Negative Life Events, Resilience and Depression among Moral Rehabilitation Centre Students' of Sekolah Tunas Bakti in Malaysia

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ABSTRACT

This study aimed to examine the relationship between negative life events, resilience and depression among moral rehabilitation center students' of Sekolah Tunas Bakti (STB). It was a cross-sectional study using self-administered questionnaire to a total of 171 STB students. Questionnaires used include Beck Depression Inventory II (BDI II), Ego Resilience Scale (ER89) and the Adolescent Life Events Questionnaire (ALEQ). Data were analysed using t-test, correlation and multiple linear regression. The results showed that there were no significant differences in depression by gender and age. There were significant correlation between negative life events and depression. There was a significant negative correlation between resilience and depression and this means high resilience can reduce depression. Resilience and negative life events related to parents and family had been found to be a major predictor to depression. This study provides input and improves understanding of the relationship between negative life events, resilience and depression. These findings can be used as guidelines for STB regarding the risk of depression among its students and when developing intervention programmes to improve resilience and reduce the level of depression.

Keywords: Negative life events, resilience, depression

INTRODUCTION

Sekolah Tunas Bakti (STB) is one of the rehabilitation centers for adolescents which have been detained for involvement in social and moral problems in Malaysia. It is under the supervision of the Social Welfare Department. According Jamsiah and Haslinda (2009), among the adolescent social problems that often happened was drinking alcohol, run away from home, prostitution, stealing, bullying, vandalism and drugs. Social problems of adolescents is influenced by many negative factors such as influenced by friends who have moral problems, lack of academic knowledge and less attention from parents. Yahaya et al. (2010) explained that the main contributor to the adolescents social problems was

because less closely with family members, especially parents. All the negative factors occur in adolescent life caused them to engage with the social and moral problems that if seriously be convicted and sentenced to rehabilitation such as STB. Sochet et al. (2006) stated that adolescent who always failed at school were often labeled as suffering from depression. This happens because the parents nowadays are more focused on the expectations for their children to excel in school. Once these teenagers can not succeed and topped with detention in rehabilitation centers, the failure to obtain excellence as desired by their parents make teenagers feel inferior and depressed. The question to be unraveled

in this study is whether the adolescent in STB really suffer from depression?

The presence of negative life events has been found to be a reliable risk factor for the development of depressive symptoms (Cuijpers et al. 2004). Studies by Birgenheir et al. (2010) and Haeffel and Vargas (2011) found that depression was caused by a variety of negative implications of life events. The negative life events such as loss of support and understanding, lost love or acceptance of others, stress and failure could pose depression (Birgenheir et al. 2010). Haeffel and Grigorenko (2007) stated that based on cognitive theories of depression, individuals with depression was due to their tendency to interpret negative life events caused them to give up the future. Studies had shown that increases in negative life events during adolescence were related with the development of depressive symptoms when adolescents were unable to effectively cope with the increased stress (Murberg & Bru 2004). According to National Health and Morbidity Survey 2011 – 2014 conducted by Ministry of Health Malaysia, depression was a mental health problem most frequently experienced by people aged 16 and older. Shojaee and French (2014) stated that at any one time, 10% of adolescent suffer from depression. Fergusson and Woodward (2002) states that adolescents who suffer from depression they also suffer from anxiety, dependent on nicotine or alcohol, suffer from educational underachievement, unemployment, early parenthood and attempting to commit suicide. Therefore there is absolutely no doubt that depression can affect many aspects of a person's life whether in terms of cognitive, emotional, social and physical as well.

Resilience is seen as an element that can prevent depression (Davydov et al. 2010). Resilience may be viewed as a measure of stress coping ability and, as such, could be an important target of treatment in anxiety, depression and stress reactions (Connor & Davidson 2003). Resilience refers to the capacity for successful adaptation or change in the face of adversity (Dowrick et al. 2008). According to Edward (2005) personality type and resilient behaviors provide protection from the experience of depression, and resilience can increase the risk of not being depressed. Resilience is a multidimensional construct and is understood as an individual's ability to bounce back from hardship, trauma and depression (Southwick & Charney 2012). Another approach of resilience research has been to focus on its ability to promote mental health (Tugade & Fredrickson 2004). Therefore to overcome adolescents' depression, the resilience of adolescents should be increased (Haeffel & Vargas 2011).

Many studies have been carried out abroad about depression, negative life events and resilience but no study conducted to investigate the relationship between that three elements among adolescents in Malaysia. The study conducted by Spies and Seedat (2014) in patients infected with HIV found that there was a correlation between trauma and depression, however with the presence of resilience, levels of depression could be reduced. According to Min et al. (2012), the high resilience in patients with trauma resulting in better treatment. Based on both the concept of the previous studies, this study was conducted using negative life events, depression and resilience as the study variables in studying the relationship between negative life events with depression and whether the level of resilience affects the level of depression.

METHODS
Research subjects
A total of 114 students from STB Sungai Besi and 57 students from STB Sungai Lereh had been random-systematically selected as respondents to represent the entire STB student population in Malaysia. These sample size were based on the formula by Krejcie and Morgan (1970) and the respondents were selected

according to the proportion of the overall number of students in STB Sungai Besi and STB Sungai Lereh. The selected respondent must be a student at STB aged between 10 to 19 years old, must be able to read and understand the Malay language and had agreed to be the respondent. Students who were not present at the time of the study would be excluded from this study.

Research procedure

The study was conducted after obtaining the approval of the Social Welfare Department Malaysia, the National Medical Research Register and individual involved in the study with prior written consent from them. The respondents were given a detailed explanation and were told that they got the right to refuse and discontinue the study for any reason without fear of negative consequences. Respondents were also confirmed by the ethics of confidentiality and the information would only be used for research purposes.

Measures

Demographic characteristics

Demographic data were captured using adapted demographic questions from previous studies which consisted of gender, age, ethnicity, religion, number of siblings, duration of stay in STB, frequency of parents/ guardian/ relatives visits and the state of origin.

Depression

Participants were assessed for depression using Beck Depression Inventory (BDI II). The BDI (II) was a 21 questions widely used self-reported instrument to assess the level of depression for aged between 13 and 80 years old (Beck et al. 1996). BDI II Malay version had been used by Oei and Mukhtar (2008) on a total of 1,090 respondents. According to Oei and Mukhtar (2008), the translation procedures for this questionnaire from English to Malay version was performed by four psychologists with at least one of them having a Master's degree and expertise in bilingual. A professional interpreter was also involved to correct the translation of the questionnaire to ensure that all relevant questions and issues to be resolved regarding the ambiguity of the word. Respondents will respond to questions relating to how they felt in the past 2 weeks. For each of the questions there were four statements prepared in accordance with the level of seriousness.

Resilience

Resilience was assessed using the Ego Resilience Scale (ER89). According to Hamsan (2009), ER89 was formed by Block and Block in 1996. All 14 questions in ER89 was patterned positive questions. ER89 Malay version was used by Hamsan (2009) to examine the relationship between self-regulation, coping skills, self-esteem and resilience. In Eastern countries, ER89 was used on students by Al-Naser and Sandaman (2000). In this study ER89 used to measure the level of resilience by evaluating the STB students' response capabilities in their management of daily life, especially the sense of frustration and depression. The maximum score was 56 and minimum was 14. Higher scores were indicative of higher resilience.

Negative Life Events

The negative life events were assessed using Adolescents Life Events Questionnaire (ALEQ) by Hankin and Abramson (2002). It had 70 items that assessed the various negative life events typically occurring among adolescents (approximate ages 13-18 years). This questionnaire was classified into four domains relevant to adolescents; 1) Parents and family 2) Relationship 3) Schools and educational 4) Friends/ social activities. Respondents were asked to read each event and indicate YES or NO if the event happened to them in the last three months. Scores were calculated by counting the number of YES items within each domain to obtain a total score.

Instruments' internal consistency

Cronbach α coefficients were calculated ranged from good to excellent: BDI II (α=0.84), ER89 (α=0.66), ALEQ (α=0.91).

Data analysis

Data were analysed using Statistical Package for the Social Sciences (SPSS) for Windows version 21.0. Basic statistical analyses were conducted, which included descriptive statistics, t-test, Pearson correlation and multiple linear regression to assess the relationship between the variables of interest.

RESULTS

Demographic characteristics of the sample

Table 1 showed the demographic profile of the respondents in this study. In general, 67.0% of the respondents were male and 33.0% were female. The majority of respondents were late adolescents aged 15 to 19 years old (93.0%), Malays (86.0%) and Muslims (89.0%). Most of the respondents were from families with 2 to 5 siblings (57.0%) and they had been in STB for 1 month to 11 months (52.0%). The majority of respondents (36.0%) said they were visited by parents or guardians or relatives of once a month. The majority (37%) of respondents were from the west coast states of Peninsular Malaysia (Selangor, Kuala Lumpur, Perak, Malacca and Negeri Sembilan).

Table 1   Summary of respondents demographic data (N = 171)

Variable	Characteristics	Frequency	(%)
Gender	Male	114	67.0
	Female	57	33.0
Age (Years)	10-14	12	7.0
	15-19	159	93.0
Ethnicity	Bumiputera Sabah	3	2.0
	Bumiputera Sarawak	1	1.0
	Chinese	7	4.0
	Indian	12	7.0
	Malay	148	86.0
Religion	Buddha	6	4.0
	Hindu	11	6.0
	Islam	152	89.0
	Christian	2	1.0
Number of	1	8	5.0
siblings	2 - 5	98	57.0
	6 - 9	59	35.0
	More than 10	6	3.0
Duration of stay in	Less one month	5	3.0
in STB	1 month – 11 months	89	52.0
	1 year – 2 years	64	37.0
	More than 2 years	13	8.0
Frequency of	Every week	8	5.0
	2 hingga 3 kali sebulan	13	8.0
parents/ guardian/	Once a month	62	36.0
relatives visits	2 - 3 times a year	55	32.0
	Once a year	6	4.0
	Never	27	15.0
State of origin	Northern States of Peninsular Malaysia	12	7.0
	Southern States of Peninsular Malaysia PeinsularMalaysia	54	31.0
	East Coast States of Peninsular Malaysia	37	22.0
	West Coast States of Peninsular Malaysia	63	37.0
	Sabah	4	2.0
	Sarawak	1	1.0

Level of Depression

The study showed that the majority (37%) of respondents had moderate levels of depression, whilst 27.0% had severe depression, 18.0% had mild depression and 18.0% were non-depressed or normal (Table 2).

Table 2   Depression level of respondents (N = 171)

Score	Depression level	Frequency	(%)
0-13	Normal	30	18.0
14-19	Mild	30	18.0
20-28	Moderate	64	37.0
29-63	Severe	47	27.0

Table 3 showed that no statistically significant difference was found between

depression reported by gender (t= 0.353, p>0.05) and age (t=0.940, p>0.05).

Table 3 T- test for differences in depression by gender and age (N = 171)

Variable	Characteristics	Mean	Sd	t	p
Gender	Male	23.56	10.796	0.35	0.73
Perempuan	Female	22.96	9.632		
Age (Years)	10-14	26.08	13.069	0.94	0.35
15 - 19	15-19	23.16	10.190		

Significant at the level of significance p <0.05

Table 4 Respondent feedback based on BDI (II) (N = 171)

No.	Components	Mean	Sd
1	Sadness	0.83	0.57
2	Pessimism	1.04	0.60
3	Past failure	1.22	1.02
4	Loss of pleasure	1.25	1.07
5	Guilty feeling	1.18	0.82
6	Punishment feeling	1.67	1.26
7	Self-dislike	1.05	0.98
8	Self-criticalness	1.56	1.20
9	Suicidal thoughts or wishes	0.43	0.08
10	Crying	1.60	1.31
11	Agitation	1.12	1.08
12	Loss of interest	0.89	0.09
13	Indecisiveness	1.21	1.18
14	Worthlessness	0.85	0.53
15	Loss of energy	0.79	0.09
16	Changes in sleeping pattern	1.37	1.00
17	Irritability	0.83	0.08
18	Changes in appetite	1.02	0.99
19	Concentration difficulty	0.92	0.55
20	Tiredness or fatigue	1.00	0.96
21	Loss of interest in sex	1.40	1.16

Table 4 showed the highest mean feedback from respondents based on BDI II was punishment feeling (Mean = 1.67, Sd = 1.26). Meanwhile, the lower mean was suicidal thought or wishes (Mean = 0.43, Sd = 0.68).

Negative Life Events

Table 5 summarized the responses of respondents regarding the negative life events. For negative life events related to parents and families' problem, the majority of 107 respondents (62.6%) stated that they felt their parents were disappointed with themselves. Whereas, for the relationship domain majority of 67 respondents (39.2%) stated that they felt as if they could not give happiness to their lovers as they wanted. The negative life events related to the issues of school and education showed that a total of 100 respondents (58.5%) stated that they did not get very good results as they wanted. The negative events for the domain related with friends or social activities the majority 68 respondents (39.8%) stated that their best friend was arrested.

Table 5 Most frequently endorsed negative life events (N = 171)

Domain	Item	Frequency	%
Parents and family	I felt that my parents were disappointed with myself.	0.83	0.57
Relationship	I felt that I could not give happiness to my lover as wanted.	67	39.2
School and education	Not getting good results as I wanted.	100	58.5
Friends/ social activity	My best friend was arrested.	68	39.8

Correlation between variable of interest

Pearson's correlation coefficient was calculated to assess the relationship between all the variables of interest. There was a significant positive correlation between negative life events and depression, r = 0.346, p<0.01. Pearson correlation analysis was also conducted for the four domains in negative life events to determine the strength of the relationship for each domain with the level of depression. The results showed a positive and significant correlation for parents and family domain (r = 0.379, p<0.01), schools and educational domain (r = 0.260, p <0.01) and friends or social activities domain (r = 0.265, p <0.01) with depression. However, relationship domain was not significantly correlated with depression (r = 0.118, p> 0.01).

Result showed that there was a significant negative correlation between resilience and depression, r = -0.248, p<0.01. This correlation suggested that higher level of resilience resulting in lower level of depression.

Moreover, Pearson's correlation coefficients were calculated to assess the relationship between negative life events (total and 4 domains) with resilience and between resilience with depression. However, resilience was found not significantly correlated with negative life events (total and 4 domains) suggesting that resilience was not a mediator (Table 6).

Multiple linear regression with depression as the outcome variable revealed a significant model of four factors: negative life events (Parents and family) (β=0.703, $p<0.05$), negative life events (School and education) (β=0.220, $p>0.05$), negative live events (Friends/ social activities) (β=0.291, $p>0.05$) and resilience (β = -0.377, $p<0.05$),

of which two of the four variable were significantly associated with depression (Table 7). These variables contributed 21.4% (R^2 = 0.214) to respondents' depression. The negative life events (Parents and family) contributed to depression severity while resilience appeared to reduce it.

Table 6   Pearson's correlation for all variables of interest (N=171)

Variable 1	Variable 2	r	p value
Negative life event (Total)	Depression	0.346	0.000
Negative life event (Parents and family)	Depression	0.379	0.000
Negative life event (Relationship)	Depression	0.118	0.124
Negatif life event (School and education)	Depression	0.260	0.001
Negative life event (Friends/ social activities)	Depression	0.265	0.000
Negative life event (Total)	Resilience	-0.029	0.702
Negative life event (Parents and family)	Resilience	0.048	0.536
Negative life event (Relationship)	Resilience	0.050	0.513
Negatif life event (School and education)	Resilience	0.006	0.939
Negative life event (Friends/ social activities)	Resilience	-0.051	0.506
Resilience	Depression	-0.248	0.001

Significant at the level of significance $p < 0.01$

Table 7   The effect of negative life events and resilience on depression (N = 171)

Variable	β	beta	t	F	R^2	Constant
Negative life event (Parents and family)	0.703**	0.344	3.748**	9.006**	0.214	30.55
Negative life event (School and education)	0.220	0.058	0.648			
Negative life event (Friends/ social activities)	0.291	0.114	1.246			
Resilience	-0.377**	-0.219	-3.146**			

** Significant at the level of significance $p < 0.05$

DISCUSSION AND CONCLUSION

The study found that 27% respondents had shown symptoms of severe depression and 37% experienced moderate depression. According to Becker (1974), the level of severe depression was the worst situation where feelings and behaviors were extreme sadness, worry, fear and feelings of despair could be observed. According to Blumenthal et al. (2003), individuals who experienced depression were not interested to get involved in any activities. This was because depressed people suffer from lack of energy physically and mentally. Therefore, serious attention needs to be given as severe depression would cause the adolescent not to engage in activities prepared for them at STB.

The study found the highest mean based on BDI II was about punishment feeling. The majority of them felt punished for their wrongdoings and they felt punished to be placed in STB. Although depression

was usually associated with desire and attempt suicide, but the results show that thoughts or desire to commit suicide was the lowest mean feedback from respondents. Thus, we could conclude that only a small number of respondents thought or wanted to kill themselves.

The finding showed that there was no significant difference of depression between male female and the result matched Wade et al. (2002) study finding. There was also no significant difference between depression in early adolescence and late adolescence. It was supported by the Miki and Ramli (2006) finding which stated that there were no depression differences in terms of age. Therefore, it could be concluded that the late adolescent or early adolescent either male or female had about the same risk for depression.

There were many factors that affect depression. In this study depressive symptoms were found to correlate with

negative life events. This finding supported Grant et al. (2004) finding which proven that there was a positive and significant correlation between negative life events and depression. The study conducted for 6 years by Cole et al. (2006) on 708 adolescents also had shown that negative life events correlated to symptoms of depression. This means that more and more life events experienced by the individual, the higher the level of depression faced which in turn could cause a variety of negative behaviors. To gain a deeper understanding of the correlation between the development of depressive symptoms and negative life events, each domain (i.e., parents and families, relationships, school and education, and friends/social activities) was examined individually in this study.

The results of this study found that negative life events related to parents and families correlated to depression. It is supported by Diamond et al. (2002) which states that parents and families play an important role in shaping adolescent emotion and have a correlation with adolescent depression. According to Steinberg (2001), parents and families are related to the healthy development of adolescents and adverse family environments are among the most consistent risk factors for adolescent depression. Problems related to the parents and families lead adolescents to start forming negative feelings about themselves cause symptoms of depression. Negative life events most often occurred in the domain of parents and families in this study showed that the majority of 107 respondents (62.6%) stated that they felt their parents were disappointed with themselves.

This study also showed that negative life events related to schools and education were also correlated with adolescent depression. It was supported by Sochet et al. (2006) which stated that adolescent who always failed at school were often labelled as suffering from depression. There is no denying that academic achievement is an important aspect of adolescent life. In Eastern culture or Western culture, success and failure in school reflect the success or failure of an individual as a whole. This view sees academic achievement as a cause of depression and it has shown in this study that the majority of the 100 respondents (58.5%) stated that they do not get good results as they wish.

According to Greenberger et al. (2000), there was correlation between negative life events related to friends and social activities with depression. Such findings were consistent with the results of this study in which the majority of 68 respondents (39.8%) stated that they are depressed because of their good friends were arrested. From these findings, we can conclude that the interaction with friends who have good morals is very important, so that adolescents are not influenced by the negative actions of their friend that can lead to depression. In the case of STB students who are undergoing moral rehabilitation process, they should be encouraged to interact and participate in group activities with friends who can please them as long as they do not violate regulations set by the STB. This is because friends and social activities can bring happiness to adolescents and this could provide an interesting experience that could help their recovery process in a positive direction. Indirectly, this situation may prevent them from suffering from depression and they will be actively involved in the activities provided in the STB.

In this study among the domains of negative life events which significantly related to depression and had been discussed above, it was found that negative life events related to parents and family became a major and significant contributor to respondents' depression. Multiple regression analysis conducted proven that when negative life events related to parents and families increased by 1 unit, the level of depression also increased by 70.3%, but in the presence of resilient depression levels could be reduced. This suggests that negative life events related to parents and

families can make a major contribution to depression compared with other domains of negative life events. The discovery of negative life events related to the parents and families who contribute to depression among adolescents in the study of this dissertation indicates that future studies can be performed using this concept and can be developed to understand the problem of depression in adolescents.

Result showed that there was a significant negative correlation between resilience and depression. This correlation suggested that higher level of resilience resulting in lower level of depression. The study was able to meet the goal to be achieved in determining the resilience relationship with depression and they were consistent with earlier studies by Wingo et al. (2010) which stated that severe depressive symptoms could be reduced with the high resilience.

Through multiple regression analysis conducted, it was found that despite negative life events related parents and families increase depression, but with an increase of 1 unit resilience, level of depression could be decreased by 37.7%. These findings are supported by Southwick and Charney (2012), they illustrate that individuals with high resilience can handle the challenges of life with ease. In addition, these individuals can also avoid the stress and do not give up so quickly. Therefore, STB students' resilience need to be improved by implementing appropriate interventions to prevent them from depression. This can help them to cope with stress or challenges in the future when they are out of the STB.

Limitations and Recommendation
The study was limited to a sample of students in moral rehabilitation centre of Sekolah Tunas Bakti only. Thus, the information obtained in this study population range mentioned, and could not be generalised to students in ordinary schools or elsewhere. Since the study was cross-sectional study, the decrease and increase in the level of depression could not be identified. Therefore it was suggested that cohort studies conducted to generate findings that would be more meaningful and comprehensive view of adolescent depression.

Competing Interests
There is no conflict of interest.

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