

Depression, Suicidal Ideation and Behaviours, and Substance Use among Female University Students

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Abstract

A secondary analysis was carried out to determine the associations between depression, suicidal ideation and behaviours, and substance use among female university students. The prevalence of those conditions was significant. Previous alcohol users had higher scores of suicidal intentions and total scores of suicidal behaviours; previous drug users had higher scores of depression; and students with previous smoking habits had lower fear of dying than students without those risks. Synergistic efforts from top university management, the faculties, staff, family and students to address these issues are pivotal for students to have good mental health and excel in academia.

Keywords: Depression; Suicidal behaviour; Female University Students; Substance Use

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1.0 Introduction

Mental health problems and psychiatric illnesses such as depression, suicidal behaviours and substance use are showing an increasing trend, especially among young women (Thapar, Eyre, Patel, & Brent, 2022). Various factors like family dysfunction, childhood trauma, social pressure, academic matters and stigma contribute to rising rates (Cárdenas, Lattimore, Steinberg, & Reynolds, 2022). Many struggle silently, often self-medicating with illegal substances or alcohol. Despite significant cases of mental health problems and substance use among female youth, very limited studies done to address these issues. Early intervention, supportive environments, and accessible mental health care are crucial in addressing these interconnected issues.

2.0 Literature review

In Malaysia, according to National Health and Morbidity Survey (NHMS), 2023, the prevalence of mental health problems has increased from 7.9% (2019) to 16.5% (2023) (Institute of Public Health, Malaysia, 2024). The prevalence among younger age groups, specifically those aged 16 to 29, has also increased. The survey also documented that about 25 per cent of those who consumed alcohol more than the ordinary limit within the previous 12 months were young females. In 2024, the National Anti-Drugs Agency (NADA) reported an increasing number of young emerging adults involved in drug addiction. Statistics for the year 2024 documented that around 40 thousand

or 23 per cent of all registered drug addicts are young people between 20 to 29 years old. Of all the drug addicts, about 4.3% are female addicts (National Anti-Drugs Agency, NADA, 2024).

Depression, suicidal behaviours and substance use among youth give rise to various detrimental consequences. The effects of depression, suicidal behaviour, and substance use can be long-lasting and profound, affecting their mental and physical health, relationships, academic performance, and overall quality of life (Cárdenas, Lattimore, Steinberg, & Reynolds, 2022). These mental health problems and mental illnesses can lead to problems in concentrating, poor motivation, and deterioration in academic performance (Cárdenas et al., 2022). Young people with such challenging conditions may refuse to engage in social activities, detach themselves from friends and family, and have problems in interpersonal relationships (McBride & Preyde, 2022).

Besides psychological and social implications, depression, suicidal behaviours and substance use result in severe short- and long-term physical health outcomes. Depression and suicide behaviours may cause physical symptoms, injury and complications (Leone et al., 2021). Alcohol and drug use can damage the brain and its function, cause liver impairment and cardiovascular complications (Ingole & Choudhari, 2024), and give rise to risky behaviours such as sex out of wedlock, unprotected and unintended sexual intercourse, illegal infant abandonment and infanticide (Hlahla et al., 2024; Razali et al., 2021; Razali, Jaris, Muuti, Abdullah, & Ali, 2024) as well as other dangerous activities such as reckless driving, abuses and violent behaviours (Hoffman, Hoffman, Smith, Brown, & Hirdes, 2024).

2.1 Problem Statement and Gaps of Knowledge

During this critical development period, psychological disturbances may disrupt young people's social, emotional, and cognitive development and key life transitions. As the future generation will shape the world, these negative trends in global youth mental health have to be addressed diligently and comprehensively. However, despite the numerous detrimental effects of depression, suicidal behaviours and substance abuse among young people, in particular among girls and young women, in Malaysia, there is a dearth of knowledge on relationships between these trio phenomena.

2.2 Aim and Objectives

In order to bridge the gaps of knowledge on mental health problems and substance use among female university students, this study aimed to investigate the relationships between mental health problems (depression, suicidal ideation and behaviour) and substance use (alcohol consumption, smoking habit and illicit drug use) among this group of population. The objectives of the study are: i) to determine the prevalence of depression and the level of suicidal ideation and behaviours, and ii) to compare items of those mental health problems (depression, suicidal ideation and behaviours) with previous and current use of the substances.

3.0 Methodology

3.1 Study Design and Samples

This part of the study is a secondary analysis of a cross-sectional study using a convenience sampling technique. The collection of data was done through an online survey to determine the prevalence of depression, suicidal behaviours and substance use among female university students and the associations between those mental health problems.

The selection criteria include female university or college students aged 18 years old and above who must be able to complete online assessments in either English or Malay. Only those who read the study information sheet explaining the study procedures, risks and benefits and voluntarily gave implied consent were enrolled in the study. Implied consent was considered when the participants agreed to be enrolled in the study and moved to the following pages to answer the questionnaires. Personal emails, instant messaging and social media (including WhatsApp, Facebook and Instagram) were used to disseminate the Google form of questionnaires.

The population proportion formulae (refer to <https://www2.ccrb.cuhk.edu.hk/stat/epistudies/x1.htm>) were used to calculate the sample size of the primary research. Using a local study by Islam et al. (2018) as a reference, the prevalence proportion (p) of 0.30, the probability of type I error (α) of 0.05, the estimated effect size was estimated as 2.5, the desired level of absolute precision (d) of 0.05, we estimated the initial sample size was 807. Considering a 10% non-response rate, the final sample size was determined to be 887 participants. Data on female students were retrieved from all the participants, and secondary analysis was carried out.

3.2 Data Collection

Data collected include the Pro Forma questionnaires related to background socio-demography and college living conditions and then questions related to family background and mental illnesses (depression and suicidal behaviours) and substance use (smoking, alcohol consumption and illicit drugs use). Questions related to sociodemographic and college living conditions include gender, age, courses of studies (either from medical and health faculties or not), home residential areas, number of persons living together at home, number of siblings, number of persons living together at residential college and number of close friends as confidants.

The status of depression was assessed using the Center for Epidemiological Studies Depression (CESD). This tool has been used locally and has good validity and reliability for determining depression. The continuous value of CESD yields scores between 0 and a maximum of 60. A previous study by Ghazali et al. (2014) suggested a cut-off point of 27 to determine depression symptoms among adolescents and young people in Malaysia.

Suicidal ideation and behaviours were assessed using the Risk Assessment Suicidality Scale (RASS)(Fountoulakis et al., 2012). The total score of RASS indicates the overall suicidal ideation behaviour and fear of dying, the suicidal intention, lifetime suicidal

behaviour, and history of suicidal behaviour were assessed using the RASS subscales of Question (Q) 1 for "fear"; Q5, Q6, Q7 and Q8 for "intention"; Q2, Q3, Q4, Q9 and Q10 for "life"; and Q11 and Q12 for "history" regarding suicide. Below are the items of RASS:

- Q1: Are you afraid that you are going to die?
- Q2: Do you ever think that it would be better if you were dead?
- Q3: Do you think that it is a wonderful thing that you are alive?
- Q4: Have you felt that it's not worth living?
- Q5: Do you think of harming yourself physically?
- Q6: Do you often think of committing suicide if you have the chance?
- Q7: Do you make plans concerning the method to use in order to finish your life?
- Q8: I am thinking of suicide, but I won't do it
- Q9: Do you enjoy life?
- Q10: Are you feeling tired from your life?
- Q11: Have you ever hurt yourself in any way deliberately during your whole life so far?
- Q12: Have you ever attempted suicide during your whole life so far?

Refer to Fountoulakis et al. (2012) for the detailed descriptions of each item and construct. Likert scores of 0 to 3 were used for the responses to each question. Participants were also asked about their substance use, which included dichotomous (Yes/No) of their previous and current smoking status, alcohol consumption and drugs use (such as marijuana or other drugs). Answering all the questions took about 15 minutes.

3.3 Statistical Data Analysis

The Statistical Package for Social Science (SPSS) version 28.0 was used to analyse the data. Frequency and percentages were used to describe the sociodemographic, living conditions, depression, scores of suicidal behaviours and substance use. Statistical significance was set at a p-value less than 0.05. Independent t-tests were used to determine the associations between the total score of depression, total scores of each subscale of suicidal behaviours and the presence of previous as well as current smoking statuses, alcohol consumption and illicit drugs use.

3.4 Ethical Approval

Ethical approval was obtained from the UiTM Ethical Committee: REC/06/2020 (MR/109). Participation in this study is voluntary. Students who have severe depression, suicidal ideation or behaviour, as well as those who disclose their illicit substance use, were offered immediate counselling and referral for psychiatric intervention.

4.0 Results

4.1 Background Participants

Refer to Table 1, which describes the background of the participants. We retrieved 824 data of female participants from the primary data collection. Most of them were aged between 21 and 23 years old (478;58%), came from big families of 5 or more people (590;71.6%), had five or more siblings (538;65.3%) and were living with five or more in residential college (625;75.8%). There was almost equal distribution in terms of their home residential areas. A total of 339(41.1%) were medical or health students, and the remaining participants (485;58.9%) were from other faculties.

4.2 Background Physical and Mental Health or Illnesses

A total of 114(13.8%) had mental health problems, 23(2.8%) had received therapies, and 26(3.2%) had chronic medical diseases. The prevalence of depression measured by RASS was 24.9%(n=205). The RASS scores were analysed as continuous data. The mean±sd of RASS include total scores for suicidal behaviours (10.67±5.07), fear of dying (1.81±0.92), suicidal intention (1.77±2.81), lifetime suicidal behaviour (6.63±2.01) and history of suicidal behaviour (0.46±1.05). The details of the number of students who scored a minimum of 0 until a maximum score of 3 are illustrated in Figure 1.

4.3 Substance Use: Alcohol Consumption, Smoking Habit and Illicit Drug Use

In terms of substance use, a total of 62(7.5%) students had consumed alcohol before, and the current alcohol users were only 6(0.7%); only 1(0.1%) had used illicit drugs before, and the number of current illicit drug users was 6(0.7%) and 3(0.4%) had smoked before, and currently smoking had increased to 6(0.7%).

4.4 Association between Substance Use and Depression and Suicidal Behaviours

Table 2 describes the associations between previous and current use of substance use and depression as well as suicidal ideation and behaviours. Students who had previous alcohol use had significantly ($p=0.003$) higher suicidal intention (mean±sd=2.79±3.69) than those who had not (mean±sd=1.69±2.72). They also had significantly ($p=0.024$) higher total scores of suicidal behaviour (mean±sd=12.06±6.38) than those who had not (mean±sd=10.55±4.94). For smoking habits, students who had previous smoking

habits had significantly ($p=0.025$) higher depression ($\text{mean}\pm\text{sd}=32.33\pm10.02$) than those who had not ($\text{mean}\pm\text{sd}=21.25\pm8.56$). They also had significantly ($p=0.030$) lower fear of dying ($\text{mean}\pm\text{sd}=0.67\pm0.58$) than those who had not ($\text{mean}\pm\text{sd}=1.82\pm0.92$). For illicit drug use, the student who had previous drug use had significantly ($p=0.011$) higher depression ($\text{mean}\pm\text{sd}=43.00\pm0.00$) than those who had not ($\text{mean}\pm\text{sd}=21.25\pm8.56$). All current substance uses have neither significant association with depression nor suicidal behaviours.

Table 1. Background participants

Background of participants		Frequency (n)	Percentage (%)
Age (years)	≤ 20	288	35.0
	21-23	478	58.0
	≥ 24	39	4.7
Medical and Health Faculties	Yes	339	41.1
	No	485	58.9
Home residential area	Big City	259	31.4
	Town	276	33.5
	Rural	289	35.1
Number of people living together at home	1 (living alone)	3	.4
	2	12	1.5
	3	83	10.1
	4	136	16.5
	≥ 5	590	71.6
Number of siblings	1(The only child)	41	5.0
	2	16	1.9
	3	70	8.5
	4	159	19.3
	≥ 5	538	65.3
Number of people living together at residential college	1 (living alone)	17	2.1
	2	164	19.9
	3	4	0.5
	4	14	1.7
	≥ 5	625	75.8
Number of close friends as confidants	0	86	10.4
	1	160	19.4
	2	215	26.1
	3	159	19.3
	4	78	9.5
	≥ 5	126	15.3
History of mental health problems	No	710	86.2
	Yes	114	13.8
Received therapy for mental health problems	No	801	97.2
	Yes	23	2.8
Chronic medical illness	No	798	96.8
	Yes	26	3.2

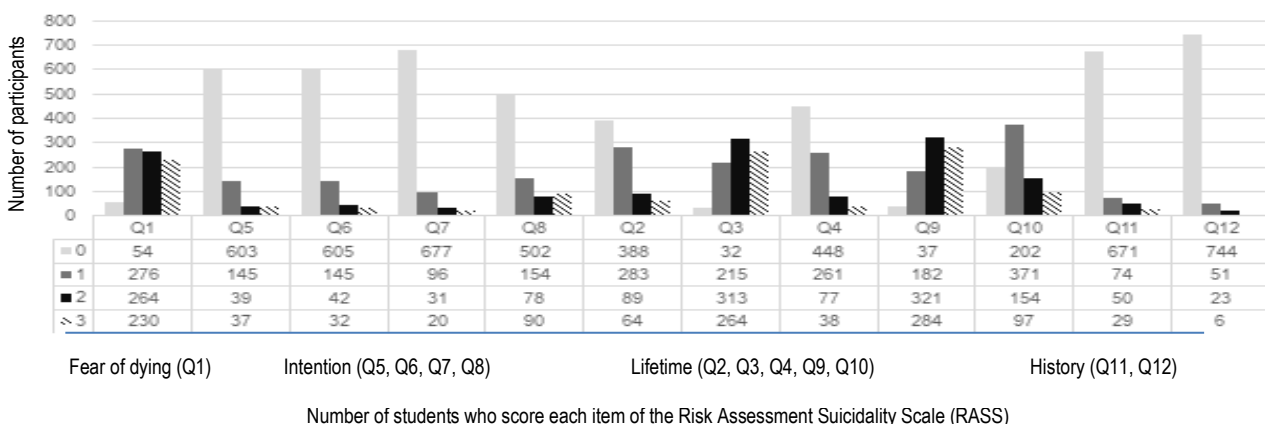


Fig. 1: Items of Suicidal Ideation and Behaviours as Measured by Risk Assessment Suicidality Scale (RASS)

5.0 Discussion

This study highlights the worrying relationships between the trio phenomena of depression, suicidal ideation and behaviours and substance use. About 25%, or almost one in every four female university students, were found to have symptoms of depression, and the level of suicidal ideation and behaviours among them are prevailing. This percentage is higher than the recent NHMS survey

conducted nationwide in Malaysia. However, the percentage is still lower than the prevalence in developed countries, which indicates about 35 % to 44 % of college degree students may have depression (Roldán-Espínola et al.,2024).

In terms of substance use, though the prevalence of smoking habits and substance use is relatively low, the percentages increase as the students enrolled in the university. On the other hand, a remarkable decrease in the percentage of those who consumed alcohol was seen. Perhaps the habit of smoking and taking illicit substances, but not alcohol consumption, has been used as a maladaptive way of coping with college-related conditions and academic stress among female university students (Hlahla et al.,2024). This trend of unhealthy strategies for stress management warrants immediate attention from the university. Strict rules regulating substance use in university are pivotal to curbing these unhealthy behaviours.

Table 2: Associations between previous and current substance uses and depression as well as suicidal ideation and behaviours

Depression, suicidal ideation and behaviour related to alcohol use	Previous Alcohol Use					Current Alcohol Use				
	Yes(n=62)		No (n=762)		T-test	Yes(n=62)		No (n=762)		T-test
	Mean	SD	Mean	SD	p-value	Mean	SD	Mean	SD	p-value
Depression	21.06	7.93	21.30	8.64	0.833	25.50	11.55	21.25	8.56	0.228
Suicidal intention	2.79	3.69	1.69	2.72	*0.003	1.00	2.45	1.77	2.82	0.503
Lifetime suicidal ideation and behaviour	6.95	2.50	6.60	1.97	0.187	6.83	2.14	6.63	2.01	0.802
History of suicidal ideation and behaviour	0.56	1.17	0.45	1.04	0.400	0.00	0.00	0.46	1.06	0.287
Fear of dying	1.76	0.92	1.82	0.92	0.624	2.00	0.63	1.81	0.92	0.617
Total score of suicidal ideation and behaviour	12.06	6.38	10.55	4.94	*0.024	9.83	4.17	10.67	5.08	0.687
Depression, suicidal ideation and behaviour related to smoking habit	Previous Smoking Habit					Current Smoking Habit				
	Yes(n=3)		No (n=821)		T-test	Yes(n=6)		No (n=816)		T-test
	Mean	SD	Mean	SD	p-value	Mean	SD	Mean	SD	p-value
Depression	32.33	10.02	21.25	8.56	*0.025	27.17	9.33	21.24	8.57	0.920
Suicidal intention	0.00	0.00	1.77	2.82	0.276	1.17	2.40	1.77	2.82	0.600
Lifetime suicidal ideation and behaviour	6.33	0.58	6.63	2.02	0.800	7.17	1.17	6.62	2.02	0.510
History of suicidal ideation and behaviour	0.33	0.58	0.46	1.05	0.840	0.33	0.52	0.46	1.06	0.774
Fear of dying	0.67	0.58	1.82	0.92	*0.030	1.33	0.82	1.82	0.92	0.199
Total score of suicidal ideation and behaviour	7.33	0.58	10.68	5.08	0.255	10.00	3.79	10.67	5.08	0.747
Depression, suicidal ideation and behaviour related to drug use	Previous Drug Use					Current Drug Use				
	Yes(n=1)		No (n=821)		T-test	Yes(n=6)		No (n=816)		T-test
	Mean	SD	Mean	SD	p-value	Mean	SD	Mean	SD	p-value
Depression	43.00	0.00	21.25	8.56	*0.011	27.17	13.12	21.24	8.54	0.920
Suicidal intention	0.00	0.00	1.77	2.82	0.530	1.83	2.86	1.77	2.82	0.955
Lifetime suicidal ideation and behaviour	5.00	0.00	6.63	2.01	0.419	6.50	1.87	6.62	2.02	0.876
History of suicidal ideation and behaviour	0.00	0.00	0.46	1.05	0.665	0.17	0.41	0.46	1.06	0.499
Fear of dying	2.00	0.00	1.81	0.92	0.839	1.83	0.41	1.82	0.92	0.957
Total score of suicidal ideation and behaviour	7.00	0.00	10.67	5.07	0.470	10.33	4.63	10.67	5.08	0.872

It is noteworthy to discuss that our study found that the current use of substances among the participants was not significantly associated with mental health problems. Furthermore, despite the high prevalence of depression, only a tiny proportion of the participants received proper treatment. This predicament may reflect the presence of alternative ways (such as spiritual, traditional and complementary medicine) of managing mental health problems by female university students. Despite the controversial efficacy of these treatments by modern medical practitioners, these non-conventional and contemporary treatments are well known to be the first-choice treatment for mental health problems among many Malaysians (Omar et al., 2024; Jamaludin et al., 2024). Moreover, good social support from colleagues, counsellors, lecturers and faculties may have mitigated the impact of depression (Madigan et al., 2024). A concerted effort by the university through various co-curricular activities may have shown a positive effect on social inclusion, which improves mental health problems among female university students (Young, 2024).

6.0 Conclusion

6.1 Limitation

A few limitations must be considered when drawing conclusions for this study. Firstly, we are aware that a cross-sectional study limits the cause-and-effect relationship; hence, a cohort study is suggested. Online data collection may reduce the chance for students without proper internet coverage to participate in this study. Furthermore, the interaction between depression, suicide and substance use may be mediated or moderated by genetic loadings, family dynamics, lifestyles, coping strategies, social connections and various other factors. Hence, more comprehensive variables should be included, and path analysis or structural equation modelling should be suggested for future studies.

6.2 Conclusion and Recommendation

Female university students with previous substance use had a higher tendency for depression as well as suicidal ideation and behaviours. Hence, abstaining from illicit substances and practising healthy lifestyles are crucial. Strict rules and regulations on substance use in university compounds may curb the availability and usage of those dangerous items among students. Students with mental illnesses need support; hence, stigma, social exclusion, marginalisation, bias, prejudice and negative perceptions against students with mental illnesses must be eliminated to enhance help-seeking behaviour. Furthermore, the university should provide

comprehensive intervention by enhancing mental health literacy, awareness of the damaging impacts of substance use, accessible mental health services (including virtual tele-counselling), as well as early detection, treatment and rehabilitation for mental illnesses for all university staff and students. Co-curricular activities which help students cultivate personal development, mastering key life skills, and nurturing a well-rounded education beyond the classroom should be further enhanced and promoted. Synergistic and concerted efforts from top university management, the faculties, staff, family and students to address these issues are pivotal for students to have good mental health and excel in academia.

Acknowledgements

This study was supported by the international grant collaboration between Universiti Teknologi MARA and Universitas Indonesia; Grant ID: 100-RMC 5/3/SRP (065/2022).

Paper Contribution to Related Field of Study

This paper highlights the prevalence of depression and substance use among female university students and the importance of history of previous substance use (smoking, alcohol and drug use) and its relationship with depression as well as suicidal ideation and behaviours. It calls for more comprehensive studies to understand this trio of phenomena and urgent intervention from various stakeholders to curb these damaging behaviours and disorders.

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