different situations in one’s life. Isolation and depression can be exacerbated by a lack of social support (Bello, 2015).

Addiction to drug and substance use among individuals undergoing rehabilitation is a problem of behavior that can lead to extraordinary consequences in terms of social, mental, and physical aspects of life. Relapse prevention is greatly aided by the individual's family, spouse, peers, and neighborhood. According to Latimore et al. (2023), drug and substance use addiction are medical issues which require primary and secondary interventions. Social support becomes very crucial, as it possibly enhances recovery and healing. Social support has been recognized to be an essential aspect of the drug addiction recovery and relapse prevention processes.

In Saudi Arabia, Zaid (2020) in his research holds that addiction therapists have incorporated aspects of social care to prevent emotional relapse. For instance, by enabling a client's family to understand the importance of providing a healthy diet and a hygienic sleeping place to reforming drug and substance abusers. He pointed the significant role of an immediate family support the support of peers and friends, offering varieties of support such as emotional support, spiritual support, psychological support, financial support, physical support. It was found that among some groups of addicts were at low level (40%) of social support, and this contributed immensely by preventing recovery and healing, and increase in relapses. The researchers revealed that if a client's family frequently proved their confidence in a patient's ability to follow the treatment regimen, the addict was more likely to follow through with the proposed medications and therapy that may lead to healing. The researcher held that fully knowledgeable families, peer groups, and communities can demonstrate to be good support systems against relapse. Spiritual, emotional, and social support organizations were also found as good resources. This was a significant finding that was carried out in the outskirt of Africa, whereas, this present study was carried out at Ongata Rongai, in Kajiado County, Kenya.

In Uganda, a study was carried out by Amandru et al. (2020) on adolescent resilience, social support and drug abuse; a case of Koboko District, West Nile. The authors state that drug abuse has been with humans for some time and it is one of the biggest causes of morbidity and mortality among adults and younger adults in Uganda. It was estimated that 5% of Ugandans are dependent on drugs and substance use, with over 68% percent being young adults. They made it known that social support for addicts is very fundamental in their recovery and healing. The more social support one can draw upon from family and friends, the more flexible and resilient the person can be in stressful situations. Findings further pointed that the mean score for addict on social support was (M = 38.4 SD =10.4). This revealed that the addicts had low level of social support. This reality of low social support may have contributed in several relapses of addicts. The study focused on adolescent resilience, social support and drug abuse, whereas, the current study was specifically focused on the relationship between social support and depression.

In Kenya, a study was conducted by Sereta et al. (2016) on an assessment of effectiveness of drug rehabilitation programs in Kisii County- Kenya. They held that approximately 200 million (5%) people of the world’s population between the ages of 15 and 64 years have either been forced or willingly sought after the help of rehabilitation centers for behavioral changes. These rehabilitation centers over the years have admitted drug addicts into their rehabilitation programs meant to bring about behavior change among the rehabilitees. It was found that the major factor that contributed to addiction among the youth was peer pressure, activated by need for acceptance and approval from their fellow peers. Peer pressure accounts for (21-42%) influences in all types of drugs and substance used. It was also found that social support for the rehabilitees was at 11.6%, which is quite indicative that the addicts were at low level of social support in their recovery processes.

Objective

The objective of this study was to examine the levels of social support among individuals undergoing rehabilitation for drug and substance use in rehabilitation centres in Ongata Rongai, Kajiado County, Kenya.

METHOD

The epistemological foundation of this research was grounded in the positivist perspective, which provided the benefit of establishing universal principles and documenting observable phenomena (Afen et al., 2022; Afen et al., 2023). This study utilized a correlational design, which is suitable for examining the connections between two or more variables without any interference or alteration by the researcher (Creswell & Creswell, 2018).

The target population of this study was 800 individuals undergoing rehabilitation for drug and substance use in Ongata Rongai, Kajiado County, Kenya. The research utilized the formula developed by Krejcie and Morgan (1970) to ascertain the appropriate sample size for the study. It employed a confidence level of 95% along with a margin of error of approximately 5%. The sample size of this study was 261 individuals undergoing rehabilitation for drug and substance use. Based on the concern of attrition, 10% of 261 was added. In this regard, 10% of 261 = 26. Therefore, a total of 287 participants were invited to take part in this study. This study used the multi-stage sampling method. In the first sampling stage, the researcher adopted purposive sampling to select the rehabilitation centers within Ongata Rongai, Kajiado County Kenya. In the second stage, the researcher used the simple random sampling technique in selecting the participants. Aggarwal and Ranganathan (2019). Etikan and Bala (2017) posit that simple random sampling allows the researcher to randomly select a subset of individuals from a target population where each member of the group has equal chances of being chosen for participation in the research. A standardized scale, like the Berlin Social Support Scales (BSSS) was used to collect data from the respondents. The Berlin Social Support Scales (BSSSs) was developed by Schulz and Schwarzer (2003). This is a 24 items questionnaire that is made up of six distinct scales that gauge six different parts of social support, which are: (1) perceived availability of assistance; (2) need for support; (3) seeking support; (4) actually receiving support; (5) providing support; and (6) protective buffering. Social support scales are measured on 5-point Likert scale and scored, where 1 = Strongly Disagree, 2 = Disagree, 3 = Undecided, 4 = Agree, and 5 = Strongly Agree. Add scores on all the 24 items. The highest possible score is 120, lowest score is 23. Higher scores range from 70-120, moderate scores from 40-69, and low scores are 1-39. Descriptive statistics, including frequencies and percentages, were used to measure the levels of social support.

The pretest of the research instruments of this study was conducted in Lower Kabete among individuals undergoing rehabilitation from drug and substance use in rehabilitation centres. This study used 10% of the sample size of 287. Therefore, 10% of 287 = 29. Results of the reliability test show that the Berlin Social Support Scales (BSSS) had an alpha of $\alpha = .743$. The researcher obtained a letter of authorization from the Tangaza University Institutional Scientific Ethics Review Committee (TU-ISERC). Secondly, the researcher further needed approval from the National Council of Science, Technology and Innovation (NACOSTI). In this study, obtaining consent required addressing ethical issues through clear communication with participants about the limitations of confidentiality, the use of data, and the management of materials.

FINDINGS

Response Rates

This section shows the response rate of the questionnaires distributed to the research participants of the study. Table 1 presents the response rates.

Table 1 Response Rate

Sample Size	Distributed Questionnaires	Returned Questionnaires	Missing Questionnaires	Spoiled Questionnaires	Valid Questionnaires	%
287	287	278	9	4	274	95.4%

In Table 1, the sample size of this study was 287. Out of the 287 questionnaires that were distributed to the participants of the study, 278 were returned to the researcher, 9 of the questionnaires were missing, 4 of the questionnaires were spoilt and hence discarded. The remaining 274 questionnaires were properly filled and were used for analysis. Hence, this study had a 95.4% response rates. Babbie (2016) holds that a response rate of 70% or above is regarded as excellent, demonstrating strong engagement and dependable data quality. Such a response rate typically reflects a representative sample of the target population, enabling accurate inferences and generalizations about the study area.

Demographic Characteristics

Data was gathered under the following demographics of age, gender, level of education and duration of addiction. The findings for demographic characteristics of participants of this study are tabulated in Table 2.

Table 2 Demographic Characteristics

Age	**Frequency**	**Percentages**
18-23	56	20.4%
24-28	53	19.3%
29-33	85	31.0%
34-38	38	13.9%
39-43	20	7.3%
44 and Above	22	8.0%
Total	274	100%
Gender		
Male	179	65.3%
Female	95	34.7%
Total	274	100%
Levels of education		
KCSE	65	23.7%
Certificate	25	9.1%
Diploma	102	37.2%
BA	68	24.8%
MA	13	4.7%
PHD	1	.4%
Total	274	100%
Duration of addiction		
1-2 Years	58	21.2
3-4 Years	79	28.8
5 Years and Above	135	50.0%
Total	274	100%

As seen in Table 2, the data indicate that the participants fall within the age range of 29–33 years, making up 31.0% of the total sample. This suggests that individuals in this age range are the most engaged. Combining 18–23 and 24–28 ages categories, also represents a significant portion (39.7%) of respondents, indicating strong participation from younger adults. The least represented group is the 39–43 age range (7.3%). This distribution could imply that this research appeals more to younger and early-middle-aged individuals. With regards to gender, the data reveals a gender imbalance among the respondents, with male participants (65.3%, n = 179) significantly outnumbering female participants (34.7%, n = 95). Males constitute nearly two-thirds of the total sample, while females represent just over one-third. This disparity suggests that males were either more available or more interested. It may also reflect gender representation in the population being admitted in the rehabilitation centres.

Levels of education showed that 37.2% held a diploma, making it the most common level of education among the respondents. A smaller proportion had achieved master's degrees (MA) at 4.7% (n = 13), while only 0.4% (n = 1) had attained a PhD. These results suggest that a significant number of individuals in rehabilitation

centers had access to tertiary education, with a notable portion holding diplomas or higher qualifications. This may reflect broader trends in education accessibility or indicate that drug and substance use issues affect individuals across various educational backgrounds, including those with advanced academic achievement.

Further, duration of addiction revealed that half of the respondents (50.0%, n =135) had been struggling with drug and substance addiction for five years or more, indicating a significant portion of long-term addiction cases, while 21.2% (n = 58) had experienced addiction for 1 to 2 years. This distribution of duration of addiction suggests that a substantial number of participants in rehabilitation centers were dealing with prolonged addiction, which could have more severe psychological, physical, and social consequences. The high percentage of long-term addicts may also reflect delayed intervention or barriers to accessing treatment earlier.

Levels of Social Support Among Individuals Undergoing Rehabilitation for Drug and Substance Use in Rehabilitation Centres in Ongata Rongai, Kajiado County, Kenya

The first objective of this study was to find out the levels of social support among individuals undergoing rehabilitation for drug and substance use in rehabilitation centres in Ongata Rongai, Kajiado County, Kenya. Scores were computed using descriptive statistics in order to measure the levels of social support among the participants. The highest possible score is 115, lowest score is 23. Scores from 70 and above = High social support, scores ranging from 40-69 = Moderate social support, and scores from 1-39 = Low social support. The outcomes of the analysis are presented in Table 3.

Table 3 Levels of Social Support Among Drug and Substance Use Addicts in Rehabilitation Centre

Levels	Frequency	Percentages
Low	0	0%
Moderate	32	12.0%
High	242	88.0%
Total	274	100%

As observed in Table 3, the data reveals that the majority of drug and substance use addicts (88%, n = 242) in the rehabilitation center report having a high level of social support, while (12%, n = 32) experienced a moderate level, and none of the participants report low social support. These findings indicate that most individuals in the center are surrounded by strong social support systems, possibly including family, friends, counselors, or community programs. The presence of high social support is a positive and encouraging factor in the recovery process, as it could facilitate better treatment outcomes, improved mental health, and reduced relapse rates.

In addition, none of the respondents (0%) indicated experiencing a low level of social support. This outcome can be explained by several factors: The absence of respondents reporting low social support (0%) reflects a possible supportive environment of rehabilitation centres, where therapeutic interventions, peer support, and family involvement significantly reduce the chances of individuals experiencing complete social isolation.

Further, a descriptive analysis was carried out in order to establish the exact level of social support among individuals undergoing rehabilitation for drug and substance use in rehabilitation centres in Ongata Rongai, Kajiado County, Kenya.

Descriptive Statistics					
	N	**Minimum**	**Maximum**	**Mean**	**Std. Deviation**
Social Support	274	41.00	142.00	82.0511	11.84937
Valid N (listwise)	274				

As shown in the descriptive statistical analysis, results indicate that the participants had a means score of (M = 82.0511, SD = 11.84937). These results suggest that most of the participants in the rehabilitation center are possibly surrounded by strong support systems, which may include family, friends and counselors.

DISCUSSION

The presence of high social support is a positive and encouraging factor in the recovery process, as it is likely linked to better treatment outcomes, and a reduced relapse rates.

The findings of the current study differ from the finding by Zaid (2020) in Saudi Arabia. It was found that 40% of addicts were at low level of social support, and this contributed immensely by preventing recovery and healing, and increase in relapses, while the current study revealed 0% low level of social support among the participants of this study. The finding of the current study is dissimilar with the finding by Amandru et al. (2020) in Uganda. It was established that the participants of the study had a mean score of 38.4 (SD =10.4). This revealed that the addicts had low level of social support, whereas, the current indicated a zero score on low level of social support.

This study's outcome is not consistent with the finding of Sereta et al. (2016) in Kenya. While the present study found zero score on low social support, the finding by Sereta et al. revealed that 11.6%, of the addicts were at low level of social support in their recovery processes.

This study's findings offer valuable insight into the role of social support in the recovery process. Social support is widely recognized as a critical factor in addiction recovery, often associated with positive treatment outcomes, reduced relapse rates, and improved psychological well-being (Tracy & Wallace, 2016). The high percentage of individuals perceiving strong social support could reflect the effectiveness of integrated support systems within rehabilitation centers or strong external networks such as family, friends, or peer support groups. Research has shown that individuals in recovery who receive robust emotional and instrumental support tend to be more motivated to maintain sobriety and adhere to treatment protocols (Tracy & Wallace, 2016). Korcha et al. (2016) contends that individuals in recovery homes revealed that perceived benefits of abstinence, when coupled with strong social support, particularly through 12-step involvement and expansive social networks significantly predicted recovery.

Rehabilitation centres possibly provide structured environments that foster strong social support. The structured environments could include group therapy sessions, peer support groups, and communal living arrangements, which encourage the development of supportive relationships among individuals undergoing similar recovery journeys. Such environment likely reduces feelings of isolation and promotes healing, both of which are vital for sustained recovery. In addition, access to counselors, therapists, and medical professionals within rehabilitation centers ensures that individuals receive comprehensive care tailored to their needs. The professionals assist in developing aftercare plans, which may include continued therapy, support group participation, and strategies for managing potential triggers, thereby extending the support system beyond the rehabilitation period (New Horizons Recovery Centre, 2025).

Thus, the absence of participants reporting low social support in the current study may suggest either the inclusivity of supportive environments within the facility or a self-selection bias, where individuals without support may be less likely to seek or remain in structured rehabilitation programs. This underscores the importance of designing interventions that not only treat addiction but also foster or rebuild support networks for those who may lack them.

CONCLUSION

The outcomes of this study present a highly optimistic perspective: a significant majority (88%) of individuals undergoing rehabilitation for drug and substance use indicate they receive substantial social support. This robust network of support, encompassing family, friends, counselors, and institutional affiliations, emphasizes the crucial importance of relational and community ties in the recovery journey. The total lack of participants categorized as experiencing "low social support" implies that the rehabilitation setting is effectively nurturing

connections, empathy, and encouragement. This outcome highlights the transformative impact of social support in assisting individuals as they confront the challenges of addiction recovery. It indicates that in environments rich in support, resilience is strengthened, motivation is maintained, and the chances of achieving lasting recovery are distinctly enhanced.

RECOMMENDATIONS

This study recommended that rehabilitation centres should establish formal peer support frameworks, incorporating mentorship initiatives, group therapy sessions, and peer-led events. Those who have successfully completed their recovery journey can act as inspirational figures and encourage others. There should be continuous family involvement through counseling, educational initiatives, and organized visitations in rehabilitation centres. Families are essential for sustained recovery, and their participation ought to be a fundamental component of rehabilitation approaches.

Future research could differentiate between types of social support (emotional, instrumental, informational, companionship) in order to understand which type of social support is most effective in reducing depression among individuals undergoing rehabilitation for drug and substance use.

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