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The Relationship between Social Support and Depressive Symptoms among Undergraduate University Students

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ABSTRACT

Depression among youth nowadays is alarming and many factors that lead them to develop depressive symptoms. One of the elements is lack in social support and social support also can become the protective factor towards depression. This study investigated the relationship between social support and depressive symptoms among undergraduate university students. The participants were recruited through convenience sampling and they have voluntarily answered the questionnaire through an online survey link. They were among 100 IIUM undergraduate students from all levels of studies, various kulliyyah and consisted of 9 males and 91 female students ranged between 18 until 25 years old. It has been hypothesized that there will be a significant relationship between social support and depressive symptoms among undergraduate university students. A correlational survey design was used in this study through chi-square data analysis in analyzing the relationship between the three levels of social support and four levels of depressive symptoms. A chi-square analysis was conducted and the result found that there was a statistically significant relationship between these variables, $\chi2 (6) =16.712$, $p<.05$, $p=0.01$. The result indicated that there was a relationship between social support and depressive symptoms in which students with a high level of social support had a minimal level of depressive symptoms. The limitation of this study is the small sample size (n=100); most of the participants were females students (91%) and the scale in the form of self-report that can cause bias. The significance of this study is it can provide an understanding to the society about the importance and role of social support among the people. Besides, the present study will show the relationship of social support on depressive symptoms due to the absence or presence of social support. Moreover, this study also can help society and policymakers to develop more intervention programs related to social support. Thus, social support plays a vital role in alleviating depressive symptoms.

Keywords: Social support, depressive symptoms, university students

INTRODUCTION

Depression is a widespread mental health problem worldwide and becomes the main contributor to the worldwide global disease (Murray et al., 2012). According to the World Health Organization (2020), more than 264 million people are suffering from depression globally. Malaysia also reported a high prevalence of depression and it is the most common mental health problem among Malaysian, which reported approximately 2.3 million people (Mukhtar & Oei, 2011) While according to the National Health and Morbidity Survey 2017 (2018), 1 of 5 adolescents' in Malaysia are depressed. In 2018, Tan Sri Lee Lam Thye predicted that depression would be a significant mental health illness among Malaysians due to stress and family pressure in 2020 (The Star, 2018).

The prevalence of depression and anxiety increasing from 12% to 29% among Malaysians in 2011 and 2017, respectively (National Health and Morbidity Survey 2017, 2018). A survey conducted and resulting that 50% of 120,420 students had personal issues including academic stress, 29% and 11% faced issues with family and friends, respectively, and 10% faced issues with their teachers which can

lead to mental health problems (Chonghui, Menon & Rajaendram, 2018). While the American College Health Association (2009) has reported that depression is one of the top ten hindrances on the academic performance of university students, it also stated in NHMS 2017 that only 1 in 3 and less than half of adolescent recognize that their parents understood their problems and received peer support at school respectively which indicates that most of them were receiving lack of social support from family and friends (National Health and Morbidity Survey 2017, 2018).

Youths are an important asset for the future generation of the country; thus, depressive symptoms should be minimized and prevented by some techniques and it is found that social support is one of the methods as it is proved that a person who has low social support has a high tendency to develop depressive symptoms (Grav, Hellzen, Romild & Stordal, 2011). In preserving mental health, it is hypothesized that social support can directly maintain it through social relationships and indirectly act as a barrier against stressful circumstance (Gariepy, Honkaniemi, & Vallee, 2016).

In addition, every individual needs someone that they can talk with or rely on to express their feelings as it can lessen their burdens. One of the useful techniques of reducing stress has been found to be through social support from the people around them, such as family members, friends and others (Mayo Clinic, 2018). When an individual lack social support, it can lead to isolation and loneliness, which these factors are associated with poor mental health and also cardiovascular health (Mayo Clinic, 2018).

During the young adulthood period, it is a time whereby youths experience ups and downs in life due to academic stress, being independent, far from family and adjustment period to become an adult. This young person is undergoing a time where they are exploring who they are and what they want to be in the future such as university students, this is may the first time they stay apart from their parents for some period of time (Alsubaie, Stain, Webster & Wadman, 2019). Moreover, young adults are easily influenced by their surroundings, such as family members and friends (Li, Han, Wang, Sun & Cheng, 2018) and at the same time, they have a high need for affiliation according to McClelland's Human Motivation Theory (Kukreja, 2020). A lack of social support has been found to be linked to negative emotions such as depressive symptoms (Alsubaie, Stain, Webster & Wadman, 2019).

The significance of this study is it will provide a large amount of knowledge to the society about the importance and role of social support among the people nowadays. In addition, the present study will show the relationship of social support on depressive symptoms due to the absence or presence of social support. Moreover, this study also can help society and policymakers to develop more intervention programs related to social support. Furthermore, the current study can contribute to utilizing the theoretical model by Ratanasiripong (2012) as it is rarely used in research involving social support.

Also, there is a lack of studies between social support on the four levels of depressive symptoms as most of the studies generally focused more on the relationship between social support and depressive symptoms. Hence, the present study attempts to investigate this phenomenon by examining the relationship between social support and depressive symptoms based on the four levels, which are minimal, mild, moderate and severe among the undergraduate university students. This is because it was found that every level of depressive symptoms would have various effects on a person's functioning and the presence of social support, particularly the three entities which are family, friend and significant other would then buffer each level in different categorical ways.

LITERATURE REVIEW

Seeman (2008) defines social support as "help or assistance that people receive from others." Social support can be divided into three types: emotional, instrumental, and informational support (Birch, 1998; Seeman, 2008). Emotional support occurs when we care for or sympathise with others, for

example, by listening to their problems and providing positive feedback, also known as intangible support. Instrumental support is tangible assistance provided to a person by assisting them, such as physical assistance and financial assistance. Offering someone a source of information and knowledge is what informational support entails (Birch, 1998; Seeman, 2008).

While Parekh (2017) defined depression as "medical illness that negatively affects how you feel, the way you think and how you act which depression symptom can vary from mild to severe." According to the Diagnostic and Statistical Manual, fifth edition DSM-5 stated that the individual with depression must be facing and experiencing five or more symptoms within the two weeks' time. One of the symptoms must be depressed mood or decrease in interest. The symptoms of depression must be facing most of the day or nearly every day. Some of the symptoms are the individual has a low mood, lack of interest in the activities they do, weight loss or lack in appetite even not I diet, less physical movement, always feel fatigued and feel worthlessness (Truschel, 2020).

Nowadays, social support is essential among people because it is one of the factors that can buffer any psychological disease, such as depression. According to Bouteyre, Maurel, and Bernaud (2006) and Han et al. (2014), social support is a positive factor in mental health because it relieves stress and is important in improving quality of life. The negative psychological reaction and harmful life events on physical health and emotional well-being can be reduced by utilising social support as a stress barrier (Han et al., 2014). According to the study, people with depression have a lower level of perceived social support than people without depression (Laurance, Williams, & Eiland, 2010; Grav, Hellzen, Romild & Stordal, 2011).

According to a study conducted by Amit, Ibrahim, Mohd Jaladin, and Che Din, there is a significant relationship between social support and depression among Malaysian youth (2017). In contrast to the findings of Kuqbey, Osei-Boadi, and Atefoe (2015), it is stated that family social support is a significant predictor of depression because the family has more socio-emotional support than friends and more financial support (Amit, Ibrahim, Mohd Jaladin & Che Din, 2017). Consistent with the previous study, research on the role of social support source on depression and quality of life among university students discovered that social support is significantly negatively correlated with depressive symptoms (Alsubaie, Stain, Webster, & Wadman, 2019).

Furthermore, a study was conducted to identify the social and demographic factors associated with higher levels of depressive symptoms among 2438 private university students in Manila, and some of the social factors include the level of closeness with parents and peers, as well as whether or not they live with both parents (Lee, Maria, Estanislao & Rodriguez, 2013). It was discovered that students who lived with both parents had significantly lower levels of depressive symptoms than those who did not live with parents. Students who had a low to moderate level of closeness with their parents and peers, on the other hand, had significantly higher levels of depressive symptoms than those who had a high level of closeness with their parents and peers.

Moreover, a study identified that those who lack in both emotional and tangible support have the highest prevalence of depression (Grav, Hellzen, Romild & Stordal, 2011). It is a study by Grav, Hellzen, Romild and Stordal (2011) on the relationship between perceived social support and depression in a general population of 40,659 men and women aged range 20-89 years old living in Nord-Trondelag Country of Norway. A study on 110 Muslim nursing students in a public nursing college in Thailand about the factors that impact anxiety and depression, found social support was one of the factors that have a negative association with depression (Ratanasiripong, 2012). The study also resulted in a high prevalence of depression among Muslim nursing students.

A research on 133 Black college students discovered that social support moderately mediated the effect optimism on depressive symptoms and it is reported that students with higher optimism received greater social support correlated with less depressive symptoms (Mosher, Prelow, Chen & Yackel, 2006). Meanwhile, a study on the relationship of depressive symptoms, social support and a range of personal health behaviours among male (n=2091) and females (n=3238) of universities

students from 16 countries found that the number of students with depressive symptoms was negatively correlated with social support in both men and women. The result also found that depressive symptoms and unhealthy behaviours were independent of social supports. (Allgower, Wardle, & Steptoe, 2001).

Meanwhile, Crutcher, Moran, and Covassin (2018) discovered that the relationship between social support satisfaction, perceived stress, and depression in athletic training students increased as the athletes' depressive symptoms decreased. It also suggested that social support is an important factor in undergraduate athletic training students' perceptions of stress and depression, with family and friends providing the most social support that they require (Crutcher, Moran, & Covassin, 2018).

Wang, Cai, Qian, and Peng (2014) conducted a study to investigate the moderator effect of social support on the relationship between university students' stress and depression. The findings revealed that high social support influences the relationship between stress and depression, whereas low social support brings the relationship between stress and depression closer together than high social support. It is recommended that relevant departments optimise the environment and life of college students by attempting to reduce unpleasant life events, providing adequate social support, and improving their cognitive and coping abilities in order to improve their mental qualities.

A study by Han et al. (2014) found that 86.1% patients with silicosis had depressive symptoms with a lower level of social support which it is negatively correlated between the levels of social support and depression symptoms. The sources of social support of the patients were from the employee compensation, general insurance, families and friend as the employee compensation and insurance become the primary economic sources and cover the medical costs respectively for the patient. At the same time, families and friends become social support in improving the emotional wellbeing of the patients (Han et al., 2014).

In addition, a past study on the relationships between stress, social support and depressive symptoms among the low-income of urban American women with young children found that emotional support by partners, spouses and significant others gave more protection against depression among them rather than instrumental support (Manuel, Martinson, Bledsoe-Mansori & Bellamy, 2012). Moreover, it is also found that social support alleviates the negative effects of depression and anxiety among the 2080 Wenchuan earthquake survivor after one year of the event in investigating the role of social support as the moderating in the relationship between depression and anxiety (Xu & Wei, 2013).

Hence, the present study attempts to investigate this phenomenon by examining the relationship between social support and depressive symptoms based on the four levels, which are minimal, mild, moderate and severe among the undergraduate university students.
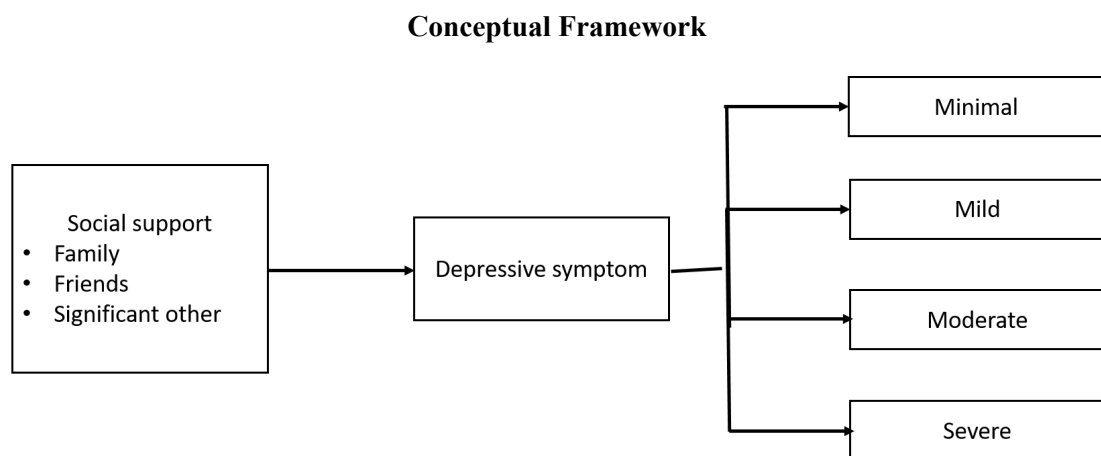
Conceptual Framework

Figure 1: Conceptual framework on the relationship between social support and four levels of depressive symptoms.

The conceptual framework of the present study is adapted from a framework for depression by Ratanasiripong (2012). This study investigated the relationship between social support and the four levels of depressive symptoms, which are minimal, mild, moderate and severe, and also the influence of social support on depressive symptoms.

HYPOTHESIS

The hypotheses of this study are as follows:

H0: There will be no significant relationship between social support and the four levels
    of depressive symptoms
H1: There will be a significant relationship between the three levels of social support and minimal depressive symptoms
H2: There will be a significant relationship between the three levels of social support and mild depressive symptoms
H3: There will be a significant relationship between the three levels of social support and moderate depressive symptoms
H4: There will be a significant relationship between the three levels of social support and severe depressive symptoms

Social support was operationally defined using the Multidimensional Scale of Perceived Social Support (MSPSS) (Zimet, Dahlem, Zimet & Farley, 1988) with three subscale structure which are family, friend and significant other, while depressive symptom was operationally defined using the Beck Depressive Inventory (BDI-II) (Beck, 1996) with two subscales which are somatic-affective and cognitive dimensions.

Social support is theoretically defined as "providing actual help or binding the individual to a social system in which they believe to be loved and protected or developing adherence to a dignified social group" (Kaya, Akgemci & Celik, 2012), while depression is theoretically defined as "medical illness that negatively affects how you feel, the way you think and how you act which depression symptom can vary from mild to severe" (Parekh, 2017). The depressive symptom is formed due to negative thoughts and dysfunctional belief (Patricelli, n.d.).

METHOD

This present research used a correlational survey study design with a sample of 100 participants ($N = 100$; 9 males, 91 females) both male and female undergraduate students from various *kulliyyahs* and levels of study ($M = 3.43$, $SD = 0.94$), aged range between 18 to 25 years old ($M = 22.57$, $SD = 1.08$).

Multidimensional Scale of Perceived Social Support (MSPSS) by Zimet, Dahlem, Zimet & Farley (1988) was used to measure the level of social support with three subscale structure which are family, friend and significant other. It contains 12 items which the participants need to rate the statement with 7-point likert-type scale ranging from very strongly disagree (1) to very strongly agree (7). The total score is the sum of the scores of each answered item and divided the total score by 12, with the higher or lower score corresponding to a greater or lower perceived social support. The total score ranging from 1 to 2.9 is considered with low social support, a score range from 3 to 5 indicated with moderate social support and a score from 5.1 to 7 is considered with high social support (Zimet, 2016). The Cronbach alpha of this scale is 0.88 (Kazarian & McCabe, 1991).

Beck Depressive Inventory (BDI-II) develop by Aaron Beck in 1961 was used to measure to the level of depressive symptoms with two subscales which are somatic-affective and cognitive dimensions (Beck, 1996). It contains 21 items where the participants need to rate the statement with a

4-point likert-type scale ranging from 0 to 3, based on the severity in the last two weeks. The total score ranges from 0 to 63, with higher scores indicating more severe depressive symptoms. The total score with 0 to 13 indicate minimal depressive symptoms, 14 to 19 indicate mild depressive symptoms, 20 to 28 indicate moderate depressive symptoms and 29 to 63 scores indicate severe depressive symptoms. The Cronbach alpha is 0.89 (Lee, Lee, Hwang, Hong & Kim, 2017).

Descriptive statistics were performed for the demographic data. Reliability data analysis was conducted in measuring the Cronbach Alpha for both social support and depressive symptoms scale. Chi-square data analysis was used in this study for measuring the relationship between the levels of social support and the levels of depressive symptoms to provide for categorical data. At the same time, simple linear regression was conducted in measuring the effect of social support on depressive symptoms. The results and findings were discussed.

FINDINGS

Descriptive statistics showed a total of 100 undergraduate students participated in this study. From a total of 100 participants, there were 91.0% female and 9.0% only male and this indicates that the majority of the participants were females students. The mean age of participants was 22.57 (SD = 1.08).

A chi-square test of independence was performed to examine the relationship between the three levels of social supports and four levels of depressive symptoms among IIUM undergraduate students. There is a significant relationship between social support and the levels of depressive symptoms, $\chi 2$ (6) =16.712, p<.05, p=0.01 indicating that the null hypothesis was rejected.

The cross-tabulation data indicates that 61.0% (n=61) of the students were having high social supports. Most of them 37 from 61 students were having a minimal depressive symptom, 23% (14 of 61) had a mild depressive symptom, 13.1% (8 of 61) with moderate depressive symptoms and only 3.3% (2 of 61) with severe depressive symptoms. While 33% (n= 33) of the students sampled with moderate social support and most of them had a moderate depressive symptom (12 of 33) and 7% of the 33% students had severe depressive symptoms. Moreover, only 6% of the students had low social support and 2 of them, respectively, for both minimal and severe depressive symptoms. Therefore, it was found that most students with high social support are at a minimal level of depression. On the other hand, only 33.3% of students who received low social support are at the minimal depression level. From the results, it can also be seen that most of the undergraduate students with high social support were having minimal depressive symptoms.

A simple linear regression was conducted to test if social support significantly predicted depressive symptoms. The results of the regression indicated that the model explained 17.6% of the variance and that the model was significant, $F(1, 98) = 20.88$, p<.001. It was found that social support predicted depressive symptoms ($\beta = -4.32$, p<0.001). The final predictive model was the proportion of depressive symptoms = 36.60 + (-4.32*social support).

DISCUSSION

The objective of this research is to study the relationship between the three levels of perceived social supports and four levels of depressive symptoms among IIUM undergraduate students and also the effect of social support on depressive symptoms. The result showed that there are a significant relationship and effect between the two variables. Thus, the hypothesis is accepted.

The findings of the study indicated that there is a significant relationship between the levels of social support and the four-level of depressive symptoms among undergraduate university students. The findings also showed that there is a significant effect of social support on depressive symptoms. From the result (refer Table 8), it is found that 61.0% (61 of 100) of the students had high social support and 60.7% (37 of 61) of them had minimal depressive symptoms and only 3.3% (2 of 61) of them having severe depressive symptoms. Compared to 6.0% (6 of 100) of the students with low social support in which 33.3% (2 of 6) of them were having severe depressive symptoms. It can be seen that students

with high social supports were having a higher percentage of minimal depressive symptoms than students with lower social supports. The results might suggest that students with high social support having more and enough social supports from their family, friends, and significant other which can alleviate them with any negative life event.

This current study is also in line with the conceptual framework by Ratanasiripong (2012) that social support negatively associated with depressive symptoms. They stated that if the social support for the students is improved, then there will be expected a decrease in depression. It is suggested to identify the person which they feel supported and find ways to increase contact with them, identify activities that they enjoy doing with others and find ways to encourage others to join the activities, spend more time talking with a person that they trust and not isolating oneself in increasing social support.

The recommendation for future research is to have more study on perceived social support and depressive symptoms on university students especially young adult in which focusing more on the sources of social support or by adding more variables on it such as resilience or sociodemographic. This current study can be replicated for future research by adding the variables on the types of social support or sources of social support. It is also suggested to conduct a longitudinal study on social support and depressive symptoms in order the see the changes in depressive symptoms through the development of social support. It is recommended to do intervention programs regarding social support. Moreover, future research can target more male students as participants to have a better representation.

The limitation of the study is small sample size which is only 100 participants which focusing on undergraduate students of mainly one institution in which the sampling procedure did not control the selection of students under different social support levels. Also, the participants were mostly females (91%); thus, the result cannot be generalizable among the community. Moreover, both of the scales of perceived social support and depressive symptoms are self-report scales and it can cause biasness. Also, the current study did not study the specifics on the sources of social support and types of social support. This study also not conducted in a long period of time which can see changes and development of social support from different sources over time, as it could have been achieved by a longitudinal approach.

CONCLUSION

The present study adds to the literature in studying the relationship between the levels of social supports and the four levels of depressive symptom**s.** The study demonstrates that social support becomes a protective factor against depressive symptoms among young adults, primarily undergraduate university students. Social support is vital among the university students as they need someone such as family, friends or significant other during their hard time and it can alleviate them from any live adverse events. The role of social support should be taken more seriously among all parties such as parents, family and university in enhancing better mental health for the future.

It is recommended that future intervention programs that are developed incalculate the three levels of social support, namely, family, friend and significant other in order to help produce sustainable modules that can help alleviate depressive symptoms among youths.

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