The predicting roles of reasons for living and social support on depression, anxiety and stress among young people in Malaysia

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ABSTRACT

Introduction: This research examined the predicting roles of reasons for living and social support on depression, anxiety and stress in Malaysia.

Method: This research was carried out on a sample of 263 participants (age range 12-24 years old), from Klang Valley, Selangor. The survey package comprises demographic information, a measure of reasons for living, social support, depression, anxiety and stress. To analyse the data, correlation analysis and a series of linear multiple regression analysis were carried out.

Results: Findings showed that there were low negative relationships between all subdomains and the total score of reasons for living and depression. There were also low negative relationships between domain-specific of social support (family and friends) and total social support and depression. In terms of the family alliance, self-acceptance and total score of reasons for living, they were negatively associated with anxiety, whereas family social support was negatively associated with stress. The linear regression analysis showed that only future optimism and family social support found to be the significant predictors for depression. Family alliance and total reasons for living were significant in predicting anxiety, whereas family social support was significant in predicting stress.

Conclusion: These findings have the potential to promote awareness related to depression, anxiety, and stress among youth in Malaysia.

KEY WORDS:
Reasons for living, social support, depression, anxiety, young people

INTRODUCTION

Depression, anxiety and stress are some of the most common mental health issues among young people. These psychological conditions have the potential to affect human functioning at social and individual levels. In general, depression, anxiety and stress may not only affect individuals' health, but they also affect how young people view and cope with their lives. Some studies had indicated the prevalence of depression and anxiety among clinical and non-clinical sample in Malaysia. For instance, a research with cancer patients in Terengganu found moderate prevalence for mild anxiety (30.7%) and depressive symptoms (23.3%).[1] In 2011, the findings from National Health Morbidity Survey IV (NHMS IV) showed that the prevalence of lifetime depression and current depression among Malaysia general population were 2.4% and 1.8%, respectively.[2] The prevalence of depressive symptoms among adolescents based on Malaysia Global School-based Health Survey (GSHS) 2012 is 17.7%.[3] Results from another study, which was conducted in rural East Coast regions, Malaysia (i.e., Terengganu, Pahang and Kelantan), showed that the prevalence of mild anxiety and depressive symptoms were 12.9% and 11.3%, respectively. The prevalence of respondents having both anxiety and depressive symptoms was 31.8%.[4] In addition, the statistics of the reported depression, anxiety and stress in student sample are 11.1%, 10.0%, and 9.5%, respectively.[5] Although the prevalence can be considered as low, the escalation of depression and anxiety may occur if appropriate preventive measures are not taken accordingly.

Indeed, depression, anxiety and stress are closely interrelated, but the factors that affect them may vary across cultural contexts.[6] For example, two factors that may affect depression, anxiety and stress are reasons for living (RFL) and social support. In particular, research on a clinical sample indicated that 'reason for living' is considered as a protective factor for suicide among patients with depression.[7] This means, reasons for living and perceived supportive behaviours from family indirectly protect suicidal behaviour through negative associations with depressive symptoms.[8] Some researchers argue that reasons for living may reduce the feeling of hopelessness and, at the same time, enhance positive view about life and living.[9-10] Previous research also indicated that social support was significantly associated with depression[11-14] and also a significant predictor of depression.[15] Therefore, social support is important for recovery from depression, especially in terms of reducing the feeling of isolation and helping people to connect with life and people in the environment, and finding a solution in life.[12,13,14,16]

Anxiety is another important aspect of mental health among young people. Despite the biological roots of anxiety, the psychosocial factors such as reasons for living and social

support have the potential to play an important role in explaining anxiety among young people. However, research that examines the nature and extent of the relationship between reasons for living and anxiety is scant in comparison with studies that examine the relationship between social support and anxiety. Although there are many existing studies that explore the relationship between social support and anxiety, the findings are inconclusive. Some studies, with clinical samples, reported significant relationship between social support and anxiety,[14,17] while others reported the relationship between social support and anxiety were not significant.[11] On top of that, social support was also found to be a significant predictor for anxiety among caregivers.[14] This highlights the need for the current study.

Stress is another important aspect of mental health among young people. When individuals experience stress, they have the tendency to face some difficulties in finding solutions for their problems. The individuals may perceive that they are caught in the problems and always perceive the problems as burdens in their lives. To a certain extent, the stress could lead to depression, suicidal ideation and problematic behaviour.[18,19] Coping skills may be important in addressing stress-related-matter in life. Whereas, the individuals' reasons for living may provide an optimistic perspective about the stressful event and the environment that they are living in.[18] For example, a research with college students, found that ideators reported higher level of stress and lower level of reasons for living compared to non-ideators.[18] However, there is limited literature that examines the relationship between reasons for living and stress, and the predicting role of reasons for living on stress. This limits the understanding of the nature and extent of the relationship between reasons for living and stress. Furthermore, a conducive social support from the individuals' environment is also important to help the persons in managing stress and developing their coping skills. As such, research has found the negative correlation between social support and stress,[11] but the findings were inconsistent. Some studies showed social support as a significant predictor for stress among student populations,[21,22] while some others reported otherwise.[23]

In this study, we argue that the nature and extent of reasons for living and social support could not be universal and do not serve as a single factor for depression, anxiety and stress. This argument is based on the notion that their protective roles are governed by cultural context. In view of the scarcity of research that examines the relationship between reasons for living, social support and depression and the predicting roles among young people in developing countries, like Malaysia, hence this research is advanced. In particular, there is a need for research on the relationship between reasons for living and anxiety especially in the specific cultural context of Malaysia. Understanding of the nature and extent of the relationship between reasons for living and social support in depression, anxiety and stress among young people, as well as their protective roles, can generate knowledge for designing suitable prevention and intervention. As this study is exploratory in nature, we do not propose any hypothesis.

MATERIALS AND METHODS
Participants
This cross-sectional study was carried out with 263 participants from Klang Valley in the State of Selangor, Malaysia. The ethic approval was granted by The Hospital Universiti Kebangsaan Malaysia (HUKM) Research Ethics Committee (approval number: NN-064-2013). In terms of participants' demographic characteristics, majority of them aged from 12-16 years old (n=95; 36.12%) and 17-20 years old (n=94; 35.74%). The majority were males (n=143; 54.37%), from Malay ethnicity (n=222; 84.41%), Muslim (n=232; 88.21%) and educated at Upper Secondary Education (n=89; 33.84) level. Table I indicates the demographic characteristics of the participants in the present study.

Instruments
The Reasons for Living Inventory for Adolescents (RFL-A)
The Reasons for Living Inventory for Adolescents (RFL-A)[24] is a screening instrument, which measures specific reasons for adolescents, aged between 13-19 years old, not to commit suicide. It comprises 32 items and five subdomains namely future optimism, suicide-related concern, family alliance, peer acceptance, and self-acceptance. The items are rated on a 6-point scale ranging from 1 (not at all important) to 6 (extremely important). Some of the items are: It would be painful and frightening to take my own life, I like myself just the way I am, and the thought of killing myself scares me.[25] The reported internal consistency reliability coefficients for RFL-A scale were ranging from 0.92 to 0.94.[24] The reliability of RFL-A in the present study was 0.97.

Multidimensional Scales of Perceived Social Support (MSPSS)
The Multidimensional Scale of Perceived Social Support (MSPSS)[26] measures the subjective perception of social support from specific sources such as family, friends, and significant others. It comprises 12 items. Each item uses a 7-point Likert scale ranging from "Very Strongly Disagree" (1) to "Very Strongly Agree" (7). The example of the items are; "My family really tries to help me", "I can count on my friends when things go wrong", and "There is a special person who is around when I am in need". The internal reliability of the significant other, family, and friends subscales were 0.91, 0.87, and 0.85, respectively. The reliability for the total score was 0.88. The test-retest reliability for the subscales significant other, family, and friends were 0.72, 0.85, and 0.75, respectively. The test-retest reliability for the total score was 0.85. Despite its good psychometric properties, it was simple to use and time conserving[26] and has been used cross-culturally. The reliability of MSPSS in the present study was 0.88.

Depression Anxiety Stress Scale (DASS-21)
Depression Anxiety Stress Scale (DASS-21)[27] is a self-administered psychometric test that measures depression, anxiety and stress levels in the previous week. The DASS-21 is commonly used with a clinical or non-clinical population. It comprises 21 items with three sub-scales (depression, anxiety and stress). Each subscale comprises seven items. The response scale is ranging from 0 to 3 (i.e., 0 - did not apply to me at all, 1 - applied to me to some degree or some of the time, 2 - applied to me to a considerable degree or a good

Table I: Demographic characteristic of the participants

Demographic characteristics	n	Percentage
Age		
12-16-year old	95	36.13%
17-20-year old	94	35.74%
21-24-year old	74	28.13%
Gender		
Male	143	54.38%
Female	120	45.62%
Ethnicity		
Malays	222	84.42%
Non-Malays	41	15.58%
Religion		
Islam	232	88.22%
Other religions	31	11.78%
Education		
Primary Education (and Lower)	41	15.58%
Lower Secondary Education	60	22.81%
Upper Secondary Education	89	33.85%
Tertiary Education	73	27.76%

Table II: The mean and standard deviation (SD) of depression, anxiety and stress based on the demographic characteristics

Demographic		Depression		Anxiety		Stress	
	n	Mean	SD	Mean	SD	Mean	SD
Age							
12-16	95	4.71	3.05	6.18	3.44	6.50	3.54
17-20	94	5.58	3.66	5.85	3.79	7.17	3.48
21-24	94	5.58	3.66	5.91	2.85	7.72	3.43
Total	263	5.11	3.25	5.99	3.41	7.08	3.51
Gender							
Males	143	4.77	2.85	5.51	3.08	6.65	3.08
Females	120	5.51	3.65	6.55	3.70	7.60	3.91
Total	263	5.11	3.25	5.99	3.41	7.08	3.51
Ethnicity							
Malays	222	5.06	3.01	6.09	3.31	7.08	3.5
Non-Malays	41	5.39	4.38	5.41	3.90	7.12	3.60
Total	263	5.11	3.25	5.99	3.41	7.08	3.51
Religion							
Islam	232	5.02	3.05	6.03	3.32	7.11	3.49
Other religions	31	5.80	4.50	5.67	4.08	6.90	3.72
Total	263	5.11	3.25	5.99	3.41	7.08	3.51
Education							
Primary Education (and Lower)	41	4.65	3.00	6.07	3.50	6.41	3.33
Lower Secondary (PMR)	60	4.90	3.29	6.36	3.45	6.70	3.60
Upper Secondary (SPM and Above)	89	5.26	3.60	5.48	3.59	7.00	3.54
Tertiary education	73	5.35	2.92	6.26	3.08	7.89	3.42
Total	263	5.11	3.25	5.99	3.41	7.08	3.51

part of the time, and 3 - applied to me very much or most of the time). DASS-21 is the most widely validated version of the DASS and it takes approximately 10 to 15 minutes to complete. The Malay-translated version of DASS-21 was developed by Ramli et al.[28] The alpha coefficients of DASS-21 ranged from 0.74 to 0.84. The DASS-21 was further validated through factor analysis, which ranged from 0.39 to 0.73. The correlation among the scales was between 0.54 and 0.68.[28] The reliability of DASS-21 in the present study was 0.75.

Statistical analysis

To analyse the data, a series of correlation analysis was first carried out to examine the relationship between reasons for living and social support, with depression, anxiety and stress. Then, a series of multiple linear regression using ENTER method were performed to examine the predicting role of reasons for living and social support (which found to be significant in the correlation analysis) on depression, anxiety and stress.

Table III: The relationship between reasons for living, social support and depression, anxiety and stress

Variables	Depression	Anxiety	Stress
Reasons for living (RFL)			
Future optimism	-0.183**	-0.079	-0.021
Suicide related concern	-0.218**	-0.064	0.029
Family alliance	-0.283**	-0.164**	-0.098
Peer acceptance	-0.239**	-0.111	-0.009
Self-acceptance	-0.253**	-0.143*	-0.045
Total RFL	-0.259*	-0.123*	-0.032
Social support			
Special	-0.010	-0.042	-0.047
Family	-0.249**	-0.121	-.0164**
Friend	-0.164**	-0.001	-0.040
Total social support	-0.172**	-0.073	-0.108

*p<0.05, **p<0.01

Table IV: Regression analyses: factors predicting (a) depression, (b) anxiety, and (c) stress

	B	β	t	p
a) Reasons for living and social support on depression				
Constant	9.174		8.448	<0.001
Future optimism	0.124	0.316	2.162	0.032
Suicide related concern	-0.030	-0.076	-0.871	0.385
Family alliance	-0.072	-0.191	-1.330	0.185
Peer acceptance	-0.031	-0.067	-0.512	0.609
Self-acceptance	-0.099	-0.209	-1.321	0.188
Family social support	-0.137	-0.248	-2.220	0.027
Friend social support	-0.107	-0.159	-1.466	0.144
Total social support	0.059	0.244	1.681	0.094
b) Family alliance, self-acceptance, total reasons for living in predicting anxiety				
Constant	7.843		8.734	<0.001
Family alliance	-0.143	-0.361	-2.289	0.023
Self-acceptance	-0.150	-0.302	-1.568	0.118
Total RFL	0.048	0.496	1.975	0.049
c) Family social support in predicting stress				
Constant	9.134		11.534	<0.001
Family social support	-0.098	-0.164	-2.685	0.008

RESULTS

This section describes firstly, the means and standard deviation (SD) of depression, anxiety and stress based on the demographic characteristics. Secondly, it reports the results of correlation analysis and from a series of regression analyses. Table II presents results from descriptive statistics. Information in Table II showed that although participants aged 12-16 years old reported lower depression (mean =4.71; SD 3.05) and stress (mean =6.50; SD 3.54), this age group reported higher anxiety (mean=6.18; SD 3.44) scores compared to other age groups. Male participants reported lower depression (mean=4.77; SD 2.85), anxiety (mean=5.51; SD 3.08) and stress (mean=6.65; SD 3.08) compared to female participants (mean=5.51; SD 3.65; mean=6.55; SD 3.70 and mean=7.60; SD 3.91 respectively). Although there were not many ethnic differences in depression and stress scores among Malay and non-Malay participants, in terms of anxiety, Malay participants reported higher anxiety scores (mean=6.09; SD 3.31) compared to non-Malay participants (mean=5.41; SD 3.90). In terms of religion, Muslim participants reported higher anxiety (mean=6.03; SD 3.32) and stress (mean=7.11; SD 3.49), but they reported low depression (mean=5.02; SD 3.05) compared to participants of

other religions. With regard to education levels, participants who completed Tertiary education reported higher depression (mean=5.35; SD 2.92) and stress (mean =7.89; SD 3.42) compared to those who completed other education levels. In terms of anxiety, participants of Lower Secondary reported higher anxiety (mean=6.36; SD 3.45) compared to participants of other education levels.

Correlation analysis

Results on a series of correlation analysis between reasons for living, social support, and depression, anxiety and stress are presented in Table III. In terms of depression, there were low negative relationships between all RFL subdomains and a total score of RFL and depression. There were also low negative relationships between two domains (i.e., family, friends) of social support, total social support and depression. While there were no significant associations between social support and anxiety, in terms of reasons for living, only domains of a family alliance, self-acceptance and total scores of reasons for living were negatively associated with anxiety. Results also found no significant association between reasons for living and stress, however, only domain of family social support was negatively associated with stress.

Predicting roles

Table IV presents results from a series of regression analyses. For the first multiple linear regression, the domains of future optimism, suicide-related concern, family alliance, peer acceptance, self-acceptance, family social support, friend social support, total social support were examined in terms of their roles in predicting depression. As indicated in Table IV, a significant regression equation was found (F (8, 254) = 4.65, p<0.01), with an R^2 of 0.13. In the model, only future optimism and family social support were found as statistically significant predictors of depression, with the future optimism recorded a higher beta value (beta= 0.32, p=0.03) than the family social support (beta= -0.25, p=0.02). In the second linear regression, variables such as family alliance, self-acceptance, total reasons for living, were examined in terms of their role in predicting anxiety. A significant regression equation was found (F (3, 259) = 3.72, p<0.01), with an R2 of 0.41. In the model (refer to Table IV), only total scores of reasons for living and family alliance were statistically significant in predicting anxiety, with the total scores of reasons for living recorded a higher beta value (beta= 0.50, p=0.04) than the family alliance (beta= -0.36, p=0.02).

In the last linear regression, family social support was examined in terms of their role in predicting stress. A significant regression equation was found (F (1, 261) = 7.2, p<0.01), with an R^2 of 0.03. In the model (refer to Table IV,), family social support was a significant predictor for stress in the present sample, with beta value (beta= -0.16, p<0.01).

DISCUSSION

The objective of this research was to examine the correlation and predicting the role of reasons for living and social support on depression, anxiety and stress among young people in Malaysia. The findings on depression showed that the total score of reasons for living and its subdomains were negatively related to depression. This means that the higher the reasons for living and its subdomains (i.e., future optimism, suicide-related concern, family alliance, peer acceptance, self-acceptance, total reasons for living, family social support, friend social support, total social support), the lower the depression. This indicates that both reasons for living and social support are important in the understanding of depression among young people. In helping young people with depression, the results suggest specific strategies, i.e., by enhancing young people's reasons for living and providing them with adequate social support.

The present finding on the significant relationship between social support and depression is consistent with other studies.[11-14] However, in terms of the predicting role, only future optimism and family social support subdomains were found to be the significant predictors for depression. The finding on the significant predicting role of social support on depression is consistent with Stice et al.[15] This means the higher the scores on future optimism is reflected in the individuals' increased ability to look forward to the future. This increased ability is translated into their maturing process, desires to accomplish the future plan, and expectations for success in the future, while at the same time, they have decreased negative expectations or feelings of being hopelessness.[25] In addition, family social support is also important because family members provide socio-emotional support better than friends. Furthermore, the family social support, such as those provided by parents, normally comprises greater resources including both financial and emotional support.[13]

Results on anxiety were generated from correlation analyses. The analyses showed that family alliance, self-acceptance, and total reasons for living were negatively related to anxiety. This means that the higher the family alliance, self-acceptance, and total reasons for living, the lower the anxiety that was experienced by young people in the present study. The finding on the significant relationship between social support and anxiety is consistent with previous studies.[14,17] This means that the more social support received by individuals, the lesser their anxiety levels. In determining the predictive role, results showed different findings from those presented on depression. Although the factors of the family alliance, self-acceptance, and total reasons for living were negatively related to depression, further analysis based on linear regression showed that only family alliance and total reasons for living significantly predicted anxiety. One possible explanation to account for this finding lies in the notion that family alliance promotes feelings of closeness and being cared for by the family members, and hence empowers individuals' ability to seek help and advice from other family members.[13] Besides family alliance, total reasons for living is also important in reducing anxiety because it empowers individuals to look at the positive aspects of life rather than focusing on life difficulties and worries. Such positive perspective and focus give them good reasons not to commit suicide or harm themselves even though in reality they may experience some kind of anxiety-related-matter in their lives.[25]

As expected, results on stress showed that only family social support was negatively related to stress. This finding is consistent with Feldman et al.[20] This means that the higher the family support, the lower the stress experienced by individuals. In terms of the predicting role, further linear regression analysis showed that family social support did significantly predict stress. The significant predicting role of social support on stress is consistent with previous studies.[21-22] This finding indicates that the family social support helps to understand and manage stress among young people. One plausible explanation for this finding is that a family usually offers a good platform for young people in seeking help and advice in stress-related matters.[13] The importance of family in providing support is common among collectivistic societies such as in Asian culture, including in Malaysia.[29] Although young people may turn to their friends on matters related to relationship, in terms of other life issues, they may prefer the comforts, supports, and advice from their family members.[12] This finding highlights the need to promote good parenting skills and styles, exemplary practices in child-rearing, as well as to provide adequate and continuous family supports to young people in Malaysia and other countries.

Implications

In addressing the topic on depression among young people, it is important to promote the elements of future optimism and family social support. Results from this study provide empirical support regarding their protective roles for depression among young people. Similarly, reasons for living, especially family alliance, is also an important factor in managing anxiety among young people. The promotion of family social support in schools and community is an important exposure in developing further preventive and intervention measures related to stress among young people. All of these components are important to be assessed during the screening process before an appropriate intervention can be offered to help young people in dealing with depression, anxiety, and stress.

Limitations and direction for future study

Although the present study corroborates literature on psychological well-being among young people in Malaysia, the interpretation and generalization of the results should be done cautiously. There are several limitations in the study. Firstly, the present study applied cross-sectional design, thus no causal relationship can be derived. Second, this study did not assess the risk of suicide and suicidal ideation; hence no baseline data on suicide were collected. Based on these limitations, several suggestions for future can be proposed. First, it is important for future research to examine the relationship between reasons for living and social support with depression, anxiety and stress among the clinical population. Second, perhaps future research can also examine the relationship between reasons for living, social support and suicidal ideation and how these factors may interact with depression, anxiety and stress in explaining suicide behaviour and suicidal ideation.

CONCLUSION

In sum, although both reasons for living and social support are important factors in understanding depression, only some specific domains of reasons for living are important for understanding anxiety. Furthermore, the domain of family social support is important in understanding stress. Further findings based on regression analyses showed that future optimism and family social support are important factors in predicting depression. Family alliance and total reasons for living are also important factors in predicting anxiety and family social support is an important factor in predicting stress. These findings suggest that family and its related constructs are very important factor in the understanding, assessment, and treatment of anxiety and stress. It is hoped that more research can be done perhaps using larger sample size and include both clinical and non-clinical groups to increase its generalization.

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