

PERCEIVED SOCIAL SUPPORT AS A DETERMINANT OF DEPRESSION AMONG ADOLESCENTS OF MINORITIES IN PAKISTAN

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ABSTRACT

Objectives: *Being a part of minority is an experience which is reported to be associated with a number of painful experiences related to social division and inequality. The encountered difficulties when one reduced to a position of inferiority due to marginalization, put individual at risk of mental health problems, especially when it comes to critical phase of adolescence. However, among few protective factors Social Support is reported to have its significance in protecting minority adolescents from mental health problems. Present research aims to study the role of social support in determining the level of depression among adolescents belonging to religious minorities in Pakistan.*

Place of the Study: Karachi, Pakistan

Research Design: Correlational study

Sample and Method: *The participants of the study consisted of 147 adolescents of age range from 11 to 19 years, from minority groups (i.e. from Christianity, Hindu, and Parsi religion), approached at various schools and colleges of Karachi, Pakistan. It was hypothesized that perceived social support from family, friends and any significant others will be the significant predictor of level of Depression among minority adolescents. In order to test the variables Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet, & Farley, 1988) and Reynolds Adolescents Depression Scale, 2nd ed. (RADS-2 Reynolds, 2002) were administered.*

Results: *Linear Regression analysis was carried and the results are consistent with the hypothesis, as perceived social support appears as a significant predictor of level of depression in adolescents belonging to minorities in Pakistan [$R^2=.362$, $F(1, 145) = 82.429$, $p<.001$]. Further analyses reflect that*

among three sources of social support only family appears as a significant factor in predicting the level of Depression among Minority adolescents.

Keywords: Social Support, Minority, Adolescents, Depression

INTRODUCTION

Minority groups differ from majority groups on the basis of religion, race, language, tribe, class, caste and culture (Singh, Pandey, Tiwari, Panday & Maurya, 2009). Francesco Capotorti (1991) define minority as a group with lesser number of people with non dominant position than the other group of a country. Besides having nationality the group differs in characteristic from the members of dominant group and shows if only implicitly, a sense of solidarity to preserve their culture, customs, language or religion.

Minority groups usually stay at lower end of hierarchy and painful experiences are associated with their social division, exclusion and inequalities within dominant society. These painful experiences and perception of discrimination may lead to elevated mental illnesses which are highlighted in empirical findings (e.g. Landrine et al., 2006; Polanco-Roman & Miranda, 2013; Torres & Ong, 2010). Social group become vulnerable to mental illnesses, undermine their identity and status, when they are reduced to positions of inferiority (Wittkower & Dubreuil, 1968). A research indicates that high probability in depression among adolescents of minorities is linked with low social support and their social segregation (Berkman, Glass, Brissette & Seeman, 2000; Pickett & Wilkinson, 2008).

Researchers find out that adolescent school relationship act as a buffer against depressive symptomatology (Moon & Rao, 2010). Thomas and Choi in 2006, also emphasizes the importance of peer relationship and its important role in better mental health among adolescents of ethnic minorities. They conducted the research on Korean and Indian people and explore that the significant sources of support considered by immigrant youth are their family and friends, that serve as a protective factor against the effect of acculturative stress. Research evidence specifically report the role of emotional support in reduction of the impact of discrimination on youth protecting them against psychological distress (Ajrouch, Reisine, Lim, Sohn, & Ismail, 2010). Further Huang, Costeines, Ayala and Kaufman (2014) found less perceived social support as associated with higher depression in adolescent mothers of ethnic minorities.

Social support is a multidimensional concept broadly refers to the emotional, instrumental or informational assistance that is received from others (House, Umberson, & Landis, 1988). It also have been recognized by few as being of four types that are emotional, tangible, informational and companionship (Ford, Tilley, & McDonald, 1998; Taylor, 2011). The free exchange of resources either tangible or non tangible between at least two people raise the health of the person (van Dam, van der Horst, Knoops, Ryckman, Crebolder, 2004). Besides the various kind of social support research greatly emphasizes the source of social support as a very important aspect which determines the outcomes and mental health consequences. The most commonly reported sources are the family, friends, and some significant person from the environment.

The benefits of the social support may be direct or may be it act as a buffer against the stressors one experience (Ford, Tilley, & McDonald, 1998; Thoits, 1985). Cohen and Wills (1985) investigated the relationship of social support with well-being through direct and buffering model of stress. They found consistent evidence with both models and concluded efficacy of both models, with a little difference in the process of these models. During course of any stressful life event, good quality of social support is a very functional and useful aspect which buffers against stress and depression (Cohen & Wills, 1985; Stice, Ragan, & Randall, 2004).

In general the buffering function of social support found effective for well-being of an individual (Boehmer, Luszczynska, & Schwarzer, 2004). The stressful events according to buffering hypothesis of social support, will have a higher (negative) influence on those who have received low amount of social support (Thoits, 1985). Though it is said that the significance of social support is not just limited to the actual support provided, instead the person's perception of how much social support he is receiving also matters a lot. The perceived social support being regarded as the cognitive characteristic of a person (Klauer, 2005) evaluate one's perception regarding the overall satisfaction to, or availability of social support (Sarason, Sarason, & Pierce, 1990).

Low perceived interpersonal social support was found associated with major depressive disorder, generalized anxiety, social phobia and numerous physical health problems (Moak & Agrawal, 2010).A systematic review of 100 studies on Social support suggested the substantial role of social support in protecting against depression (Gariépy, Honkanemi, & Quesnel-Vallée, 2016).

They found the varied role of social support across life span with different significant sources of support in different stages of life. For adolescents parental support was reported to be the most important part (Boudreault-Bouchard, Dion, Hains, Vandermeerschen, Laberge, & Perron, 2013). Perceived functional social support found to be associated with depression. Absence of social support not only appears as associated with onset of depression but also linked with the relapse, both acting independently (Paykel, 1994).

A sample of undergraduate students were assessed by the measures of depression, perceived stress, and social support. Social support was found as moderator between stress and depression. When compared with the group with low social support group, in the high social support group the effects of stress on depression was found smaller (Wang, Cai, Qian, & Peng, 2014).

Some previous research suggested limited role of social support in face of any traumatic event, as the function of social support is to facilitate coping not to offset effects of stress associated with every day discrimination (Ajrouch et al., 2010; Grossman & Liang, 2008). However a large pool of literature exist on the significance of social support in protecting against adverse consequences of stressors or against depression (see Gariépy, Honkaniemi, Quesnel-Vallée, 2016). Reis, Azmitia, Syed, Radmacher, and Gills (2009) found that perceiving support from all three domains that are family, friends and teachers, was associated with the lowest depressive symptoms, in ethnically diverse adolescents.

Considering the significance of social support as the determinant of mental health outcomes specifically of depression, suggest the need to study the phenomenon in Pakistan, where the diverse population of religious minorities exists and very little research work has been done on this very important part of Pakistani population. It was thus hypothesized that perceived social support (Family, friend and any significant other) will predict depression in adolescents of minorities in Pakistan.

METHODOLOGY

The present study was designed to assess the role of social support as determinant of Depression in adolescents belonging to religious minorities. The main steps of the study included selection of the participants, administration of measures, and data analysis.

Participants

The participants of the present study included 147 adolescents (87 Boys, and 60 Girls), from religious minority groups i.e. 52 from Christians, 41 from Hindus, and 54 from Parsi religion. The participants were approached at different schools and colleges located in Karachi, Pakistan. The age of the participants ranged from 11 years to 19 years. Their educational level ranged from Grade 6 to 14.

Participants were also screened for any recent significant stressor in their life, as well as for any diagnosed physical or mental illness in self or in immediate family. In case of any, data was excluded from the study.

Measures

Demographic Information Form

A demographic form was developed to assess the relevant information of participants including their age, gender, education, family structure, number of siblings, birth order, variables related to socioeconomic status, parent related information, residential facility, presence of any physical or psychological illness in self or family, and presence of any significant stressor in recent past.

Reynolds Adolescent Depression Scale

The Urdu version of RADS-2 (Reynolds, 2002), which was translated by Sami, Ahmad, and Khanam (2013) was used in this research. The scale consisted of 30-self reported item and can screen the current level of depression among adolescents for age ranges of 11- 20 years. There are four basic sub scales that are Dysphoric Mood, Anhedonia / Negative Affect, and Negative Self- Negative Self-Evaluation, and Somatic Complaints. RADS-2 is a reliable and valid instrument with internal consistency of .92, test re-test reliability .85 and criterion-related validity is .82 (Reynolds, 2002). The psychometric properties of the Urdu version also reported (Sami, Ahmad, & Khanam, 2013) to be adequate

with Cronbach alpha .898, test retest reliability .858, and split half reliability .874.

Multidimensional Scale of Perceived Social Support (MSPSS)

The Urdu version of MSPSS (Zimet, Dahlem, Zimet, & Farley, 1988) was used. It is an instrument with 12 items that assesses person's perceived social support. It has 3 sub scales that is considered to measure the perceived social support from particular sources: family, friends, and significant others." The subjects are required to rate their perceptions of various sources of support, on a 7 point scale ranging from very strongly agree (7) to very strongly disagree (1). MSPSS has a good internal (.88) and test-retest (.85) reliability. Internal consistency is ranging from .84 to .92 for the scale as a whole, and for subscales. Similarly test retest reliability for sub scales ranged from ,72 to .85.

Procedure

Permissions were sought for the measures used in the study from publishers/ authors. Translated versions of both scales were used with the permission of the authors.

Various Schools and Colleges were approached for participation in research, after getting permission from the authorities. Participants of this study were purposively selected after getting consent from families and children screened as consistent to inclusion criteria. Further participants were assured of their rights regarding voluntary nature of participation, confidentiality, and to be dropped out any time they want from the study without any negative consequence. Written consent for participation was also taken. Participants agreed to participate in the present study were given demographic Information form and then the other two psychological measures were administered individually. Administration sequence of measures was same for all participants. Psychological measures including MSPSS (Zimet, et al., 1988), and RADS, 2nd ed. (RADS-2 Reynolds, 2002) were administered.

Participants were provided with a brief counseling session if they desire after the data collection and were provided information about researcher to contact in case of signs of any discomfort after research participation.

Statistical analysis

Data was analyzed using Statistical Package for Social Sciences (SPSS, V 23.0). Linear Regression analyses were conducted to find out the relationship of social support and its subscales with depression among religious minority adolescents.

RESULTS

Table 1

Summary of Linear Regression with Social Support as Predictor of Depression in Adolescents of Minorities

R	R²	Adjusted R²	df	F	Sig	Durbin Watson
.602	.362	.358	1, 145	82.429	.001	1.821

Table 2

Summary of Coefficients for Social Support as Predictor of Depression in Adolescents of Minorities

Model	Un standardized Coefficients		Standardized Coefficients	t	Sig
	B	Std. Error	Beta		
Constant	91.342	3.671		24.883	.001
Social Support	-.490	.054	-.602	9.709	.001

Table 3

Summary of Linear Regression with subscales of Social Support Scale as Predictor of Depression in Adolescents of Minorities

R	R²	Adjusted R²	Df	F	Sig	Durbin Watson
.611	.373	.360	3, 143	28.417	.001	1.847

Table 4

Summary of Coefficients for subscales of Social Support Scale as Predictor of Depression in Adolescents of Minorities

Model	Un standardized Coefficients		Standardized Coefficients	t	Sig
	B	Std. Error	Beta		
Constant	91.613	3.671		24.955	.001
Family	-.799	.217	-.365	-3.680	.001
Friends	-.415	.251	-.189	-1.657	.100
Significant Others	-.259	.229	-.118	-1.134	.259

DISCUSSION

The statistical analysis reflects social support as a significant predictor of depression that explains 36% variance in the scores of depression among adolescents belonging to minorities in Pakistan [$R^2 = 0.362$, $F (1,145) = 82.429$, $p < .001$; Table 1&2]. However further analysis reflects that only Family support appears as a significant predictor of depression in current study. The early adolescence is the critical phase in social development of children. According to Erickson (1950) and Harter (1999) adolescents is the stage where a stronger sense of self started to develop; they emphasized that the person's belief about their own self has an impact on their own lives and behaviors. Contextual domains such as family, peer and school (as significant other) has a great impact

on adolescent growth (Grotevant & Cooper, 1986; Maddox & Prinz, 2003; Levitt, Guacci-Franco, & Levitt, 1993). Bronfenbrenner's theory conceptualization suggests that social ecology of the person depends on four set of interacting systems. According to the theory the innermost level are the micro systems, which are the immediate social settings or contexts as well as the adolescents' relationships within these contexts. The adolescents' primary relationships within his or her microsystems are those with parents and other family members, teachers, and peer group members including friends and other influential peers.

Previous researches shows that rejection by peers can also have an adverse effect on various school related variables (Birch & Ladd, 1996; Ollendick, Weist, Borden, & Greene, 1992). Several studies evidenced the relationship between the experience of peer victimization with depressive symptoms among children (Boivin, Hymel, & Bukowski, 1995; Neary & Joseph, 1994). However besides the vast literature regarding the significance of peer interaction in determining the distress in adolescents, in present study no significant association of peer social support and significant other social support was found with level of depression. Family as the major support system in an adolescents' life plays significant role in protecting their mental health against stressors. It is perhaps what Gariépy, Honkaniemi, Quesnel-Vallée's (2016) review suggest that the role of social support from various sources varies across life span. The support from peers associated with protection from depression in older adults (Gupta, & Korte, 1994), while for adolescents, parents are the most important source of support. Okun and Keith found that support from friends and/or relatives (other than spouse or children) was significantly and strongly related to less depressive symptoms in older adults (60–92 years old) but not in younger adults (28–59 years old). While, support from parents and family is most consistently related to a youth's protection from depression, more than any other source. Children and adolescents rely on their parents to meet their basic needs, such as emotional assistance and material resources. Lindsey, Joe and Nebbitt (2010), suggest the crucial function of family social support as compared to professional and peer support against depression.

Parental support has been shown to affect a child's mental health development (Boudreault-Bouchard, Dion, Hains, Vandermeerschen, Laberge, & Perron, 2013; Holahan, Valentiner, & Moos, 1995) which in turn may contribute to protection from depression.

Research on social strain also suggests that social support minimizes

adverse effects of stressors (Aneshensel, 1997; Thoits, 2010). According to researcher the size of people's social network does not matter rather the quality of social support you receive from your social circle matters. Therefore, in present research lack of social support is concluded to have a significant role in determining depression in adolescents related to minorities in Pakistan, thus suggesting a need for further research to enhance awareness and insights into the problems of minority adolescents and a need to devise plan for the promotion of mental wellbeing of this very important part of population of Pakistan.

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