

Effect Of Family Bonding On Depression Among Undergraduates Of University Of Cyberjaya During Movement Control Order (Mco)

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Abstract: Movement Control Order (MCO) is a series of national quarantines implemented by the federal government of Malaysia in response to the COVID-19 pandemic in this country. Due to COVID-19, anyone can be affected mentally and emotionally. As most of the students went back home and stayed with their family during this period, we plan to conduct a cross sectional study to assess the relationship of family bonding and mental health especially depression level during this period. A cross-sectional study was conducted among 207 students in the period from August 2021 until January 2022 in University of Cyberjaya (UOC), Cyberjaya, Selangor, Malaysia. The sample selection was done by proportionate sampling technique. The self-administered questionnaire was distributed online. High levels of alienation were found to be significantly less likely to cause depression which was contrary to our hypothesis. Low and moderate levels of communication with parents and that of trust from parents were significantly related to lower risk of depression. Overall, our study found a negative correlation between parental attachment and occurrence of depression among our respondents. This study helps to explain the relations between family bonding, especially with parents and depression level. Undergraduate students who reported a higher level of parental attachment experienced lower depression during the Movement Control Order (MCO).

Keywords: Family bonding, Depression, Movement Control Order (MCO), Undergraduate students.

I. Introduction

On 16th of March 2020, the Malaysian Government announced a limited lockdown approach which was known as the Movement Control Order (MCO) to curb the spread of COVID-19 and the number of infected cases, as there is no effective treatment for treating this infectious disease. The first appearance of this infectious disease was in December 2019, in Wuhan, Hubei Province, China. Throat swab samples were taken by the Chinese Centre for Disease Control and Prevention which came

back as a novel coronavirus, Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) [3].

The disease caused by this novel coronavirus was then named as COVID-19 by the World Health Organisation. According to information from the World Health Organisation, this virus was then confirmed to spread primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes [4]. Therefore, to prevent infection and slow the transmission of

COVID-19, one should maintain physical distance at least 1 metre from people who cough or sneeze, cover his nose and mouth with a mask when around others and the best way would be staying at home and avoiding unnecessary travelling.

During the lockdown period, people stayed at home and only had family members around them. This is the best time where the people can spend their time with their family members and play more roles especially in the young to mould traits and care for the elderly. During this period, parents have more time to show interest in their child's educational pursuit and listen to their daily worries. On the other hand, this period has brought a turbulence to the economy of the nation. A lot of companies were forced to retrench their operation and downsize their staff to maintain the financial situation of the company. Financial stress that is brought to a family will depress one's emotional and adversely impact on their mental health.

Anyone can be affected mentally and emotionally during the outbreak of COVID-19. Different people react differently to critical scenarios. Fear and worry which are brought by the hard time can cause strong emotions like depression and stress in individuals.

Our research aim is to focus on family bonding and mental health, especially depression. We decided to collect data to address the relationship of family bonding and mental health especially depression level during the Movement Control Order period. By

doing this research, we could learn more about the relationship between family bonding and depression level during the MCO period.

2. Methods

A cross sectional study was conducted in the University of Cyberjaya from August 2021 to January 2022. The minimum number of sample sizes was meant to be 348, however, we managed to get 207 responses which was only 59.48% from the expected sample size.

The target participants were undergraduate students at University of Cyberjaya that were undergoing online distance learning during the Movement Control Order (MCO) lockdown and stayed with family. The sample population was chosen from 8 different faculties in the university. The sample method used was by proportionate sampling technique. Participation was voluntary.

Data was collected through an online questionnaire using questions adapted from the Depression Anxiety Stress Scale (DASS) and Inventory of Parents and Peer Attachment (IPPA), with a total of 32 questions.

The qualitative data collected was analysed using the JASP Statistics software. The data was analysed descriptively, and the independent T test and Chi-square was used to further tabulate appropriate findings from the study. Findings are considered statistically significant if the p value is less than 0.05, with a confidence interval of 95%.

3. Results

Table 1: Sociodemographic factors with depression level

| Sociodemographic factors | | Depression level | | | | | Total |
|--------------------------|--------|------------------|---------------|-------------|----------------|----------------|-----------------|
| | | Normal | Low | Moderate | Severe | Very severe | |
| Gender | Male | 13 (26.53%) | 8 (16.33%) | 13 (26.53%) | 10 (20.41%) | 5 (10.20%) | 49 (23.79%) |
| | Female | 55 (35.03%) | 23 (14.64%) | 42 (26.75%) | 18 (11.47%) | 19 (12.10%) | 157 (76.21%) |

| | | | | | | | |
|--------|---|----------------|---------------|-------------|----------------|----------------|-----------------|
| Age | 18 - 21 | 41 (34.75%) | 17 (14.41%) | 32 (27.12%) | 12 (10.17%) | 16 (13.56%) | 118 (57.28%) |
| | 22 - 25 | 27 (30.68%) | 14 (15.91%) | 23 (26.14%) | 16 (18.18%) | 8 (9.09%) | 88 (42.72%) |
| Course | Bachelor of Medicine and Bachelor of Surgery (MBBS) | 53 (39.55%) | 22 (16.42%) | 33 (24.63%) | 12 (8.96%) | 14 (10.45%) | 134 (65.05%) |
| | Bachelor of Pharmacy | 14 (30.44%) | 5 (10.87%) | 12 (26.09%) | 8 (17.39%) | 7 (15.22%) | 46 (22.33%) |
| | Others | 1 (3.85%) | 4 (15.36%) | 10 (38.46%) | 8 (30.77%) | 3 (11.54%) | 26 (12.62%) |
| Total | | 68 (33.01%) | 31 (15.04%) | 55 (26.70%) | 28 (13.59%) | 24 (11.65%) | 206 (100%) |

Majority of the male undergraduate students in University of Cyberjaya have normal and moderate levels of depression, which both were 26.53% while majority females have normal levels of depression which was 35.03%. Furthermore, normal levels of depression also have the highest prevalence among those who are from the age group of 18-21 (34.75%) and aged 22-25 (30.68%). Those who are studying

Bachelor of Medicine and Bachelor of Surgery (MBBS) and Bachelor of Pharmacy, the majority of them have normal levels of depression with 39.55% and 30.44% respectively. On the other hand, the other courses have the highest prevalence in moderate levels of depression with 38.46% and the lowest prevalence in normal levels of depression with 3.85%.

Table 2: Sociodemographic factors with Inventory of Parents and Peer Attachment (IPPA) level

| Sociodemographic factors | | IPPA Level | | | | OR | P value |
|--------------------------|---|----------------|-------------------|-----------------|--------------|---------|---------|
| | | Low attachment | Medium attachment | High attachment | Total | | |
| Gender | Male | 0 | 28 (57.14%) | 21 (42.86%) | 49 (23.79%) | 1 | < 0.01 |
| | Female | 2 (1.27%) | 71 (45.22%) | 84 (53.30%) | 157 (76.21%) | 1.53 (| |
| Age | 18 - 21 | 1 (0.85%) | 52 (44.92%) | 64 (54.24%) | 118 (57.28%) | 0.72 (| 0.04 |
| | 22 - 25 | 1 (1.14%) | 46 (52.27%) | 41 (46.59%) | 88 (42.72%) | 1 | |
| Course | Bachelor of Medicine and Bachelor of | 1 (0.75%) | 57 (42.54%) | 76 (56.72%) | 134 (65.05%) | 0.515 (| < 0.01 |

| Surgery (MBBS) | | | | | |
|----------------------|-----------|-------------|-------------|-------------|---|
| Bachelor of Pharmacy | 1 (2.17%) | 22 (47.83%) | 23 (50.00%) | 46 (22.33%) | 1 |
| Others | 0 | 20 (76.92%) | 6 (23.01%) | 26 (12.62%) | |

For low attachment of IPPA level, those who are female (1.27%), aged 22-25 (1.14%), and studying for a Bachelor of Pharmacy (2.17%) have the highest prevalence compared to others. In contrast, those who are male (57.14%), aged 22-25 (52.27%) and studying in courses other than MBBS and Bachelor of

Pharmacy (76.92%) have the highest prevalence in medium attachment of IPPA level. On the other hand, the majority who are female (53.30%), aged 18-21 (54.24%) and studying in MBBS (56.72%) were in highest attachment in IPPA level.

Table 3: Relationship between Inventory of Parents and Peer Attachment (IPPA) level and Depression

| | DASS | Depression | | Total | OR | P value |
|---------------------|----------|-------------|-------------|--------------|------------------|---------|
| | | No | Yes | | | |
| Alienation level | Low | 9 (9.89%) | 82 (90.11%) | 91 (44.17%) | 1 | <0.01 |
| | Moderate | | | | | |
| | High | 59 (51.30%) | 56 (48.70%) | 115 (55.83%) | 0.1 (0.05-0.23) | |
| Communication level | Low | 22 (20.75%) | 84 (79.25%) | 106 (51.46%) | 3.25 (1.76-6.00) | <0.01 |
| | Moderate | | | | | |
| | High | 46 (46.00%) | 54 (54.00%) | 100 (48.54%) | 1 | |
| Trust level | Low | 10 (14.08%) | 61 (85.92%) | 71 (34.47%) | 1 | <0.01 |
| | Moderate | | | | | |
| | High | 58 (42.96%) | 77 (57.04%) | 135 (65.53%) | 0.22 (0.10-0.46) | |
| Total IPPA Level | Low | 51 (50.50%) | 50 (49.50%) | 101 (49.03%) | 1 | <0.01 |
| | Moderate | | | | | |

| | | | | |
|-------------|-------------|-------------|--------------|--------|
| High | 89 (84.76%) | 16 (15.24%) | 105 (50.97%) | 0.18 (|
|-------------|-------------|-------------|--------------|--------|

Among people who have a high alienation level towards their parents, 48.70% have a lower risk of developing depression (OR: 0.1, 95% CI: 0.05-0.23). On the other hand, most participants with low and moderate communication level (95%) have 3.25 times the risk of getting depression (OR: 3.25, 95% CI: 1.76-6.00), compared to those who have high communication level. Furthermore, 57.04% of participants who have a high trust level towards their parents are at lower risk of having depression (OR: 0.22, 95% CI: 0.1-0.46). Finally, 50 (49.50%) of our respondents who have an overall moderate attachment to their parents reported having depression, whereas only 16 (15.24%) of our respondents who have a high attachment to their parents reported having depression during MCO. All are statistically significant ($p < 0.01$).

4. Discussion

4.1.1 To study the depression level among students at University of Cyberjaya during MCO

The overall prevalence of depression among the undergraduate students at University of Cyberjaya who stayed with family during the Movement Control Order lockdown is 138 out of 206 respondents (66.99%). This finding is similar to studies done in another private medical university in Malaysia by Fuad et al., (2015) that reported the prevalence of depression is 60%.

NHMS in 2019 ^[15] and Kaur et al., in 2014 reported that females had higher prevalence of depression (2.6% and 18.5%, respectively) compared to males (2.0% and 16.8%, respectively). These findings are not consistent with our findings as we found that males had a higher prevalence of depression which is 73.47% compared to females which is 64.97%. However, we must not overlook the difference between our male respondents (23.79%) and female respondents (76.21%),

which might affect the outcomes of the results. Larger differences in the outcomes that happened may be due to differences in our sample size (Hackshaw, 2008).

Studies done in four public universities in the Klang Valley, Malaysia by Shamsuddin et al (2013) ^[19] reported that respondents in the older group had higher mean scores in depression compared to those who are in the younger group. This is consistent with the findings in our research where respondents in the older group had higher prevalence in depression (69.32%) than those in the younger group (65.25%). Depressive symptoms are common among this older group as they might worry more about their future uncertainties as they approach graduation and the need to seek work and employment (Bostanci et al., 2005). This can be hypothesised that as they are becoming more senior students, they have bigger concerns on how to complete the degree, especially in this pandemic situation thus it might impair their mental wellbeing if not handled properly.

Of the 206 students that responded to our survey, majority those who had no depression is among MBBS students (39.55%), compared to the pharmacy students (30.44%) and students from the other degree programmes such as Bachelor of Homoeopathy, Bachelor of Psychology, Bachelor of Occupational Safety and Health, Bachelor of Biomedical Engineering and Technology, and Bachelor of Physiotherapy (3.85%), which almost similar with studies done in University Malaysia Sarawak by Rahman et al., (2021) that found more than 70% of their medical students had no depression during the COVID-19 pandemic. These findings are in contrast with what we expect as MBBS students tend to get depression compared to other degree programmes as it is well known that the demands and pressure among medical students pose a tremendous challenge to personal wellness leading to

impaired mental wellness such as depression, burnout, anxiety and personal distress (Dyrbye et al., 2006). On the other hand, the prevalence of those who had no depression among MBBS students in this university might be high because of moral support and help provided by lecturers and peers through mentor mentee sessions which might be effective to the students in order to cope with their problems especially related with their studies.

4.1.2 To assess the bonding between students and their families during MCO

Of the 49 (23.79%) of males who responded to our survey, 28 (57.14%) reported a medium attachment to their parents, whereas 21 (42.86%) reported a high attachment. Of the 157 (76.21%) females who responded to our survey, 2 (1.27%) reported a low attachment to their parents, whereas 71 (45.22%) and 84 (53.30%) reported medium and high attachment levels respectively. Overall, the results indicate that males in our sample size reported more medium attachment to their parents, whereas females in our sample size reported more high attachment. This is in concordance with Imtiaz et al., where they found that mean scores of girls are higher on each subscale of parental attachment as compared to boys. This can be postulated to girls forming stronger emotional bonds with their parents, particularly their mothers, compared to boys who have a lower emotional attachment to their parents. Another possible interpretation is that males tend to disengage earlier from parental bonds and invest more in their relationships with peers.

Of the two age groups that were surveyed during our research, 118 (57.28%) of respondents fell into our first age group of 18-21 years old, whereas 88 (42.72%) fell into our second age group of 22-25 years old. 64 (54.24%) of the 18-21 age group reported a high attachment to their parents, whereas 46 (52.27%) of the 22-25 age group reported medium attachment to their parents. This can be attributed to older respondents having already established firm friendships with their peers in

university, thus developing a lower emotional dependence on their parents. Younger respondents may have just started university and not established any relationships with friends, therefore are still more emotionally dependent on and attached to their parents. Gan et al. found that freshman undergraduates who have a higher level of parental attachment had a lower level of university adjustment, which may be attributed to anxiety and adjusting to a new environment. Love (2008) argues that a high level of parental attachment formed from extreme overprotective parenting styles would lead to an increase in emotional and psychological distress of first-year undergraduates during the transition to university life. Therefore, we can hypothesise that the younger age group still has a high attachment to their parents because they have not had much experience in university, therefore have not let go of the apron strings by forming meaningful relationships with their university peers.

134 (65.05%) of our respondents were from the Bachelor of Medicine, Bachelor of Surgery programme, with 76 (56.72%) of them reporting a high attachment to their parents. 46 (22.33%) of our respondents were enrolled in the Bachelor of Pharmacy programme, with 23 (50.00%) of them reporting a high attachment to their parents. 26 (12.62%) of our respondents were from other degree programmes, including Bachelor of Homoeopathy, Bachelor of Psychology, Bachelor of Occupational Safety and Health, Bachelor of Biomedical Engineering and Technology, and Bachelor of Physiotherapy, with 20 (76.92%) of them reporting a medium attachment level to their parents. It can be theorised that medical students have a heavy workload and would turn to their parents regularly for advice and support, particularly for those whose parents are doctors. We do not have a feasible explanation for the results among pharmacy and other degree students and will not elaborate further.

4.1.3 To determine the effect of family bonding on depression level among students at

University of Cyberjaya during MCO

Of the 115 (55.83%) respondents who reported high levels of alienation from their parents, only 56 (48.70%) reported having depression during MCO, with an odds ratio of 0.1 and a p value of <0.01, indicating that this result is significant. This is in contrast to our expectations that individuals having a high level of alienation would have a higher tendency to report feeling depressed during MCO. It can be hypothesised that parents are a potential stressor for individuals at home, due to losing livelihoods or increased domestic conflicts causing stress for respondents. Kerry et al (2013) reported that the odds ratio of family conflict as a predictor of major depressive disorder for both female and male was 1.40 (95% CI: 1.13-1.73, $p < 0.01$) and 1.29 (95% CI: 1.06-1.59, $p < 0.01$) respectively, indicating that reducing family conflict emerges as a significant aim to prevent depression. Students who reported high alienation levels from parents may have been isolating themselves to their rooms for the majority of their stay at home, therefore limiting their exposure to distress from their parents, which they may otherwise pick up. Besides reduced physical interaction with their parents, students reporting high levels of alienation may also be physically around their parents, but otherwise may not be a communicative family. This can result in parents not sharing their difficulties with their children, causing the respondents to be spared from any stressors.

106 (51.46%) of respondents reported a low level of communication with their parents, and 84 (79.25%) of those respondents reported having depression during MCO, with OR 3.25 and a p value of <0.01. This brings forth the hypothesis that communicating well with family members, especially parents, would allow individuals to cope better with social isolation and staying at home during the uncertainty of MCO. Berryhill et al (2020) reported that positive family communication was significantly and positively linked with self-compassion and higher self-compassion levels were associated with lower levels of depressive

symptoms, which indicated that higher levels of positive communication between family members indirectly allied with lower levels of depressive symptoms. This is parallel with our findings and hypothesis.

Our finding about the relationship between trust level and depression shows that people who acquired high levels of trust from their parents have a significantly lower risk of getting depressed, with an OR of 0.22 and 95% CI of 0.10-0.46. This is collateral with our hypothesis which speculated that individuals who received more trust from their parents are less susceptible to get depressed. Parents' trust represents belief in their children's ability and honesty which is largely connected to parenting style. Parents who adopt authoritative parenting style have high demands on their children but also high responsiveness to their children's needs. Such parenting style allows bidirectional communication which explains their own rules and also listen, support and trust their children's perspective [19]. Authoritative parenting style was found to be significantly associated with fewer depressive symptoms not only in adolescents but also in young adults in emerging adulthood who aged between 18 to 25 years old (Liem et al, 2010).

Overall, our study found a negative correlation between parental attachment and occurrence of depression among our respondents. This fits our hypothesis that a good parental relationship with an individual's parents would lead to better mental health for the individual. Paterson et al., (1994) found that a change in the parental bond proves to correspond to a parallel change in the psychological well-being of young adults.

5. Limitations

This study has certain limitations. First, this study was conducted among a proportionally small sample, as researchers were not able to contact students from other universities that were conducting online learning during the COVID-19 pandemic, which might have given a richer perspective into the research problem and we were unable to contact enough students

from within the target university itself. Second, as the majority of the students needed to follow the MCO imposed by the government and were having online classes, we experienced difficulty in collecting data through online form and getting adequate numbers of expected sample sizes. Third, there might be other confounding factors, other than family issues that will have an impact on depression levels. This may have led to response bias.

6. Conclusion

These findings help to explain the relations between family bonding, especially with parents and depression level. Individuals who reported a higher level of parental attachment experienced lower depression during the Movement Control Order. Therefore, positive parental relationships are important for undergraduates in overcoming challenges and adapting to online learning.

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