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Effects of Family Functioning, Social Support and Self-Efficacy on Depressive Symptoms

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Depression is one of the most common mental health issues due to different factors such as family functioning, social support and self-efficacy. There have been opposing views on how these factors affect depressive symptoms. Thus, this study aims to investigate the predicting effects of family functioning, social support and self-efficacy on depressive symptoms among emerging adults in Malaysia. Convenient sampling was used to recruit 214 emerging adults of age 18 to 25 years old. Participants were given a questionnaire which comprised of four scales namely Family Assessment Device (FAD), Multidimensional Scale of Perceived Social Support (MSPSS), General Self-Efficacy Scale (GSE), and Depression Anxiety Stress Scale (DASS). Pearson correlation and multiple regression were used to test the hypotheses. The current study found a weak, significant negative correlation between social support and depressive symptoms as well as a moderate, significant negative correlation between self-efficacy and depressive symptoms. When all 6 dimensions of family functioning (problem solving, communication, roles, affective responsiveness, affective involvement and behavioral control) were tested in the regression model, only roles and problem solving significantly predicted depressive symptoms with roles being the strongest predictor. In another multiple regression analysis, when social support, self-efficacy and all dimensions of family functioning were included simultaneously in the regression model, only roles and social support significantly predicted depressive symptoms with roles being the strongest predictor. Overall, we concluded that among all the factors tested in the current study, roles and social support impacted the most on the development of depressive symptoms.

Keywords: depressive symptoms, family functioning, social support, self-efficacy

Depression is one of the most common mental health disorders (Liu et al., 2019). The World Health Organization (WHO, 2020) reported that more than 264 million people suffer from depression globally. The estimated prevalence of depression has increased from 3.44% in 2017 to 25% in 2020 due to the Covid-19 pandemic (Notivol et al., 2020). In Malaysia, a study by Chin et al. (2019) found that out of 852 adolescents, 29.9% of the participants were experiencing depressive symptoms. The high prevalence of depression especially in Malaysia is concerning due to the negative impact of depression on a person.

A person with depression could be affected mentally and physically which would decrease the quality of life, increase chronic illness such as hypertension and cardiovascular diseases as well as suicide (Liu et al., 2019; McLaughlin, 2011; Richards et al., 2016). Moreover, one's daily functioning would be impaired (Liu et al., 2019) and the mortality rate will

increase (Richards et al., 2016). Many factors contribute to the development of depression such as biological, social and cognitive factors. Children with parents who have a history of depression have a higher susceptibility to developing depression throughout their lives (Daches et al., 2018). Age and relationship difficulties are also found to be related to depression (Richards et al., 2016). In this study, we are exploring the effects of family functioning, social support and self-efficacy on depressive symptoms among emerging adults.

According to the social cognitive theory, human functioning is shaped by the interaction between behavioral factors, personal factors and environmental factors (Bandura, 1988). Based on this theory, each factor is interacting with the others. In the present study, we are looking at how the environmental, personal and cognitive factors interact. Our study focuses on the social aspect of the environmental factor namely family functioning and social support as well as the effective element of the personal factor which is depressive symptoms (Compton et al., 2005). The reason for focusing on the social aspect of the environmental factor is because people are social beings and each interaction we have plays a significant role in our lives (Bernstein et al., 2017). For instance, the study by Pantelidou et al. (2019) showed that family functioning does play a role in depressive symptoms among different cultures such as the Greeks and Albanians. In addition, past studies by Pettit et al. (2011) and Tengku Mohd et al. (2015) which were done in Western Oregon among emerging adults and Malaysia among older adults respectively, showed that social support did affect depressive symptoms. It could also be seen that family functioning affects depressive

symptoms across different age groups such as emerging adults, adults and children (Cheung et al., 2018; Daches et al., 2018; Sarmiento & Cardemil, 2009). These past studies highlighted that the environmental factor namely family functioning and social support affects depressive symptoms across different cultures and age groups.

The social cognitive theory also emphasizes how cognitive factors such as self-efficacy play a role in depressive symptoms. According to Tak et al. (2017), depressive symptoms occur due to the difference between perceived capabilities which are self-efficacy and actual capabilities. Individuals' belief in their capabilities plays a major role in the development of depressive symptoms whereby individuals are less likely to experience depressive symptoms if they believe in their abilities. This can be seen in the studies by Muris (2002), and Soysa and Wilcomb (2015) which were done in Belgium among adolescents and in the USA among emerging adults respectively which showed that self-efficacy affected one's depressive symptoms. Therefore, based on the social cognitive theory, family functioning, social support and self-efficacy are important factors that would affect depressive symptoms.

Family functioning is defined as the characteristics of the family environment from the social and structural aspects (Lewandowski et al., 2010). A recent study by Shao et al. (2020) found a negative relationship between family functioning and depressive symptoms whereby the higher the family functioning, the lower the chances of developing depressive symptoms. In addition, research on the effects of family functioning on depressive symptoms has been conducted among various groups of

samples (Bellin et al., 2010; Cheung et al., 2018; Daches et al., 2018; Dyer et al., 2012; Shao et al., 2020). It was found that dysfunctional families increased the likelihood of developing depressive symptoms among HIV patients (Dyer et al., 2012), children (Daches et al., 2018), medical students (Shao et al., 2020) and emerging adults (Cheung et al., 2018). Thus, being satisfied with one's family functioning is a very crucial factor in reducing depression (Bellin et al., 2010).

On top of that, there are six dimensions of family functioning based on the Family Assessment Device (FAD) which are problem-solving, communication, roles, affective involvement, affective responsiveness and behavioral control (Epstein, 1983). Researchers have differing views on the effects of different dimensions of family functioning on depressive symptoms (Pantelidou et al., 2019; Wang et al., 2012; Wang & Zhao, 2013). All dimensions of family functioning were found to be associated with depressive symptoms in a study conducted among families with depressed patients (Wang et al., 2012). However, when depressed patients were involved, four out of six dimensions of family functioning namely roles, communication, problem-solving and behavioral control significantly associated with depression (Wang & Zhao, 2013).

In addition, there are limited studies that investigated the predictive value of family functioning dimensions on depressive symptoms. Among the few studies was the study done by Pantelidou et al. (2019) which studied the effects of family functioning among Albanian migrants and Greeks in Greece. This study showed that among the Albanians, behavioral control was a stronger predictor of depressive symptoms whereas, among the Greeks,

problem-solving played a stronger role in the development of depressive symptoms. Thus, it can be seen that there are varied results on which dimensions of family functioning predict depression among different cultures. Therefore, this study will be exploring which dimension of family functioning predicts depression among Malaysian emerging adults.

Another important factor that is related to depressive symptoms is social support. Social support is defined as the availability and adequacy of the support a person perceives that they have from their social connections (Eagle et al., 2018). Social support is said to be important in maintaining good health mentally and physically and also act as a protective factor for depression (Alsubaie et al., 2019; Dao et al., 2007; Pettit et al., 2011; Tengku Mohd et al., 2019; Wang et al., 2014; Young et al., 2005). Pettit et al. (2011) found good social support helps to reduce depressive symptoms among emerging adults whereas Tengku Mohd et al. (2019) revealed having good support from friends, family and significant others was likely to reduce depressive symptoms. Nevertheless, Amit et al. (2017) who studied the predictive effects of reasons for living and general social support on depression found that general social support did not predict depression. Due to this differing view on the effect of social support on depression, this study aimed to determine the relationship between social support and depressive symptom as well as to explore the predicting effects of social support on depressive symptoms in a regression model with family functioning and self-efficacy.

Both family functioning and social support were supported using the sociocultural model of depression where this model highlighted the

importance of takinghaving aon into account social and cultural factors when discussing depressive symptoms (Bernaras et al., 2019; Bina, 2008). Past studies found that low levels of family functioning were associated with a higher risk of depressive symptoms among Hispanics (Lorenzo-Blanco et al., 2012) and Iranians (Khodarahimi, 2011). Specifically, frequent family conflict and lower family cohesion would increase the risk of depression among adolescents (Lorenzo-Blanco et al., 2012). Moreover, low levels of social support were related to higher levels of depressive symptoms in various cultures such as among the African-Americans (Holden et al., 2012), Chinese (Li et al., 2017) and Western Oregon (Pettit et al., 2011). Therefore, based on the sociocultural model of depression, family functioning and social support would play a role in depressive symptoms among emerging adults in Malaysia.

Other than family functioning and social support, self-efficacy is another important factor that could affect depressive symptoms. Self-efficacy is defined as an individual's belief or confidence in their capabilities to carry out a certain task (Yusuf, 2011). According to the social cognitive theory, self-efficacy can be achieved in multiple ways. Among them are succeeding in tackling difficulties due to one's effort, seeing others succeed in getting through their obstacles, or being complimented on their competence which is called social persuasion (Tak et al., 2017). Self-efficacy is said to be a predictor of depressive symptoms whereby a person with high self-efficacy may be less prone to developing depressive symptoms as they believe in their abilities to tackle obstacles that come their way (Gençoğlu et al., 2018).

A past study by Wang et al. (2019) showed that a higher level of general self-efficacy was associated with a lower level of depression and anxiety among newly HIV-diagnosed Chinese patients. Similar results were shown among adolescents and emerging adults where lower self-efficacy was related to higher depressive symptoms (Muris, 2002; Soysa & Wilcomb, 2015; Tahmassian & Jalali Moghadam, 2011). However, there have been some inconsistencies in the predicting effect of self-efficacy on depressive symptoms. This was demonstrated in a study that investigated the effect of general self-efficacy on depression, anxiety and stress among university students which showed that general self-efficacy did not predict depression (Gençoglu, 2018). Tak et al. (2017) also found that self-efficacy was related to depressive symptoms, but did not predict depressive symptoms in a longitudinal study conducted among adolescents. Due to the inconsistent results, other than determining the relationship between self-efficacy depressive symptoms, this study will also delve into the predicting effects of self-efficacy on depressive symptoms along with family functioning and social support.

From the review of the past studies above, we see that there were different outcomes on the effects of family functioning, social support, and self-efficacy on depressive symptoms. Moreover, there is a lack of studies that look into the effects of these predicting variables simultaneously on depressive symptoms among emerging adults. Emerging adulthood is an important development stage as emerging adulthood is a time where individuals are transitioning from having less to have more independence, but still not having the same responsibilities an adult has. This developmental period is

the time emerging adults start to develop a sense of individuality and self-efficacy plays a role in that development (Cheung et al., 2018). This is also the time when social support and the functioning of the family have increased importance in a person's life (Cheung et al., 2018; Pettit et al., 2011). Therefore, the purpose of this study is to examine the predicting effects of family functioning, social support and self-efficacy on depressive symptoms among Malaysian emerging adults. We hypothesized that 1) All the dimensions of family functioning will significantly predict depressive symptoms and 2) All the dimensions of family functioning, social support and self-efficacy will significantly predict depressive symptoms.

Method

Research Design

This study used a cross-sectional research design to study the predicting effects of family functioning, social support and self-efficacy on depressive symptoms among Malaysian emerging adults. An online survey method was used to distribute the questionnaire.

Participants

286 participants were recruited for this study. After excluding incomplete data and outliers, only 214 participants of ages 18 to 25 years old (Mean = 21.76, SD = 1.64) were included in the data analysis. They were not diagnosed with any mental disorder. Thirty-six of the participants were males while 178 were females. The study consisted of 45.3% Chinese participants. In terms of education level, there were 77.6% of participants from degrees. The participants' demographic information is shown in Table 1.

Table 1
Participants' demographic information (N = 214)

	n	*%*
Gender		
Male	36	16.8
Female	178	83.2
Race		
Malay	68	31.8
Chinese	97	45.3
Indian	40	18.7
Others	9	4.2
Education Level		
A-Levels/Diploma/Foundation	33	15.4
Degree	166	77.6
Masters	12	5.6

Others	3	1.4

Measures

The Family Assessment Device (FAD; Epstein et al., 1983)

The Family Assessment Device scale was used to measure an individual's family functioning. The FAD scale consists of 53 items with seven subscales which are behavioral control, roles, affective responsiveness, affective involvement, communication, problem-solving, and general functioning. This scale uses a 4-point Likert-type scale where 1= strongly agree and 4= strongly disagree. For each subscale, the mean score was calculated whereby the higher the score, the lower the functioning in each subscale. Items from each subscale that are positively worded are reverse scored. Although there are seven subscales in the Family Assessment Device, this study only focused on the six dimensions of family functioning (behavioral control, roles, affective responsiveness, affective involvement, communication, problem-solving). In the current study, each subscale in this scale had a high Cronbach alpha's value (Problem-solving =. 74, communication =. 75, roles =. 72, affective responses =. 83, affective involvement =. 78, behavioral control =. 72, general functioning =. 92).

Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988)

The MSPSS scale was used to measure the social support that an individual has. The MSPSS scale has 12 items and uses a 7-point Likert scale where 1= very strongly disagree and 7= very strongly agree. Social support was calculated based on the mean score whereby a higher score indicated stronger social support. The Cronbach alpha's value for social support was .88.

General Self-Efficacy Scale (GSE; Schwarzer, 1995)

The General Self-Efficacy Scale was used to measure an individual's general self-efficacy. The GSE scale consists of 10 items and is rated on a 4-point Likert-type scale where 1= not at all true and 4= exactly true. A higher score indicates higher self-efficacy. The Cronbach alpha's value for self-efficacy was .88.

Depression Anxiety Stress Scale - 21 (DASS-21; Lovibond & Lovibond, 1995)

The depression subscale of the DASS-21 scale was used to measure the individual's level of depressive symptoms. The depression subscale has 7 items and is rated a 4-point Likert-type scale where 0 = did not apply to me at all and 4 = applied to me very much / most of the time. A higher score indicates a higher level of depressive symptoms. The Cronbach alpha's value for depressive symptoms was .92.

Procedure

Ethics approval was obtained from Sunway's Psychology Department Research Ethics Committee (Approval Code: 202010104). Data collection was conducted from November 2020 to December 2020. Participants were approached online using social media sites such as Facebook, Instagram, Twitter and WhatsApp. Interested participants were given a survey link to a Qualtrics form which included the participant's information sheet, consent

form, demographic form, four scales and debriefing sheet. It takes approximately 20-25 minutes to complete this survey.

Data Analysis

The data were analyzed using SPSS software. Pearson Correlation was used to determine the relationships between family functioning dimensions, social support, self-efficacy and depressive symptoms. Whereas to determine whether all the family functioning dimensions predicted depressive symptoms (H1) as well as whether the family functioning dimensions, social support and self-efficacy predicted depressive symptoms (H2), standard multiple regression was used. The data were normally distributed and the multicollinearity assumption was not violated.

Results

Pearson correlation was used to test the relationships between social support, self-efficacy and depressive symptoms. Both social support and self-efficacy had a significant negative correlation with depressive symptoms with social support correlating moderately with depressive symptoms, $r(214) = -.33$, $p < .001$ whereas self-efficacy was found to correlate weakly with depressive symptoms, $r(214) = -.22$, $p < .001$. This result indicated that the higher one's social support and general self-efficacy, the lower the depressive symptoms. Moreover, all six dimensions of family functioning (behavioral control, roles, affective responsiveness, affective involvement, communication and problem-solving) were significantly correlated with depressive symptoms. The results are presented in Table 2.

Table 2

Mean, standard deviations and Pearson correlation for family functioning dimensions, social support, self-efficacy and depressive symptoms

No	*M(SD)*	1	2	3	4	5	6	7	8
1. Problem-solving	2.20(0.54)	-							
2. Communication	2.43(0.42)	.52***	-						
3. Roles	2.51(0.36)	.32***	.42***	-					
4. Affective responsiveness	2.59(0.58)	.44***	.48***	.56***	-				
5. Affective involvement	2.49(0.53)	.17*	.35***	.49***	.51***	-			
6. Behavioural control	2.27(0.41)	.07	.20*	.39***	.37***	.41***	-		
7. Social support	5.07(1.03)	-.28***	-.33***	-.24***	-.36***	-.22*	-.34***	-	

8. Self-efficacy	29.65(4.22)	-.13*	-.15*	-.02	-.04	.04	-.23***	.38***	-
9. Depressive symptoms	6.43(4.98)	.29***	.32***	.33***	.23***	.26***	.22***	-.33***	-.22***

*p < .05. ***p < .001

To test the predicting effects of family functioning dimensions (roles, communication, affective responsiveness, affective involvement, problem-solving and behavioral control) on depressive symptoms, standard multiple regression was used. From the analysis, it was shown that the model significantly predicted depressive symptoms, $R =.42$, $R^2 = .18$, $F(6, 207) = 7.44$, $p < .001$. From the coefficient table, only roles ($\beta = .17$, $t = 2.08$, $p = .039$) and problem solving ($\beta = .16$, $t = 2.06$, $p = .041$) significantly predicted depressive symptoms with roles being the strongest predictor of depressive symptoms across all six family functioning dimensions. Higher scores for the roles dimension of family functioning indicates the lower the ability for the family to stick to their roles, and the higher the scores for the problem-solving dimension of family functioning demonstrates the lower the family's problem-solving ability. Thus, individuals from a family who are weak in managing their roles and solving problems are more likely to develop depressive symptoms. The first hypothesis was partially supported. The multiple regression analysis results are displayed in Table 3.

Table 3
Multiple regression analysis of family functioning dimensions on depressive symptoms (N = 214)

Predictors	R	R^2	F	B	SEB	β	t	p
Regression model	.42	.18	7.44					
Problem-solving				1.47	0.71	.16	2.06	.041
Communication				1.59	0.95	.13	1.67	.096
Roles				2.33	1.12	.17	2.08	.039
Affective responsiveness				-0.38	0.75	-.04	-0.50	.618
Affective involvement				0.80	0.75	.08	1.06	.291
Behavioral control				1.22	0.88	.10	1.39	.167

Standard multiple regression was used to test the second hypothesis in determining the predicting effects of family functioning dimensions (roles, communication, affective responsiveness, affective involvement, problem-solving and behavioral control), social support and self-

efficacy on depressive symptoms. From the analysis, it was shown that the model significantly predicted depressive symptoms, $R = .47$, $R^2 = .22$, $F(8, 205) = 7.42$, $p < .001$. From the coefficient table, only roles ($\beta = .19$, $t = 2.36$, $p = .019$) and social support ($\beta = -.17$, $t = 2.28$, $p = .024$) significantly predicted depressive symptoms with roles being the strongest predictor of depressive symptoms, followed by

social support. The results revealed that individuals from a family who do not manage their roles well and have low social support are more likely to experience depressive symptoms which partially supported the second hypothesis. The multiple regression analysis results are displayed in Table 4.

Table 4
Multiple regression analysis of family functioning dimensions, social support and self-efficacy on depressive symptoms (N = 214)

Predictors	R	R²	F	B	SEB	β	t	p
Regression model	.47	.22	7.42					
Problem-solving				1.16	0.70	.13	1.65	.100
Communication				1.02	0.94	.09	1.09	.277
Roles				2.58	1.10	.19	2.36	.019
Affective responsiveness				-0.55	0.75	-.06	-0.73	.464
Affective involvement				1.05	0.74	.11	1.42	.158
Behavioral control				0.18	0.91	.02	0.20	.840
Social support				-0.81	0.36	-.17	-2.28	.024
Self-efficacy				-0.15	0.08	-.13	-1.82	.070

Discussion

The purpose of this study was to investigate the effects of family functioning, social support and self-efficacy on depressive symptoms among Malaysian emerging adults. The findings of the study showed that when all 6 dimensions of family functioning were regressed against depressive symptoms, only the roles and problem-

solving dimensions of family functioning significantly predicted depressive symptoms. In addition, when family functioning dimensions, social support and self-efficacy were included in the regression model as predictors based on the social cognitive theory, only the roles dimension of family functioning and social support significantly predicted depressive symptoms.

Social support had a significant negative relationship with depressive symptoms. This means that the higher the level of social support an individual has, the less likely that they would develop depressive symptoms. This result supported finding from past studies (Alsubaie et al., 2019; Tengku Mohd et al., 2019) and is by the social cognitive theory whereby social support which is an environmental factor, was correlated with depressive symptoms, which is considered a personal factor. The feeling of being supported and appreciated can act as a protector against depression (Alsubaie et al., 2019). This is because strong social support may alleviate stress as we have someone to lean on (Tengku Mohd et al., 2019). This may lower the chances of developing depressive symptoms, especially during times of struggles or a pandemic as the individual does not need to carry the burden alone.

When looking at the relationship between self-efficacy and depressive symptoms, it could be seen that self-efficacy was weak but significantly correlated with depressive symptoms. This result supported previous studies whereby individuals with higher self-efficacy are less likely to develop depressive symptoms (Soysa & Wilcomb, 2015; Wang, 2019). Based on the social cognitive theory, our cognition will affect our behavior. A higher level of self-efficacy may lead someone to believe that they can tackle any obstacles that come their way (Gençoğlu et al., 2018). Thus, the more someone believes in their ability to accomplish tasks, the less likely they will feel depressed.

An interesting finding was found when examining which family functioning dimensions predicted depressive symptoms. It was found that only problem-solving and roles of the family functioning dimensions significantly predicted depressive symptoms with roles being the strongest predictor. This result varied from the study done in Greece among the Albanian migrants and the Greeks which showed that behavioral control was a stronger predictor among the Albanian migrants while problem-solving was a stronger predictor among Greeks (Pantelidou et al., 2019). Our results showed that among Malaysian emerging adults, family roles had a bigger impact in predicting depressive symptoms, and this may due to the collectivistic culture in Malaysia. Sumari et al.'s (2020) study revealed that to have a functional family, each member should play their part based on hierarchal function. Once parents play their roles well, their children will respect their parents and eventually learn how to play their roles. By maintaining the roles of each family member, the family will be able to function well and be healthy mentally. Other than roles, problem-solving was a significant predictor of depressive symptoms. This may be because when family members are unable to effectively solve problems together, a sense of distress may occur within the family which may lead to problematic family functioning (Ahmadi et al., 2010). This problematic family functioning will then lead to the development of depressive symptoms (Yap & Jorm, 2015).

The importance of family roles in Malaysian families can be seen further in the fourth hypothesis when all the dimensions of family functioning, social support and self-efficacy were tested in the same regression model. The regression model showed that family roles and social support were the only two predictors that significantly predicted depressive symptoms with roles displaying the strongest predicting

effect. This result highlighted the importance of family roles in Malaysia where values such as cooperation and helpfulness are being prioritized in maintaining a functional family (Sumari et al., 2020). A lack of having proper roles in the family may lead to an increase in family dysfunction within the family which could then lead to the development of depressive symptoms.

Other than that, social support was the other significant predictor of family functioning indicating social support plays a more crucial than self-efficacy as self-efficacy was not a significant predictor of depressive symptoms. This may be because social support indirectly helps to improve one's self-efficacy. Self-efficacy is said to be formed when a person is given reassurance or support in accomplishing a task. This reassurance from social support can boost one's confidence level and increase self-efficacy (Wang et al., 2015). Without good social support, a person may not be able to discover and believe in their abilities especially in times of difficulties (Maddy et al., 2015).

There were several limitations in this study. Firstly, the study was conducted through self-reported surveys where social desirability bias may affect the findings. Nevertheless, we try to overcome this limitation by assuring the participants that all collected data will be kept confidential and no personal identifiers will be used. Furthermore, the standard multiple regression showed that the predictors only predicted 22% of the variance in depressive symptoms, with 78% unexplained variance by the data. This could be due to the contribution of other factors that could affect depressive symptoms such as stressful life events and relationship difficulties (Bernaras et al., 2019; Richards et al., 2016). It has

also been said that there may be an interaction effect between gender and ethnicity in depressive symptoms as females are more inclined to develop depression (Albert, 2015). The prevalence of depression may also be different across ethnicity. Thus, future studies should consider exploring other contributing factors of depressive symptoms. Finally, as this study focused on emerging adults in Malaysia, it cannot be generalized to other populations. Hence, future studies could replicate this study to see if similar outcomes would be produced with a different culture and age group.

The findings of this study could be beneficial to the society and community. To reduce the prevalence of depression among emerging adults, it is important to remind the community to provide good social support to emerging adults. Workshops can be conducted to increase the self-efficacy level among emerging adults. More importantly, promoting clear family roles and good problem-solving strategies to society is crucial in reducing the probability of developing depressive symptoms.

In conclusion, the present study is among the few studies that looked into the effects of all the dimensions of family functioning, social support and self-efficacy simultaneously. Although social support, self-efficacy and all the dimensions of family functioning were significantly correlated with depressive symptoms, family role affected depressive symptoms the most, followed by social support. Thus, having proper family roles and strong social support are crucial in reducing the likelihood of developing depressive symptoms.

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