

# Societal Attitudes toward Chinese University Students with a History of Parental Depression and Factors Influencing the Respective Attitudes: A Cross-sectional study”

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## Research Article

### ABSTRACT

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Children of depressed parents are at a higher risk of developing psychosocial and somatic impairments during childhood, adolescence, early adulthood, and adult life. Society plays a significant role in precipitating or alleviating depression and other mental ailments in children of depressed parents. However, there is inconclusive evidence regarding the drivers of societal attitudes toward Chinese university students whose parents exhibit a history of depression. This cross-sectional study evaluated perceptions of society toward children of depressed parents through closed-ended questionnaires. The study was conducted across 168 individuals with an age of 50 or more than 50 years old from different provinces of China as well Macau. Fifty closed-ended questions were administered to the participants to evaluate their perception of university students whose parents were depressed. Although the society holds certain preconceptions and prejudice regarding children of depressed parents, such perceptions are often influenced by the social functioning of referred children. For example, extraversion and introversion behaviors exhibited by children of depressed parents contribute to their negative image in society. The negative social attitudes do influence social well-being in children of depressed parents. Likewise, parenting style, peer support, and accessibility to mental health services also influenced societal attitudes toward the concerned stakeholders. Since negative societal attitudes toward children of depressed parents impact their social well-being, society should be sensitive towards them. Hence, society must extend their support so that the respective individuals are able to overcome the impacts of parental depression. The study emphasized the need for psycho education in both parents and children that would moderate their behavior despite the history of parental depression for changing the attitudes of society toward them..

### INTRODUCTION

The prevalence of mental health problems in university students is not only on the rise across the globe, but they are substantially contributing to academic, financial, and social stressors [5]. Children of depressed parents are at increased risk of experiencing psychosocial and cognitive impairments during childhood, adolescence, early adulthood, and adult life. Apart from psychosocial and cognitive impairments, the concerned stakeholders also suffer from different somatic diseases such as atopic allergy and cardiovascular diseases [7]. Hence, children who are exposed to episodes of depression in their parents suffer from a plethora of psychological and medical conditions. These findings suggest that parental depression has a long-lasting effect on the social well-being of a child. Most often, the affected children are able to cope with the condition through silent adaptation, and society cannot perceive the mental trauma that the children face in their life[1]. Katz [3] emphasized that society could significantly mediate social functioning and depression from childhood till adolescence. Hence, it is very important to understand the societal attitudes toward children who exhibit depression and mental health problems as a consequence of parental depression, as well as those who exhibit silent coping and remain symptomless in society. Understanding the domains and dimensions of societal attitudes toward children of depressed patients would help to implement therapeutic interventions in the concerned stakeholders. The exposure of the target population to hostile societal attitudes could invoke fear, shame, bullying, and dissonance, which could only be reflected from their lived experience with parental depression from childhood till adulthood. It is inferred that the balance between the risk and protective factors is important for successful outcomes on social well-being in the affected children. Studies suggest that social support toward the affected individuals promotes resilience and coping in

the concerned stakeholders and also contributes to normal life trajectory. On the contrary, the lack of social support might prevent the development of resilience in the concerned stakeholders, which could predispose them to the risk of psychopathic disorders in the future. Likewise, it could also be extrapolated that negative societal attitudes could deteriorate their social, and academic well-being compared to their condition if society remained insensitive or did not provide social support for their mental condition that stemmed from exposure to parental depression. University students go through important transitions in their life. As a result, the perception of their lived experience with parental depression could modulate their views on relationships as well as impact their academic and professional aspirations [6].

The insensitivity of society and parents to the mental trauma faced by children who witnessed parental depression is one of the major causes of long-lasting negative health outcomes in the concerned stakeholders [4]. The reduction in social functioning and social interaction might cause a loss of confidence in the concerned stakeholders, which might invoke depression during their early adulthood [2]. Females exhibit a stronger association between depression and social functioning both at the symptom level and at the diagnosis level. Such findings are not surprising because the risk of depression in females is significantly higher compared to males across all age groups [3]. Hence, it could be speculated that social impairment potentiates the risk of depression in females, which leads to reduce social functioning or vice-versa. Previous studies reported that the early childhood social withdrawal is a risk factor for depression during young adulthood as well these findings suggest that negative societal attitudes could prompt social withdrawal in the concerned stakeholders that could further aggravate their mental trauma and predispose the risk of depression and allied psychopathic complications in them. Under such perspectives, it is important that the societal attitudes toward children of depressed patients should be positive that would help to prevent social withdrawal and social avoidance in the concerned stakeholders.

Although studies have not investigated the role of societal attitude on the social well-being of the affected children, it is suggested that social support could play a significant role in improving coping and resilience across the concerned stakeholders [8]. However, there is inconclusive evidence whether the predisposition to depression during late adolescence is a function of exposure to parental depression. For this reason, the present study considered the college and university students as the study population because these stakeholders are either in their late adolescence or early adulthood phase of their life. Studies suggest that the risk of depression during late adolescence across the offspring of depressed patients is two-fold to four-fold higher compare to their peers who are offspring of non-depressed patients. There is inadequate evidence regarding the views the society holds regarding children of depressed parents. It is contended that most of their views might be driven by preconceived ideas, while the social behavior of the affected children and overall views of the society might play a determinant role. The present study not only explored the societal attitudes toward children of depressed parents but also the factors that led to such views. Understanding the attitudes of society toward the concerned stakeholders would help to identify the social support and preventive health interventions that might prevent the surge in depression among university students as a function of parental depression and societal attitude.

## METHODOLOGY

The study was based on a cross-sectional survey where the participants were inquired through an online tool (surveymonkey.com). The responses were collected on a standardized questionnaire format called the SOCAT (societal assessment tool). The general public who were expected to provide their responses in the SOCAT tool should have been 50 or more than 50 years old from different provinces of China as well Macau. However, it was decided to incorporate some of the responses below this age group because they could either be peers or in a relationship with children of depressed parents. The semi-structured questionnaire was referred to as the SOCAT tool that comprised of 50 questions that explored the societal attitudes and provision of social support expressed by the general public toward children of depressed parents (table 1). An understanding of the societal attitudes and social support would help to design community awareness strategies that would help in sensitizing society regarding the impact of exhibiting negative social attitudes toward children of depressed parents and to extend a supporting hand if it is warranted by the concerned stakeholders. The inferential statistics that were used for data analysis include correlation analysis (Table 2). The major objective of the inferential analysis was to identify the drivers that independently or holistically influence the attitudes of the society toward university students whose parents suffer from depression. The responses were obtained on a 5-point Likert Scale with the middle alphanumeric score of "3", representing a neutral view on the question. The results were analyzed in terms of mean, median, and mode, and correlation analysis. The selection of such descriptive statistics helped to identify the skewness of the society to a specific question or view as the sample size was fairly representative of the population (n=168). The correlation analysis was conducted with the responses to different questions (variables) of the SOCAT tool to understand the cause-and-effect relationships between them. The correlation analysis also helped to validate the responses of the participants from a psychometric perspective. The correlation coefficients (r) were inferred at the 0.05 level of statistical significance. Therefore, correlation coefficients, either positive or negative, were only considered significant if the p-value of r (correlation coefficient) was less than 0.05.

## RESULTS

Table 1 depicted a summary of the subjective responses of the participants to some of the pertinent questions in the 50-item SOCAT tool. The summary is presented in terms of descriptive statistics such as the mean, median, and mode. The questions that are reported in table 1 from the 50-item SOCAT tool were primarily based on societal attitudes, the causes, and their impact on students with a history of parental depression.

	Mean	Median	Mode	Std.Deviation	Skewness
Age	57.70	56.00	54	5.711	0.687
Different views on students with depressed parents and those without	3.60	4.00	4	0.798	-0.444
View change from situation to situation on students with parental depression	3.48	4.00	4	0.826	-0.265
View change from situation to situation on students without parental depression	2.68	3.00	3	0.814	0.250
Children of depressed patients are inferior to their peers and require supervision	3.50	4.00	4	0.855	-0.349
The humanistic and sympathetic view is required for children of depressed patients	3.70	4.00	4	0.802	-0.309
Children of depressed patients are a threat and burden to the community	2.35	2.00	2	0.848	0.227
Mental health services should always be provided for children of depressed patients	3.90	4.00	4	0.736	-0.213
No difficulty in developing a personal relationship with children of depressed patients	2.55	2.00	2	0.894	0.193
No difficulty in developing a professional or working relationship with children of depressed patients.	2.86	3.00	3	0.928	-0.087
Society has more negative attitude toward children of depressed parents	3.27	3.00	3	0.844	-0.119
Society could play a positive role in improving the social well-being of students with parental depression	3.85	4.00	4	0.734	-0.300
Students whose parents suffer from depression exhibit mental health problem	3.44	3.00	4	0.894	-0.277
Students with parental depression exhibit externalizing problems	3.38	3.00	4	0.933	-0.458
Students with parental depression exhibit internalizing problems	3.47	3.00	3	0.861	-0.277

**Table1:** Descriptive Statistics based on the SOCAT tool

Table 2 described correlation analysis between different responses to the SOCAT tool. The correlation analysis helped to identify the cause and relationship between societal attitude towards children of depressed parents and the factors that prompted such attitude.

	<b>Correlations</b>	<b>Self-views on societal attitude</b>	<b>Information to society that parents are depressed</b>	<b>Social Behavior of the Students</b>	<b>Negative Attitudes hold by the Society</b>
Different views on students with depressed parents and those without	Correlation Coefficient	1.000	0.095	0.144	.163*
	Sig. (2-tailed)		0.219	0.063	0.035
View change from situation to situation on students without parental depression	Correlation Coefficient	-.186*	-0.090	-0.053	-0.078
	Sig. (2-tailed)	0.016	0.245	0.494	0.317
Children of depressed patients are inferior to their peers and require supervision	Correlation Coefficient	0.118	.154*	0.003	-0.042
	Sig. (2-tailed)	0.128	0.046	0.969	0.589
Society has more negative attitude toward university students with parental depression	Correlation Coefficient	.163*	0.022	-0.062	1.000
	Sig. (2-tailed)	0.035	0.778	0.422	
Students whose parents suffer from depression exhibit externalizing problems	Correlation Coefficient	.156*	0.098	0.043	0.090
	Sig. (2-tailed)	0.043	0.207	0.576	0.246

**Table 2:** Correlation Analysis of SOCAT Tool

## DISCUSSION AND CONCLUSION

Based on this study society had different views about university students whose parents suffered from depression compared to those whose parents did not suffer from depression. Such assumptions stemmed from the mode and median score, which was 4. This meant that most of the individuals agreed that society holds different views for university students whose parents are depressed compared to their peers who did not witness parental depression.

According to the study, the modal score indicated that more individuals agreed that societal views regarding university students whose parents suffer from depression often change from situation to situation compared to those whose parents do not suffer from depression (4 versus 3). These findings suggested that changes in society's perception regarding university students whose parents are depressed from situation to situation could be either intrinsic to society or to the social functioning exhibited by the concerned stakeholders. This study showed that most participants agreed that university students whose parents suffer from depression need more supervision compared to their peers who do not exhibit parental depression. The aspect of supervision pointed out by the participants perhaps meant medical supervision rather than the supervision of the society. The perspective of supervision and advocating for mental health services for managing university students whose parents are depressed clearly implicated the negative attitude and apprehensions that are held by the society towards the concerned stakeholders compared to their peers whose parents are not depressed.

This study showed that most participants agreed that university students whose parents suffer from depression need more humanitarian attitude compared to their peers who do not exhibit parental depression; therefore society might have apprehensions and empathy regarding university students whose parents are depressed. However, empathy might not represent a positive attitude; rather, it could reflect the perception of the society is looking down towards the concerned stakeholders. But the positive attitude of the society towards children of depressed parents became evident when most of the participants in this study felt that children of depressed parents require more supervision and should not be ignored and most of the participants agreed that mental health services should always be provided to children of depressed patients for integrating them into society.

Although most of the individuals do not perceive that children of depressed parents are a burden to society, the respective individuals did advocate for mental health services and they agreed that mental health services should always be provided to children of depressed patient for rehabilitating the concerned stakeholders into the society. However, this response could be viewed from two perspectives; an empathetic feeling or a humanitarian toward children of depressed parents.

The contradictory perception of the society regarding university students with depressed parents is evident from the response of the participants that they do not find difficulty in establishing a professional working relationship with university students who are children of depressed parents. On the contrary, most of the participants agreed that they are not likely to develop a personal relationship with children of depressed parents. Hence, it could be inferred that although society might have a superficial positive or empathetic attitude towards university students whose parents are depressed, they have a prejudice and apprehension regarding them, which impairs them to develop a personal relationship with the concerned stakeholders. These assumptions related to the contradictory attitude of the society towards university students whose parents are depressed is further evident from the findings that most of the participants agreed that society should take a positive attitude towards children of depressed parents.

The responses further showed that most of the individuals partially agreed that the negative attitude of the society towards children of depressed parents could stem from being informed regarding parental depression. This is because the mode for the responses was "3". However, as the mean score for negative attitudes of the society toward children of depressed parents was above than "partial agree," it suggested that society certainly holds negative views on children belonging to depressed parents.

Although most of the participants agreed that society could play a positive role in improving the social well-being of university students whose parents suffer from depression, it was unclear whether they are inclined to play a positive role in improving the social well-being of the concerned stakeholders. As well as although most of the participants partially agreed that society, in general, has stigma (negative attitude) towards university students whose parents suffer from depression, the agreeableness could be much more because the mean was 3.27. As a result of this response, most participants felt that children of depressed parents do have mental health problems. Therefore, it could be inferred that university students could exhibit mental well-being in spite of having mental health problems on account of depression in their parents.

The study showed that university students whose parents suffer from depression exhibit externalizing problems such as temper tantrums, defiance, and delinquency. The study also showed that the students whose parents suffer from depression exhibit internalizing problems such as withdrawal, depression and anxiety. However, the participants felt that university students whose parents are depressed exhibited more internalizing problems compared to externalizing problems. The internalizing problems on account of parental depression in university students are manifested as low social participation. This is an important finding because internalizing behaviors often remain undiagnosed and under-diagnosed compared to externalizing behavior and internalizing behaviors such as depression could predispose the risk of self-harm across the concerned stakeholders.

The negative correlation between societal views on children of depressed parents compared children of non-depressed parents indicates that societal views on the children of depressed parents are different which one of the reasons for the differences in societal views on children of depressed parents can be because the societal views on children of depressed parents change from situation to situation. The correlation analysis confirmed and showed that individuals agreed that societal views regarding university students whose parents suffer from depression often change from situation to situation compared to those whose parents do not suffer from depression. This means that the society compares between children on the basis of their history of parental depression. The study showed that there is a certain positive attitude of society toward children of depressed parents, which is evident from the negative correlation between the perception of society that children of depressed patients are inferior to their peers and require supervision. These findings suggest that the negative attitudes of society toward children of depressed parents are not only built on prejudices and preconceptions but also from the comparative behavior of children of non-depressed parents as well as the behavior of their non-depressed counterparts. This correlation could be interpreted from two perspectives; the information that the concerned stakeholders belong to depressed parents is not sufficient to have negative views regarding their inferiority compared to their peers whose parents are not depressed, These findings further substantiate that preconception and prejudices of the society toward children of depressed parents are not the major influencer regarding their negative attitudes toward the concerned stakeholders. The correlation analysis further reflected that university students whose parents suffer from depression exhibit externalizing problems such as temper tantrums, defiance, and delinquency, which affected the perceptions of participants toward children of depressed parents ( $p < 0.05$ ). Hence, externalizing behavior in university students is what drives the differences in societal attitudes toward them.

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