E–B
Environment - Behaviour
Proceedings Journal

KICSS2024
Kedah International Conference on Social Sciences:
https://kicss2024.wixsite.com/kicss2024

e-IPH
e-International
Publishing House Ltd.,
United Kingdom

iCSSP2024: International Conference on Social Science & Public Policy
Virtual Conference, 23 & 24 October 2024
Organised by: Universiti Teknologi MARA, Kedah, Malaysia

Family Dynamics and Depression among University Students

Salmi Razali[1],*, Norhidayah Jaris[1], Siti Aminah Omar[1], Sali Rahadi Asih[2]
*Corresponding Author

[1] Department of Psychiatry, Hospital Al-Sultan Abdullah & Faculty of Medicine, Universiti Teknologi MARA, Selangor, Malaysia
[2] Faculty of Psychology, Universitas Indonesia, Indonesia

drsalmi@uitm.edu.my, norhidayahjaris@uitm.edu.my,siti_aminah@uitm.edu.my, sali.rahadi@ui.ac.id
Tel: (03)33963000 ext. 3329

Abstract

A healthy family dynamic is crucial for good mental health and well-being. A cross-sectional study collecting data through an online survey of 853 university students was carried out to examine the prevalence of depression and its associations with socio-demography, family and college living conditions, and family dynamics. The prevalence of depression was 24.7%. Predictors for depression include being medical or allied health students, having only one confidant, family conflicts and changes in routine family activities, whereas having emotional support from family was a protective factor. Maintaining healthy family dynamics and emotional support is crucial to preventing depression among university students.

Keywords: Depression; Family Dynamics; Emotional Support; University Students

1.0 Introduction

Family dynamics contribute to both the development and management of depression. Family dynamics refer to the patterns of interaction, relationships, and behaviors within a family that influence how family members communicate, make decisions, and show affection (Jabbari et al., 2023). Supportive families can provide emotional stability, positive help-seeking behavior, professional advice for treatment, and reassure recovery through understanding and effective communication. In contrast, dysfunctional family dynamics—such as conflict, neglect, or abuse—can predispose, perpetuate or precipitate depression. Genetic susceptibility and shared environmental stressors also contribute to risk. For university students, collaborative support from family and the university may help students navigate these challenges and promote healing for everyone involved. Compassion and awareness are fundamental.

2.0 Literature Review

According to the World Health Organization (WHO, 2023), it is estimated that 280 million people are suffering from depression worldwide. Among the affected groups are university students and the prevalence rate of depression varies across the globe. Experts who investigated depression among university students found that the prevalence rate of depression, anxiety, and stress was between 25% and 71% (Kamruzzaman et al., 2024; Chali et al., 2024).

University students are at risk of developing depression due to academic demands, independent living and social relationships (Kamruzzaman et al., 2024). University students must continuously meet academic deadlines, participate in extracurricular activities,

and balance their personal and social lives. If they are unable to cope with demands, they may experience chronic stress, which eventually leads to depression.

Social support among families and friends served as a predictor of depression among university students (Alsubaie et al., 2019). It was also reported that family and social factors were associated with moderate to severe depression among students. Those with high social support reported lower symptoms of depression. Another study also reported similar results, where they found that higher social support from family and friends can help reduce depression (Shi, 2024). Past research also in concordance, where they found that positive family functioning can be a buffer to depression and improve the well-being of the students (Chai & Shek, 2024)

The impact of depression goes beyond physical and psychological aspects as it can be detrimental to their overall functioning (Ashraful Islam et al., 2018). Students with depression often reported poor immune systems, a decrease in quality of life, and suicidal ideation (Chai & Shek, 2024; Mustaffa et al., 2014). Past studies showed that there was a significant correlation between depression and suicidal ideation (Mustaffa et al., 2014). This young population is critical for the socioeconomic development of the next generation. If they are unable to operate and contribute to society, it will be a waste of the nation's resources. Having stated that it is important to research the interaction of family dynamics and how it influences university students.

Although many studies have been conducted elsewhere to predict the factors contributing to depression, locally, the study determining the predictors for depression among university students is still limited. Hence, this study aimed to determine the prevalence of depression and its predictors among university students in Malaysia.

3.0 Methodology

3.1 Study Design and Samples
This was a cross-sectional study collecting data using convenience data sampling conducted between January and December 2023. Data collection was done via an online survey to determine the prevalence of depression and its predictors among university students in Malaysia. Our study included participants who gave implied consent to participate in the study, who were university or college students aged 18 years old and above and who were able to complete online questionnaires in either English or Malay language. Sample size estimation was calculated online using the population proportion formulae, which are available at https://www2.ccrb.cuhk.edu.hk/stat/epistudies/x1.htm). The previous local study by Ashraful Islam (2018) indicated that the prevalence of depression among university students in Malaysia was about 30%. Taking the prevalence proportion (p) of 0.30, the probability of type I error (a) of 0.05, the estimated effect size was estimated as 2.5, the desired level of absolute precision (d) of 0.05, the initial calculated sample size was 807. Considering 10% incomplete data, the final estimated sample size was 887 participants.

3.2 Data Collection
Data collection was done via online survey using Google Forms, which was disseminated via emails, WhatsApp and social media such as Facebook and Instagram. Potential participants who received the invitation or promotion regarding the study would click the Participation Information Sheet, which describes the study procedures, benefits and risks of the study. Those who fulfilled the selection criteria would click the next pages of the questionnaires if they agreed to participate in the study. Implied consent was considered when the participants agreed to be enrolled in the study and moved to the next pages to answer the questionnaires.

The Pro Forma questionnaires began with questions related to background socio-demography and college living conditions and then, questions related to family background and family dynamics. The sociodemographic and college living environment questions include gender, age, course 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. Participants were also asked about their family dynamics, and responses were assessed using Likert scores. The participants were asked about their needs to communicate with other members of their family, to receive emotional support from other members of the family and the presence of any conflicts with the rest of their family members. They were also asked about changes in the overall quality of relationships with the other members of the family and the participant's financial status. Furthermore, participants were asked questions about maintaining a family's basic daily routine (such as waking up in the morning, regular meals, sleeping hours and routine activities).

The Centre for Epidemiological Studies Depression (CESD) was used to measure the dependent variable in this study. It has been used in Malaysia and has good validity and reliability to measure depression. It has a good internal consistency with Cronbach's alpha of 0.86. The total score for all items provides a continuous value of the CESD score from 0 to a maximum of 60. A cut-off point of 27 was selected to indicate depression symptoms among adolescents and young people in Malaysia (Ghazali et al.,2014). It took about 15 minutes to answer all the questions.

3.3 Statistical Data Analysis
All data was analyzed using the Statistical Package for Social Science (SPSS) version 28.0. Frequency and percentages were used to describe the socio-demographic, living conditions, family dynamics of participants and status of depression. The outcome variable was categorized into two categories: presence or absence of depression. The chi-square test (X^2) was used to explore the relationship between the categorical variables and the outcomes, using Pearson and Exact Fisher's tests. Binary logistic regressions were used to determine the factors associated with depression among the participants. The goodness-of-fit was tested using the Hosmer and Lemeshow Test, Omnibus Test, Cox & Snell R^2 and Nagelkerke R^2. Statistical significance was set at a p-value less than 0.05.

3.4 Ethical Approval
Ethical approval was obtained from the UiTM Ethical Committee: REC/06/2020 (MR/109).

4.0 Results

4.1 Background Participants and the Status of Depression
Table 1 describes the background of the participants. Of the total participants who answered the questionnaires, only 853 participants completed all the questions. A total of 211 (24.7%) students had depression as measured by CESD. Of the total who were depressed, 150(71.1%) had no history of mental illness, and only 61(28.9%) had a history of mental illness. Even though the online survey was predominantly answered by female students (n=821;96.3%), there was no difference in the status of depression in relation to the gender of the student. More than half (n=506;59.3%) of the participants were medical or allied health students. There was a significant difference (X^2=8.300, p=0.004) in the percentage of depression among this group of students [Depression (143;67.8%) vs. No depression (363;56.5%); Participants almost equally came from big cities, towns and rural dwelling; the majority (611;71.6%) coming from a family of five or more people. A total of 555(65.1%) of them have five or more siblings. Most of the participants (645;75.6%) were staying with five or more students in college residential areas. The percentages of depression were significantly higher among those who had no close friend as a confidant and those with only one confidant (X^2=22.725, df=5, p=0.000)

Table 1: Background of the participants

Independent Variables		Depression		X^2	df	p-value
		No (n=642)	Yes (n=211)			
Gender	Male	23 (3.6%)	6 (2.8%)			
	Female	618(96.3%)	203(96.2%)	3.088	2	0.214
	Others	1(0.2%)	2(0.9%)			
Age (years)	≤20	232(36.9%)	62(30.1%)			
	21-23	369(58.8%)	131(63.6%)	3.975	2	0.137
	≥24	27(4.3%)	13(6.3%)			
Medical and Health Faculties	Yes	363(56.5%)	143(67.8%)	8.300	1	0.004
	No	279(43.5%)	68(32.2%)			
Home residential area	Big City	200(73.5%)	72(26.5%)			
	Town	224(78.6%)	61(21.4%)	2.555	2	0.279
	Rural	218(73.6%)	78(26.4%)			
Number of persons living together at home	1 (living alone)	2(0.3%)	1(0.5%)			
	2	7(1.1%)	6(2.8%)			
	3	59(9.2%)	25(11.8%)	5.192#	4	0.268
	4	111(17.3%)	31(14.7%)			
	≥5	463(72.1%)	148(70.1)			
Number of siblings	1(The only child)	38 (5.9%)	4(1.9%)			
	2	10(1.6%)	6(2.8%)			
	3	56(8.7%)	16(7.6%)	7.316	4	0.120
	4	123(19.2%)	45(21.3%)			
	≥5	415(64.6%)	140(66.4%)			
Number of persons living together at residential college	1 (living alone)	14 (2.2%)	7(3.3%)			
	2	125(19.5%)	42(19.9%)			
	3	3(0.5%)	1(0.5%)	1.177#	4	0.882
	4	13(2.0%)	3(1.4%)			
	≥5	487(75.9%)	158(74.9%)			
Number of close friends as confidants	0	49(7.6%)	37(17.5%)			
	1	121(18.8%)	44(20.9%)			
	2	170(26.5%)	56(26.5%)	22.725	5	0.000
	3	127(19.8%)	38(18.0%)			
	4	66(10.3%)	14(6.6%)			
	≥5	109(17.0%)	22(10.4%)			

Notes: # X^2 not significant and more than 20% of cells have an expected value of less than 5

Table 2: Relationships between Family Dynamics and Depression

Family Dynamics		Depression		X^2	df	p-value
		No (n=642)	Yes (n=211)			
Communication among family members	Least	52(8.1%)	27(12.8%)			
	Lower	121 18.8%)	50(23.7%)			
	Same	292(45.5%	63(29.9%)	17.786	4	0.001
	More	144(22.4%)	61(28.9%)			
	A lot	33(5.1%)	10(4.7%)			
Emotional support from family	Least	48(7.5%)	32(15.2%)			
	Lower	129(20.1%)	36(17.1%)	49.390	4	0.000
	Same	287(44.7%)	49(23.2%)			

	More	141(22.0%)	63(29.9%)			
	A lot	37(5.8%)	31(14.7%)			
Family conflict	Frequent	2(0.3%)	8(3.8%)	67.187	4	0.000
	Often	16(2.5%)	24(11.4%)			
	As usual	80(12.5%)	42(19.9%)			
	Seldom	159(24.8%)	61(28.9%)			
	Rarely	385(60.0%)	76(36.9%)			
Quality of family relationship	Least	2(0.3%)	2(0.9%)	11.667	4	0.020
	Lower	9(1.4%)	10(4.7%)			
	Same	467(72.7%)	139(65.9%)			
	More	74(11.5%)	31(14.7%)			
	Highest	90(14.0%)	29(13.7%)			
Changes in family routine activities	Not at all	22(3.4%)	24(11.4%)	45.167	3	0.000
	Sometimes	222(34.6%)	106(50.2%)			
	Same	332(51.7%)	71(33.6%)			
	A lot	66(10.3%)	10(4.7%)			
Family financial status	least	52(8.1%)	38(18.0%)	23.209	4	0.000
	lower	276(43.0%)	85(40.3%)			
	Same	275(42.8%)	69(32.7%)			
	More	29(4.5%)	17(8.1%)			
	Highest	10(1.6%)	2(0.9%)			

Notes: X² = Chi-squared test, df=degree of freedom

4.2 Relationships between Family Dynamics and Depression

All family dynamic elements examined in this study have significant relationships with depression. The level of communication among family (X^2=17.786,df=4;p=0.001), receiving emotional support from family (X^2=49.390,df=4,p=0.000), having family conflicts (X^2=67.187,df=4,p=0.000), the quality of relationship between family members (X^2=11.667,df=4,p=0.020) and family financial status (X^2=23.209,df=4,p=0.000) have significant relationships with depression. Refer to Table 2 for details about the relationships between family dynamics and the status of depression among the participants.

4.3 Predictors for Depression

The overall percentage of prediction is 77.3%. The predictors for depression among university students include being a medical and health student, number of confidants, having family conflicts and changes in family routines. Students who have only one confidant have about 3 times the odds of getting depression (AOR=2.821, p=0.004, 95% CI=1.388- 5.733). Medical and health students have about 2 times the odds for depression (AOR=1.569, p=0.017, 95%CI=1.086-2.267). Family conflicts either rarely, seldom, usually or often occur, increase the odds of having depression and the more frequent the conflicts are, the higher the odds of having depression. Students who often experience family conflict have almost 20 times the odds of having depression (AOR=19.456, p=0.002, 95%CI=2.885-131.199). Changes in family routine activities also increase the odds of having depression three times (AOR=3.149, p=0.024, 95%CI=1.162-8.532). On the other hand, having the same, more, or the highest emotional support from family is a protective factor for depression. Refer to Table 3 for the details of factors associated with depression among the participants.

Table 3: Predictors for Depression among University Students

Factors		B	S.E.	df	p-value	AOR	95% C.I. for AOR	
							Lower	Upper
Course	Medical or Health Science	.450	.188	1	.017*	1.569	1.086	2.267
Number of Confidants	0 (Ref)			5	.051			
	1	1.037	.362	1	.004*	2.821	1.388	5.733
	2	.399	.324	1	.219	1.490	.789	2.814
	3	.436	.310	1	.159	1.547	.843	2.837
	4	.304	.329	1	.355	1.355	.712	2.581
	5	-.090	.414	1	.828	.914	.406	2.058
Family conflict	Frequent (Ref)			4	.000*			
	Often	2.968	.974	1	.002*	19.456	2.885	131.199
	As usual	1.632	.403	1	.000*	5.116	2.323	11.269
	Seldom	.990	.258	1	.000*	2.692	1.624	4.464
	Rarely	.732	.213	1	.001*	2.078	1.369	3.154
Changes in routine family activities	Not at all			3	.004*			
	Sometimes	1.147	.509	1	.024*	3.149	1.162	8.532
	Same	.840	.389	1	.031*	2.317	1.081	4.964
	A lot	.285	.392	1	.467	1.330	.617	2.865
Emotional support from family	Least (Ref)			4	.000*			
	Less	-.521	.448	1	.245	.594	.247	1.429
	Same	-1.141	.398	1	.004*	.319	.146	.697
	More	-1.457	.367	1	.000*	.233	.114	.478
	Highest	-.699	.354	1	.048*	.497	.249	.994
	Constant	-2.916	1.027	1	.005	.054		

5.0 Discussion

Our research indicates that family dynamics can have an impact on the presence of depression positively and negatively. Detrimentally, family conflicts experienced by university students significantly increase their risk (20 times greater) of developing depression compared to those without family conflict. This discovery underscores the vulnerability of young people who are prone to internalizing their problems, increasing their risk of depression (Stone et al., 2021). Additionally, conflicts between youth and their parents during upbringing are likely associated with an increased risk of depression in adulthood (Alaie et al., 2020). Beneficially, as demonstrated by our study, emotional support from family protects university students from depression. Our findings support the results of other studies, which indicated that a positive family environment, characterized by happiness, care, support, shared family time, and communication of shared values, protects against developing depressive symptoms (Muhammad & Afif, 2023; Sela et al., 2020). A harmonious family environment contributes to children's mental health and ability to adapt to their surroundings (Windarwati et al., 2020).

Moreover, a change in family routine was found to increase the risk of depression among university students. Alterations of a family's daily routine, for example, the sleep schedule, can affect their circadian rhythms and energy balance. This is because confinement can significantly disrupt various external factors that help regulate the biological clock, which later may affect physical and mental health (Baquerizo-Sedano et al., 2022). Disruptions in family routines make it challenging to maintain a predictable daily life that aligns with personal values and goals, stays within available resources, and minimizes conflicts. Maintaining such a balanced and meaningful routine is recognized as important worldwide (He-Yueya et al., 2020). Previous studies suggested that adherence to one's routine could indicate continued stability, while deviation could indicate an increased risk of psychiatric symptoms (He-Yueya et al., 2020).

This study supports another study that having only one confidant significantly increases the risk of depression among university students (Nishida et al., 2023). This relationship represents a close social bond characterized by high levels of trust, intimate confiding, and regular contact (Zhaoyang & Martire, 2021). Confidants are often regarded as part of a social network, with family or friends providing essential psychological support. This network consistently correlated with better physical and mental health outcomes (Uchino et al., 2018), which explains the current finding that university students who have only one confidant have a high risk of depression. Having a confidant allows venting of emotions, being open about personal matters and managing emotional instability.

On the other hand, our study also found that emotional support from family can protect university students from depression. This age group, often in late adolescence or early adulthood, is particularly vulnerable to mental health issues (Balluku et al., 2022). University life presents numerous challenges, but strong family support has been shown to enhance students' psychological attributes, boost resilience and increase academic and life satisfaction (Baluku et al., 2020). However, inadequate family support can significantly affect mental health, leading to more frequent depressive symptoms (Butler et al., 2022) and increasing the risk of depression among vulnerable populations (Jaris et al., 2020). Thus, the presence or absence of family support plays a crucial role in the mental well-being of university students, highlighting the importance of familial relationships during this critical phase of life.

6.0 Conclusion and Recommendations

Our study demonstrated that almost one in four university students may have depression. The factors that significantly contribute to depression include being a medical or health student, having a limited number of confidants, having family conflicts and changes in family routines. Family should provide strong emotional support to protect university students from developing depression. However, these findings should be interpreted with caution because of a few limitations including the design of the study, tools used to confirm the status of depression and the methods of data collection which use an online survey that may not provide the opportunity for enrolment to those in rural areas and place where internet coverage is the main barrier. We also could not gather enough sample size as indicated by our initial sample size calculation, because of time constraints. Future research should embark on studies that give better strength in determining the causal relationship, such as a case-control or cohort study. Furthermore, a face-to-face study involving students from all levels of socioeconomic background and equal gender distribution is recommended. Nevertheless, the findings should inform university authorities to plan for proper interventions in managing depression among students. The strategies may include collaboration between the university and family so that students receive consistent emotional support from family and caregivers. Moreover, the systems that allow students to have confidants (such as the availability of counsellors, peers, lecturers and mentors) who may help with stress management are crucial in preventing depression among this group of people.

Acknowledgements

Paper Contribution to Related Field of Study

This study contributed to the field of psychology and social sciences on the importance of addressing mental health problems, in particular depression among university students. It highlights the significant prevalence of depression among university students and its contributing factors. University authorities must enhance linkages with students' families and provide accessible services for

students to receive enough social and emotional support to manage and prevent mental health problems.

References

Alaie, I., Låftman, S. B., Jonsson, U., & Bohman, H. (2020). Parent–youth conflict as a predictor of depression in adulthood: a 15-year follow-up of a community-based cohort. *European child & adolescent psychiatry*, 29, 527-536.

Alsubaie, M. M., Stain, H. J., Webster, L. A. D., & Wadman, R. (2019). The role of sources of social support on depression and quality of life for university students. *International Journal of Adolescence and Youth*, 24(4), 484–496. https://doi.org/10.1080/02673843.2019.1568887

Ashraful Islam, M., Yun Low, W., Ting Tong, W., Wan Yuen, C. C., & Abdullah, A. (2018). Factors Associated with Depression among University Students in Malaysia: A Cross-sectional Study. *KnE Life Sciences*, 4(4), 415. https://doi.org/10.18502/kls.v4i4.2302

Baluku, M. M., Kikooma, J. F., Otto, K., König, C. J., & Bajwa, N. U. H. (2020). Positive psychological attributes and entrepreneurial intention and action: the moderating role of perceived family support. *Frontiers in Psychology*, 11, 546745.

Baquerizo-Sedano, L., Chaquila, J. A., Aguilar, L., Ordovás, J. M., González-Muniesa, P., & Garaulet, M. (2022). Anti-COVID-19 measures threaten our healthy body weight: changes in sleep and external synchronizers of circadian clocks during confinement. *Clinical Nutrition*, 41(12), 2988-2995.

Butler, N., Quigg, Z., Bates, R., Jones, L., Ashworth, E., Gowland, S., & Jones, M. (2022). The contributing role of family, school, and peer supportive relationships in protecting the mental well-being of children and adolescents. *School Mental Health*, 14(3), 776-788.

Chai, W., & Shek, D. T. L. (2024). Mental Health of Hong Kong University Students Under COVID-19: Protective Ecological Factors and Underlying Mechanism. *Applied Research in Quality of Life*, 19(3), 921–943. https://doi.org/10.1007/s11482-024-10277-1

Ghazali, S. R., Elklit, A., Balang, R. V., Sultan, M. A., & Chen, Y. Y. (2014). Determining the cut-off score for a Malay language version of the Centre for Epidemiologic Studies Depression Scale (CESD). *ASEAN Journal of Psychiatry*, 15(2), 146-152.

He-Yueya, J., Buck, B., Campbell, A., Choudhury, T., Kane, J. M., Ben-Zeev, D., & Althoff, T. (2020). Assessing the relationship between routine and schizophrenia symptoms with passively sensed measures of behavioural stability. *NPJ schizophrenia*, 6(1), 35.

Jabbari, B., Schoo, C., & Rouster, A. S. (2023). Family dynamics. In *StatPearls [Internet]*. StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK560487/

Jaris, N. H., Chidambaram, S. K., Salleh, M. R., & Razali, S. (2020). Factors Contributing to Depressive Disorder among Patients with Retroviral Disease. *Environment-Behaviour Proceedings Journal*, 5(14), 83-89.

Kamruzzaman, M., Hossain, A., Islam, M. A., Ahmed, M. S., Kabir, E., & Khan, M. N. (2024). Exploring the prevalence of depression, anxiety, and stress among university students in Bangladesh and their determinants. *Clinical Epidemiology and Global Health*, 28. https://doi.org/10.1016/j.cegh.2024.101677

Muhammad, H. S., & Afif, F. (2023). Domestic Harmony: A Study of Digipreuner's Role in The Family Economy. *Sharia and Law Proceedings*, 1(1), 183-192.

Mustaffa, S., Aziz, R., Mahmood, M. N., & Shuib, S. (2014). Depression and Suicidal Ideation among University Students. *Procedia - Social and Behavioral Sciences*, 116, 4205–4208. https://doi.org/10.1016/j.sbspro.2014.01.917

Nishida, A., Foo, J. C., Yamaguchi, S., Togo, F., Shimodera, S., Nishida, A., ... & Sasaki, T. (2024). Association between number of confidants and adolescent anxiety/depression: a school-based study. *Child and adolescent psychiatry and mental health*, 18(1), 87.

Sela, Y., Zach, M., Amichay-Hamburger, Y., Mishali, M., & Omer, H. (2020). Family environment and problematic internet use among adolescents: The mediating roles of depression and fear of missing out. *Computers in Human Behavior*, 106, 106226.

Shi, H. (2024). The effect of social support on home isolation, anxiety and depression among college students in the post-pandemic era: the mediating effect of perceived loss of control and the moderating role of family socioeconomic status. *Frontiers in Public Health*, 12. https://doi.org/10.3389/fpubh.2024.1288848

Uchino, B. N., Bowen, K., Kent de Grey, R., Mikel, J., & Fisher, E. B. (2018). Social support and physical health: Models, mechanisms, and opportunities. Principles and concepts of behavioural medicine: *A Global Handbook*, 341-372

Wang, L., Young, L. E., & Miller, L. C. (2021). The structure of social support in confidant networks: implications for depression. *International Journal of Environmental Research and Public Health*, 18(16), 8388.

Windarwati, H. D., Aji Budiman, A., Nova, R., & Laras At, N. A. (2020). The relationship between family harmony with stress, anxiety, and depression in adolescents. Yıldırım, M., & Tanrıverdi, F. Ç. (2021). Social support, resilience and subjective well-being in college students. *Journal of Positive School Psychology*, 5(2), 127-135.

World Health Organization (WHO) (2023). Depressive Disorder (Depression). https://www.who.int/news-room/fact-sheets/detail/depression

Zhaoyang, R., & Martire, L. M. (2021). The influence of family and friend confidants on marital quality in older couples. *The Journals of Gerontology*: Series B, 76(2), 380-390.

.