



## Social support and depression among Chinese adolescents: The mediating roles of self-esteem and self-efficacy

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### ABSTRACT

**Objectives:** This study investigated the effect of various sources of social support (i.e., parental support, teacher support, and peer support) on the level of depression, and the mediating effect of self-esteem and self-efficacy in the relationship between various sources of social support and the level of depression among Chinese adolescents. It also attempted to explore whether or not the relationships among social support, self-esteem, self-efficacy and depression would differ between students in upper primary school (Grades 4 to 6) and those in lower secondary school (Grades 7 to 9).

**Method:** The study employed a cross-sectional survey design. Using a three-stage cluster sampling method, 1507 students from primary schools (Grades 4 to 6) and secondary schools (Grades 7 to 9) in Hong Kong were recruited and given a structured questionnaire.

**Results:** The results of a structural equation analysis indicated that both parental and peer support are directly and indirectly related to the level of depression. The indirect effect of social support on depression is via the mediating effect of self-esteem. However, self-efficacy does not mediate the relationship between social support and depression. Similar findings were found for both 4th to 6th graders in primary schools and 7th to 9th graders in secondary schools.

**Conclusion:** The findings suggest that enhancing self-esteem should be emphasized in depression prevention/intervention for Chinese adolescents.

## 1. Introduction

Concern about adolescent mental health has been growing in Chinese societies (Choi & Hung, 2011). It is estimated that 16% of Chinese students in Hong Kong aged 13 to 15 have mental disorders (Leung et al., 2008). Recent studies conducted in mainland China have found mental disorder rates for children and adolescents of between 8.3% and 16.2% (Yang et al., 2014). Major depressive disorder is one of the most common mental disorders among adolescents in China (Yang et al., 2014). In Hong Kong, a study using the Center for Epidemiological Studies Depression Scale (CESD) found that about 30% of Chinese adolescents reported mild to severe depression (CESD  $\geq$  16; Li, Chan, Chung, & Chui, 2010). As depression is associated with an increased risk of suicide, poor health behavior, functional impairment, and additional burdens on the family (Balázs et al., 2013; Thapar, Collishaw, Pine, & Thapar, 2012; Zheng & Zheng, 2015), there is an immediate need to design effective prevention and intervention methods to relieve depression in this population. Therefore, a better understanding of what contributes to Chinese adolescents' depression is necessary.

### 1.1. Social support and mental health

Social support refers to “the provision of both psychological and material resources with the intention of helping the recipients to cope with stress” (Chu, Saucier, & Hafner, 2010, p. 625). Major sources of social support for adolescents include family, peers, and school teachers (Rosenfeld, Richman, & Bowen, 2000). According to the social support main effect model, a major psychosocial theory for explaining why people suffer from mental health problems, people who perceive that they have less social support are more likely to suffer from depression (Cohen & Wills, 1985). Despite considerable research demonstrating the effect of social support on adolescents' depression, gaps remain in the literature (Ronen, Hamama, Rosenbaum, & Mishely-Yarlap, 2016; Stewart & Suldo, 2011; Wu, Tsang, & Ming, 2012; Young, Berenson, Cohen, & Garcia, 2005; Zhuang & Wong, 2017). For example, few studies investigated the mediating effect in the relationship between social support and depression among Chinese adolescents.

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## 1.2. The mediating effect of self-esteem and self-efficacy

A review of the literature indicated that social support enhances mental health through fostering of the individual's self-concept (Kim & Nesselroade, 2003). Two aspects of self-concept, self-esteem and self-efficacy, have mainly been discussed to explain the relationship between social support and the individual's mental health (Kim & Nesselroade, 2003; Saltzman & Holahan, 2002; Symister & Friend, 2003). First, social support promotes self-esteem by conveying messages of being cared for, being loved, and being valued by others and by fostering feelings of belonging (Kim & Nesselroade, 2003; Lakey & Cohen, 2000; Turner, Turner, & Hale, 2014). In turn, this enhanced self-esteem can reduce the likelihood of suffering negative psychological outcomes, such as depression (Lakey & Cohen, 2000; Lee, Dickson, Conley, & Holmbeck, 2014). Second, social support can bolster self-efficacy by showing positive coping attitudes and skills, providing encouragement, and demonstrating that challenges can be overcome (Bandura, Schunk, & Hogan, 1981; Benight & Bandura, 2004). The resulting high self-efficacy can promote adjustment outcomes and psychological well-being (Bandura & Pallak, 1982).

The majority of the few empirical studies examining the mediating effects of self-esteem and self-efficacy in the relationship between social support and mental health were conducted in Western countries (Saltzman & Holahan, 2002; Symister & Friend, 2003; Yarcheski, Mahon, & Yarcheski, 2001). However, there are conflicting arguments about whether or not these mediating effects would be existing in the Chinese adolescent population. On the one hand, because a good social relationship is highly valued in Chinese culture (Chen & Astor, 2010) and is associated with self-concept and depression (Dang, Li, & Zhang, 2016; Peterson, Cobas, Bush, Supple, & Wilson, 2005), logically, the mediating role of self-esteem and self-efficacy in the link between social support and depression would be significant in this population. On the other hand, under the influence of Confucian doctrine, the role of self-concept in the relationship between social support and depression may not be salient. For example, Chinese culture heavily emphasizes hierarchy in social relationship and filial piety (Chen et al., 1998; Wang & Ollendick, 2001). These values lead to a set of culturally unique child rearing features, including authoritarian parenting styles, high parental control, and high parental involvement (Huang, Cheah, Lamb, & Zhou, 2017; Wang & Ollendick, 2001), and, in turn, could lead to the child's low self-esteem (Milevsky, Schlechter, Netter, & Keehn, 2007). The low self-esteem consistently reported by Chinese people (Leung, 2010) may result in the mediating effect of self-esteem being discounted in the relationship between social support and depression among Chinese adolescents.

The mediating effect of self-efficacy in the relationship between social support and depression also might be attenuated among Chinese adolescents because peaceful relationship is strongly emphasized in Chinese culture (Cheng, Lo, & Chio, 2010). In the Western culture, which values individualism, personal control and competence are heavily emphasized in the understanding of the nature of mental health (Chen, Chan, Bond, & Stewart, 2006). When a person does not have control over a certain life situation, his/her self-regulation of emotion could be affected, and he/she may thus experience emotional difficulties (Bandura & Pallak, 1982; Chen et al., 2006). However, in Chinese culture, because interpersonal harmony is weighted more heavily than personal achievement, emotional disturbance is more likely to be present when encountering interpersonal relationship issues (Cheng et al., 2010). Therefore, self-efficacy may not lead to decreased depression among Chinese adolescents.

Although the results of a recent study show that personal and relational self-esteem mediates the relationship between overall social support and depressive symptoms among Hong Kong youth (Du, King, & Chu, 2016), the study has three major limitations. First, it was conducted using a path analyses method with a small convenience sample; did not adjust for measurement errors and suffered from sample

selection bias. Second, this study did not examine how social support from different sources correlated with depressive symptoms. Third, it did not investigate the role of self-efficacy in the relationship between social support and depressive symptoms. Therefore, it is still unclear how self-esteem and self-efficacy mediate various sources of social support (e.g., parental support, peer support, and teacher support) and the level of depression among Chinese adolescents.

## 1.3. Age difference

The literature has suggested that the nature of social support and levels of self-concept change in the course of adolescence. Over time, the importance of peer support increases and the influence of family remains constant or decreases (Erikson, 1950; Helsen, Vollebergh, & Meeus, 2000). In addition, students' self-concept drops substantially after they enter secondary school (Chang, McBride-Chang, Au, & Stewart, 2003). As family support was found to be much stronger than peer support in preventing depression and suicide (Cheng & Chan, 2007), the changing nature of social support and self-concept might lead to a difference in the dynamism among social support from various sources, self-esteem, self-efficacy and the level of depression between primary school students (4th to 6th graders) and secondary school students (7th to 9th graders). However, there is a lack of study examining the age difference in the relationships among these variables.

## 1.4. Current study

To fill the above-mentioned knowledge gaps, using a large number of random selected samples, the current study investigates the relationships among social support from various sources, self-esteem/self-efficacy, the level of depression among Chinese adolescents, and the age differences in these relationships. It is hypothesized that the level of depression is negatively associated with levels of social support from peers, teachers, and parents and with self-esteem and self-efficacy. Moreover, the effects of social support from each source (i.e., parental support, teacher support, and peer support) on the level of depression are hypothesized to be through the mediating effects of self-esteem and self-efficacy. With regard to the analysis of age difference in the relationship among social support from various sources, self-esteem/self-efficacy, and the level of depression, as there is a lack of study in this area, we consider it an exploratory analysis and do not propose a hypothesis for it.

## 2. Method

### 2.1. Participants and procedures

This survey study was conducted in Hong Kong using a sample consisting of 1507 students from primary schools (Grades 4 to 6; ages around 9 to 11) and secondary schools (Grades 7 to 9; ages around 12 to 14). A three-stage cluster sampling method was adopted. First, primary and secondary schools from each region in Hong Kong (i.e., Kowloon East, Kowloon West, New Territories, and Hong Kong Island) were randomly selected from the sampling frame. Second, three grades in each school were selected: three upper grades in primary schools (Grades 4 to 6 inclusive) and three lower grades in secondary schools (Grades 7 to 9 inclusive). Third, one class from each of the selected grades was randomly selected. The survey was administered during class by professionally trained monitors. Respondents were encouraged to respond truthfully. Parental consent forms were distributed and collected through the assistance of the teaching staff at schools prior to the survey administration. Participants' consent forms were collected at the beginning of the survey administration. Participants were free to withdraw from the study at any time and for any reason. This study had a completion rate of over 95%.

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