

## **Psychological Distress among Adolescents of Different Ethnic Groups in Malaysia**

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### **ABSTRACT**

*Adolescence is a stage in human life where children seek autonomy and identity, are more prone to peer influence and deviant behaviour and frequently experience unstable emotional feelings. The changes experienced by adolescents and how they react to the changes highly depend on their culture, context and religious values. As a result, adolescents, regardless of their ethnic origin, are likely to experience psychological disturbance in the process of making adjustment. This study aims to investigate whether there is a difference in psychological distress experienced by adolescents of different ethnic groups. Five hundred and seventy-one adolescents (Malay, Chinese and Indian) were recruited from secondary schools in several states in Malaysia. A set of questionnaire that consists of demographic questions and statements from the General Health Questionnaire-12 (GHQ-12) that measure psychological distress was given to each participant. Based on the one-way analysis of variance, there is a significant difference in the score of GHQ across ethnic groups. The mean score of Malay adolescents is significantly different from the mean score of Chinese adolescents. The mean score of Indian adolescents however, is not significantly different from the mean scores of the Malay and Chinese adolescents. These findings provide new knowledge for school counselling services regarding ethnic differences in psychological distress and inform the way forward for future research in the field of adolescent psychology.*

**Keywords:** Adolescence, psychological distress, emotions, ethnics, Malaysia

### **INTRODUCTION**

Adolescence is a developmental stage where individuals face important biological, cognitive and social transitions such as from childhood to puberty, logical to abstract thinking and in copying others instead of building their own identity (Santrock, 2017; Bee & Boyd, 2014; Berk, 2007). The changes due to transition processes they experienced may increase the probability of then experiencing poor mental health. Studies have indicated that adolescence is a period that is critical for the onset and development of depressive problems (Angold, Erkanli, Silberg, Eaves, & Costello, 2002; Wade, Cairney, & Pevalin, 2002). Based on systematic reviews conducted for the Global Burden of Disease Study 2010-2013, the mean of prevalence data for mental disorders for individuals of the age between 5-17 years was 6.7% whereby 6.2% had depressive symptoms while 3.2% were diagnosed to be suffering from anxiety (Erskine et al., 2017). According to World Health Organization (WHO, 2019), globally 10-20% of children and

adolescents experience mental disorders. In Malaysia, the Institute for Public Health (IPH) through the National Health and Morbidity Survey (NHMS) indicates that the prevalence of mental health problems among individuals aged 16- to 19-year-olds was 34.7% while 10- to 15-year-old, the prevalence was 11.4% in 2017 (IPH, 2017).

The statistical figures mentioned earlier demonstrate that high percentage of adolescents in national and international contexts are experiencing mental health problems. The mental health problems reported by different agencies represented different life experiences that include depression (Vreeman, McCoy, & Lee, 2017; Woods, Farineau, & McWey, 2012), anxiety (Simonds, Pons, Stone, Warren, & John, 2013), psychological distress (Rickwood & D'Espaignet, 1996) and multiple disorders. Among these indicators of mental health, psychological distress is the indicator that is most commonly examined in non-clinical participants when investigation regarding general mental health is required.

Psychological distress is a subjective unpleasant feeling that interferes with daily functions such as sleeping, working, and having meals. Studies have shown that psychological distress is related to sleep problems (Steptoe, O'Donnell, Marmot, & Wardle, 2008), predicts absence from work (Hardy, Woods, & Wall, 2003) and influences food choices and diet patterns (Lawrence, 2015). Psychological distress can be understood through the continuum between 'mental health' and 'mental illness' at opposing ends. As individuals continue to experience different events in life, they are always moving back and forth on the continuum at different times throughout their lives and this process will retain emotional balance in individuals, allowing them to function well. However, there can be a situation (e.g., death of father) that may elicit negative feelings (e.g., sadness, helplessness and anxiousness) and the feeling could not disappear easily. As a result, the individual will be less concerned with his/her life and be absent from work or school. These conditions merit a significant reason to investigate psychological distress extensively and particularly among adolescents. With a wide-ranging research on psychological distress among adolescents being conducted, the present study attempts to further investigate psychological distress among adolescents of different ethnic groups.

Of many researches that examine psychological distress, a number of them has examined psychological distress or mental health issues of different ethnic groups in society. A study among low-income African Americans in the USA indicates that adolescents in the study have problems of conduct disorder, PTSD and depression (Byck et al., 2013). A study in China that examined the association between stress and psychological distress among Chinese adolescents (13-19-years-old) in Beijing and Xian has demonstrated that perceived stress correlated with internalizing and externalizing outcomes that include poor mental health i.e., depression and anxiety (Hsieh et al., 2014). In Malaysia, a study conducted on late adolescents (i.e., 82% Malays; 14% Chinese; 4% Indians) reported that the majority of the respondents were not categorized as having psychological problems (Zulkefly & Baharudin, 2010). This is consistent with a Malaysian national survey (IPH, 2017) that shows the prevalence of mental health problems among Malaysian adolescents is low: 34.7% (for those aged between 16 to 19) and 11.4% (for those aged between 10 to 15). Findings from the mentioned studies imply that mental health problems among adolescents are universal and studies from different contexts demonstrate that adolescents do experience some form of mental disorder. However, the pervasiveness varies between context, culture, and in particular, ethnicity, being aware of the differences in

psychological distress with regards to these variable will leads to effective intervention programmes.

Studies have investigated psychological mental health problems among adolescents from different ethnic groups. A study in the United States of America that compared the incidence of depressive symptoms among Anglo, African, Mexican and other Hispanic American adolescents suggested that Mexican American adolescents reported more depressive symptoms than the Anglo majority after controlling for age, gender, perceived health and family income (Roberts & Sobhan, 1992). This is consistent with a study in Malaysia that demonstrates how Indian adolescents showed the highest prevalence of mental health problems (in particular feeling lonely) compared to Malay and Chinese adolescents (IPH, 2017). Another study among late Malaysian adolescents and emerging Malaysian adults (18->20-years-old) which has Malay as the majority respondents (93.5%) reports that the prevalence of psychological problems (i.e. emotional disorder) was high (48.3%) (Al-Naggar & Al-Naggar, 2012). Thus, studies in America and Malaysia indicate differences in psychological mental health problems found among minority groups (USA=African American; Malaysia=Indian).

In relation to differences between ethnic groups in facing psychological distress, this paper attempts to present data on the level of psychological distress reported by adolescents from three different ethnic groups in Malaysia, namely the Malay, Chinese and Indian. Members of the three different ethnics groups are citizens of Malaysia but each has different religious and cultural backgrounds. This paper also takes into consideration the inspiration of religion and culture in individuals' social cognitive and how the variables contribute in perceived stress. In short, the present study investigates whether the three ethnic groups (which have different life experiences due to differences in culture and religion) have differences in their psychological distress.

## **METHODOLOGY**

### **Participants**

A total of 600 adolescents from secondary schools in several states (i.e. Kuala Lumpur, Selangor, Penang and Kelantan) in Malaysia were approached as participants. Of this number, only 571 completed the questionnaires (a response rate of 95.16%). The age range of the sample was 14-19-years-old (mean=16.1, SD=1.4). While the majority of the participants were girls (n=367; 64.5%), the remainder were boys (n=202; 35.5%). In terms of ethnic groups, 79.3% were Malays (n=453), 10.9% were Chinese (n=62), 9.5% were Indians (n=54) and 3% were missing cases (n=2). In this sample, 21.0% (n=121) of the adolescents were from secondary schools which integrate both religious and national curricula in their school programme while the other 79% (n=450) were from secondary schools which only concentrate on the national curriculum, in their school programme.

### **Measures**

#### *General Health Questionnaire (GHQ)*

The psychological health of the participants was measured using the General Health Questionnaire -12 (Goldberg, 1972). The GHQ is a self-administered screening instrument which

was developed to identify two main categories of problems: inability of an individual to carry out a daily life in a normal and healthy function, and the presence of new distressing experiences by an individual within the past few weeks (Golberg & Hillier, 1979). It only covers personality disorders or patterns of adjustment that are associated with distress. The GHQ has different versions that varied in the number of items; the main version of GHQ contains 60 items while the other versions encompass 30, 20 or 12 items. The 30-, 20- and 12-item versions are balanced in the number of items that indicate disorder if answered 'yes' and indicate disorder if answered 'no'. It takes 6 to 8 minutes to complete the GHQ-60 and 3 to 4 minutes to fill up the GHQ-30 (Goldberg, 1978).

For the present study, the 12-item version was used (Goldberg, 1972). The questionnaire was translated into Malay language by translators using the repeated 'forward-backward' procedure. The translators were fluent in both English and Malay. The translation procedures were repeated several times until the final Malay version was reached. Items were scored on a 4-point Likert scale (0-3), with higher scores indicating higher levels of psychological disturbance. It has a good scores of reliability.

#### *Demographic Questionnaire*

Information concerning the adolescents' demographic characteristics was obtained using newly developed demographic questionnaire. It consists of questions regarding age, sex, ethnic group, citizenship, type of school and year of school. Information on the participant's parents was also asked.

#### *Procedures*

The present study adopted a convenient sampling method in recruiting participants. The procedure started with applying permission to conduct the study from the principals of selected secondary schools. The schools were located at different states around Peninsular Malaysia. After receiving permission, the researcher deployed enumerators to meet the teachers-in-charge who assisted the enumerators through the processes of data collecting. Before data collection started, all enumerators received a short briefing about the participating schools and steps to be taken in administering the survey. Every enumerator was provided with questionnaires, informed consent forms and standardized instructions for the participants.

#### *Data Analysis*

All data were analysed using the SPSS software, version 24. The statistical analyses used in the present study comprised of descriptive statistics and one-way analysis of variance (ANOVA). The descriptive statistics include means and standard deviation of studied variables. The results from descriptive analysis were significant to provide basic statistical information about the data such as mean and standard deviation of total GHQ scores and GHQ scores by ethnic groups. On the other hand, ANOVA had been used in the present study to examine the differences of mean scores of GHQ of Malay, Chinese and Indian adolescents.

## RESULTS

Table 1 presents the characteristics of GHQ scores of the sampled Malay, Chinese and Indian adolescents. The mean score of GHQ for all respondents was 11.07 ( $S.D=5.61$ ). A possible score for GHQ ranged from 0-36. In this study, the actual maximum score was 30 and minimum score was 0. The mean score of all groups was below the 50% cut-off point (i.e., 50% of 36=18). However, the GHQ scores by ethnic groups demonstrate different patterns. Mean scores were achieved for the Malays ( $M=11.34$ ;  $S.D=5.57$ ), the Chinese ( $M=9.52$ ;  $S.D=5.27$ ) and the Indians ( $M=10.56$ ;  $S.D=6.12$ ). For actual GHQ scores by ethnic groups, the Malays (Max=30.00; Min=0), the Chinese (Max=21.00; Min=0) and the Indians (Max=25.00; Min=1). The results show some variations in the GHQ scores between ethnic groups.

Table 1: Characteristics of General Health Questionnaire Scores

	N(n)*	Mean	Standard Deviation	Possible Score		Actual Score	
				Max	Min	Max	Min
<b>GHQ</b>							
All respondents	567	11.07	5.61	36	0	0	30
Malay	453	11.34	5.57	36	0	0	30
Chinese	61	9.52	5.27	36	0	0	21
Indian	53	10.56	6.12	36	0	1	25

*\*excluding 4 missing cases*

A one-way between-group analysis of variance was conducted to explore the impact of ethnic groups on levels of psychological distress as measured by the General Health Questionnaire 12 (GHQ-12). Participants were divided into three groups according to their ethnic groups (Group 1: Malay; Group 2: Chinese; Group 3: Indian). There were statistically significant differences at the  $p, .05$  level in the GHQ scores for the three ethnic groups:  $F(2, 564) = 3.07, p=.04$ . Despite reaching statistical significance, the actual difference in mean scores between the groups was quite small. The effect size, calculated using eta squared, was .01. Post-hoc comparisons using the Turkey HSD test indicate that the mean score for Group 1 ( $M=11.34, SD=5.57$ ) was significantly different from Group 2 ( $M=9.52, SD=5.27$ ). Group 3 ( $M=10.56, SD=6.12$ ) did not differ significantly from either Group 1 or 2.

## DISCUSSION

This study empirically evaluates the differences in psychological distress, specifically looking into whether there are differences between Malay, Chinese and Indian adolescents in psychological distress. Data collection using the survey method was employed; a set of questionnaire had been given to every participant with the help of enumerators. Descriptive findings demonstrate that Malay adolescents' mean score was the highest, probably due to large number of sample ( $n=453$ ). However, although Indian adolescents ( $n=53$ ) were fewer in number than their Chinese counterparts ( $n=63$ ), their GHQ-12 mean score was higher than the Chinese. This is probably related to what was found in NHMS (2017) that across Malaysian that of ethnic

groups, Indian adolescents show the highest incidence of mental health problems in comparison to Malay and Chinese adolescents. This may probably be due to socio-economical factor. In this present study, the majority of Chinese adolescents came from families who were entrepreneurs; on the other hand, the majority of Indian families were labourers while only a few were in professional jobs like doctors, engineers and lawyers. Rationally, adolescents from the labourer families tend to face more life challenges, potentially originating from tight socio-economic factors. Thus, this may probably be a contributing factor for Indian adolescents scored higher in GHQ-12 than the Chinese. However, through the descriptive findings (the mean scores), one cannot make the conclusion that the Indian group is of the higher GHQ-12 score among the adolescents. To find whether there is significant variation in psychological distress across ethnic groups, the next discussion will deliberate on the issue using the one-way analysis of variance (ANOVA).

A study in the USA found differences between different ethnic groups (i.e., Anglo, African, Mexican and other Hispanic Americans) in psychological disorders (i.e., depression) (Roberts & Sobhan, 1992). It is consistent with the results in the present study that the evidence from the ANOVA shows that in general, there were significant differences in psychological distress between the three ethnic groups. The results indicated that the mean score of GHQ-12 of the Malay group was significantly different from the mean score of the Chinese group. On the other hand, the mean score of the Indian group was not significantly different from Chinese and Malay groups. This implies that the Indian group was neither better nor worse than the other two groups in psychological distress. However, there was a difference between the Malays and the Chinese in psychological distress. Malay adolescents were slightly worse than the Chinese adolescents in experiencing psychological distress. This is inconsistent with the study by Zulkefly and Baharudin (2010) which reported the majority of respondents were under the cut-off point of having psychological distress and there was also no difference across ethnic groups. The inconsistency in the findings may possibly relate to the age of respondents. In Zulkefly and Baharudin's (2010) study, the samples were between late adolescence and emerging adulthood stage whereby they were more matured and less emotionally unstable. In comparison, the samples of the present studies ranged between early to late adolescence and the average age was 16-years-old. They are in the stage where there is in-fighting with their real self, emotions and ideal self.

The present study has several significant implications that are related to two aspects: (1) adolescents and mental health, and (2) intervention programmes. Data obtained from this study suggest that the psychological distress of adolescents is below the average score of GHQ-12. The mean 11.07 suggests that psychological distress of Malaysian adolescents is still low but a proper intervention is required to prevent adolescents from experiencing higher psychological distress in the future. Although there are differences in psychological distress between ethnic groups, in particular between the Malays and the Chinese, an intervention programme that is similar for all is also possible because the differences or effect size are very small. There is a probability that the same module will fit well for all three ethnic groups.

In terms of limitations, this study is a cross-sectional survey whereby the responses given by the respondents reflect the time and place when they answer the questionnaire. A longitudinal study that follows the samples and administers the questionnaire again after a certain time may give a

variety of data. Another limitation of the present study is the unequal distribution of sample from different ethnic groups. As this is an exploratory study in investigating the differences between ethnic groups in experiencing psychological distress, it is recommended that researchers in the future recruit equal number of sample from each ethnic group, in the hopes that bigger effect size will be obtained.

## CONCLUSION

In conclusion, the present study has addressed its research question, which seeks to scientifically investigate the differences between ethnic groups (Malay, Chinese and Indian) in psychological distress. The overall findings of the study demonstrates that there is a significant difference in psychological distress between the ethnic groups. Hence, future researchers could look into these specific aspects, especially those factors that contribute to the differences in psychological distress between Malay, Chinese and Indian adolescents.

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