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RESEARCH ARTICLE

The Relationship Between Daily Hassles and Social Support on Depressive Symptoms among Mothers of Young Kids

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Abstract:

Introduction:

The aim of this paper is to determine the relationship between the common factors of mothers' depressive symptoms based on the existing literature, including the current happenings within Malaysians.

Methods:

This study involved mothers from four community housing projects around Kuala Lumpur (n = 146), and with consent, they were asked to complete a questionnaire, which included the following three instruments: Parenting Daily Hassles Scales, Social Support Scales, and Beck Depressive symptoms Inventory to measure all stated variables in this study.

Results and Discussion:

The results of the study showed the significant relationship between the daily hassles (DH) and social support (SS) towards the depressive symptoms among the mothers, DH, r = .272, p = .001 and SS, r = -.230, p = .006. Further analysis was consummated to determine the factors that could influence the depressive symptoms among mothers and the contribution of variance towards that. From the analysis, DH and SS contributed 13.9% of the variance (Adjusted R^2 = .139) and were found to influence the depressive symptoms among the mothers.

Conclusion:

The ANOVA test analysis supported the earlier study that the daily hassles and social support statistics significantly predict the depressive symptoms among mothers. In conclusion, this study should be broadedned to a bigger community, and future efforts as an early intervention on health promotion are essential to strengthen social support by reducing stressors effect that contributes to mental health problems in mothers of young kids.

Keywords: Daily hassles, Social supports, Young kids, Depressive symptoms, Mothers, Mental health.

1. INTRODUCTION

Decades of research has shown that depression becomes a serious mental health problem globally that can negatively affect the individual's life [1], and family institution [2]. Vulnerable factors have been studied on how individuals develop depression, and it has been agreed that gender differences occurred in how individuals are exposed to interpersonal life events [3]. Women reported being more exposed with interpersonal life events compared to men [4]. Therefore, the mothers reported a double risk of developing depression in life [5 - 7]. It is more imperative for those living in disadvantaged circumstances [2, 8, 9] and facing serious, difficulty in daily hassles of parenting [6, 10, 11].

Few studies clearly discussed how stressful daily hassles associated with the child characteristics, such as temperament [10, 12 - 15] and poor child health that lead mothers to experience depression over the lifetime in adaptation to parenthood. Moreover, mothers in early marriage with younger kids [15, 17, 18] face a substantial challenge in raising a family due to a lack of experienced and adaption skills to parenthood [19, 20]. Several studies have pointed out that mothers with younger kids were highly reported having depression in comparison with people without kids [6, 18, 21].

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Previous studies have shown that social support is an undeniable factor that is associated with depression among mothers. Social support refers to the perceived comfort, caring, esteem, or help a person receives from different sources, such as spouse or lover, family, friends, work colleagues, or community organizations [22]. Research among Malaysian women indicated that mothers, who suffer from depression have poorer spouse social support and feel a lack of love [23]. According to Respler-Herman, Mowder, Yasik, and Shamah [24], the high social support received individually among mothers and fathers indicated a positive parenting experience. Thus, receiving social support from the spouse, friends, and other family members is essential, as it reflects stress reduction, which leads to the reduction of depression risk [25, 26].

Other concerns on depressive symptoms among parents, the past Western researchers have given more attention to the extent of the causes of raising abnormal child [27 - 29], and the same goes for Malaysia [30]. It is evident that raising children with mental retardation, autism, and other forms of developmental challenges increase the hassles and depressive symptoms among parents due to high demands and encounters of parenting [31 - 36]. Nevertheless, higher rates of mothers' depression occurred due to the existence of multiple stressors in the family and likewise in raising a normal kid [6, 37, 38].

Thus, the researcher found the importance of reporting the association between the common factors that affect the presence of the mothers' depressive symptoms, which are daily hassles and the social support among the Malaysian mothers' population. Furthermore, the risk increases for mothers with young kids. Therefore, three hypotheses were carried out in this study which are as follows:

1) There is a relationship between daily hassles and depressive symptoms among mothers of young kids.

2) There is a relationship between social support and depressive symptoms among mothers of young kids.

3) Daily hassles and social support could influence depressive symptoms of mothers having young kids.

2. METHODS

2.1. Participants

This study employed 146 mothers from four community housing projects around Kuala Lumpur, who belonged to a lower socioeconomic class. Their age was between 19 to 40 years. They were recruited randomly from a family weekend program at the community hall. The data collection method used was a self-administered questionnaire written in the Malay Language. The consent of the confidentiality of personal identification and participant information sheet was given along with the questionnaire. They were requested to complete the questionnaire on the same day. It consists of mother's sociodemographic data such as their age, employment status, monthly household income, numbers of children in the family, and the age of their kids, as well as other variables to test out the hypotheses of the study, which involved their mental health well-being on depressive symptoms, parenting daily hassles

and perceived social support.

2.2. Instruments

The questionnaire included the following three instruments: Beck Depression Inventory (BDI), Parenting Daily Hassles Scales (PDHS), and Social Support Scales (SSS).

Beck Depression Inventory (BDI), having 21 items, was developed specifically to assess the overall prevalence and severity of depressive symptoms among adults. Participants responded to questions in relation to how they have felt over the past week, with higher scores indicating more severe depressive symptoms. BDI has been used widely and has reported high internal consistency with Cronbach's alpha = .93 [39]. The earlier study on validity and the reliability of the Malay version of BDI also reported high internal consistency, Cronbach's alpha = 0.88 [40].

Parenting Daily Hassles Scale (PDHS), having 20 items, which is designed for parents of young kids, aimed to assess the minor parenting stresses within the context of parent-child relationships [10]. All the 20 potential hassles contained the challenging typical everyday behavior and the parenting tasks, such as feeling irritated, frustrated, annoyed, and distressed that to some degree characterize everyday transactions with the environment, which were then associated with the mothers' responding irritably to her child. The mothers were asked to rate the frequency on a Likert scale, 4-point scale (rarely, sometimes, a lot, constantly), and how much they were irritated or hassled by the event (on a 5-point scale, from not at all to a great deal). This PDHS produces two scores, a frequency and an intensity score, which were highly correlated. The challenging behaviour total score is obtained by adding the intensity scale scores for items: 2, 4, 8, 9, 11, 12, 16 with range: 0-35, whist, the parenting tasks total score is obtained by adding the intensity scale scores for items: 1, 6, 7, 10, 13, 14, 17, 20 with range: 0-40. There is no cut-off for any of the scales, but total scores above 50 on the frequency scale or above 70 on the intensity scale indicate a frequency of potentially hassling happenings and reflect the parents' experiencing significant pressure over parenting. The reliability of these scales is acceptable, with alpha coefficients of .81 and .90, respectively [41].

Social Support Scales (SSS) having 6 items is an adaptation from the brief Social Support Scales by Sarason *et al.* that assess the level of social support received among adults. This indicates the person who provide support to the individuals and by shares their sadness and difficulties that occurred in certain circumstances. For each item, mothers were asked to rate the needed support and the frequency of the three persons (*e.g.*, spouse, family member, friend, or close relative) during difficulties in life. The high score indicates high social support received by themselves.

2.3. Statistical Analysis

The data were analyzed using SPSS version 25.0. With regards to measuring the relationship of the variables studied, the Pearson Correlation was used, and the strength of the relationship was determined. Further analysis was done using

the ANOVA to test the predictors and the contribution of variance towards the dependent variable of this study. The results were used to support the three hypotheses in this study. All the results were presented in the result section.

2.4. Ethics Approval

This study went through the ethics approval prior to the survey started. This study was approved by the research ethics committee of The National University of Malaysia with approval number JEP-2018-076.

3. RESULTS

The mean age of the 147 mothers is 29.49 (SD = 4.98), with a range age of 19 to 40 years. On average, the mothers were currently raising 2 children (SD = .88). The mean age of children is 6.36 (SD = 3.33), with a range of 6 to 9 years. Out of the mothers having living in the socio-economic disadvantage, more than half of the mothers (61.6%) were housewifes and others were working either as government or private employees. The majority of the participants, 93.8%, reported their monthly household income below RM2000. The summary of the demographic data was presented in Table **1**.

Table 1. The socio-demographic summary of the mothers.

Characteristic	n = 146
Mean age, year (SD)	30.52 (5.98)
Mean number of children (SD)	2.22 (0.88)
Mean age of children (SD)	6.36 (3.33)
Family income (%) Below RM 2000 Above RM 2000	93.8 6.2

The descriptive analysis reports the level of depressive symptoms, the intensity, and the frequency of daily hassles, as well as the social support received by the mothers. Table **2** shows the descriptive statistics of the measured variables.

Table 2. The frequencies of the level, mean and standard deviation of depressive symptoms, daily hassles and social support among the mothers (n =146).

Variable	High		Low		Total Score
-	n	%	n	%	(Mean/SD)
Depressive symptoms	36	24.7	110	74.3	8.33 (8.203)
Frequency of the challenging behavior	12	8.2	134	91.8	13.46 (3.827)
Frequency of parenting tasks	21	14.4	125	85.6	15.27 (5.089)
Intensity of the challenging behavior	45	30.8	101	69.2	37.28 (10.102)
Intensity of parenting tasks	49	33.6	97	66.4	36.66 (12.612)
Social support	65	44.5	81	55.5	16.85 (15.272)

Table **2** shows the frequencies of the level, mean and standard deviation of depressive symptoms, daily hassles, and social support among the mothers. The indicators are divided into two categories; low and high. The division of the categories for each variable is divided by the total scores of the indicators by two to set up the cut-off scores. The high scores for the depressive symptoms indicate the high level for the first

division, and lower scores indicate the low-level division and same goes for the subscales of DH; high scores of the division indicate the high frequency and the intensity of the challenging behavior and the parenting tasks, whilst the lower scores indicate the low frequency and intensity. The SS total scores through the same calculation as depressive symptoms indicators and the high level of SS indicated the high support and *vice versa*.

From the number of participants, 110 (74.3%) reported a low level of depressive symptoms, and the other 36 (24.7%) reported facing a high level of depressive symptoms (M = 8.33, SD = 8.203). For daily hassles, two categories of frequency and intensity of the hassles were determined, the challenging behavior and parenting tasks. Both found a high number of participants reporting a low level of frequency and intensity, frequency of challenging behavior 134 (91.8%), frequency of parenting tasks 125 (85.6%), and intensity of challenging behavior 101 (69.2%), the intensity of parenting tasks 97 (66.4%), compared to the number of a high level of frequency and intensity, frequency of challenging behavior 12 (8.2%), frequency of parenting tasks 21 (14.4%, and intensity of challenging behavior 45 (30.8%), the intensity of parenting tasks 49 (33.6%). The mean total score for the frequency and the intensity are as follows: frequency of challenging behavior (M = 13.46, SD = 3.827), frequency of parenting tasks (M = 15.27, SD = 5.089) and intensity of challenging behavior (M = 37.28, SD = 10.102), intensity of parenting tasks (M = 36.66, SD = 12.612), whilst, for the social support, more than half of the mothers (55.5%) reported perceived low-level social support compared to the respondents, who reported high support (44.5%) with the total mean score (M = 16.85, SD = 15.272).

With regards to testing the hypotheses of the current study, the Pearson Correlation was used to measure the relationship that occurred between the variables. The analysis result is presented in Table **3**.

Table 3. The relationship between depressive symptoms, daily hassles and social support among the mothers (n = 146).

Variables	Depressive symptoms	
	r	Sig.
Daily Hassles	.272**	.001
Social Support	-.230**	.001

** Correlation is significant at the 0.01 level (2-tailed).

Hypothesis 1: There is a relationship between daily hassles and depressive symptoms among mothers of young kids.

The Pearson correlation was conducted (Table **3**), which showed positive significant correlation between the daily hassles and depressive symptoms among mothers (r = .272, p < 0.01), which indicated that higher the daily hassles, the higher the depressive symptoms occurred among the mothers. Therefore, hypothesis 1 (there is a relationship between daily hassles and depressive symptoms among mothers of young kids) is accepted.

Hypothesis 2: There is a relationship between social support and depressive symptoms among mothers of young kids.

A similar analysis was done to test the correlation between social support and depressive symptoms among the mothers. Results showed that social support was negatively significantly correlated with the depressive symptoms among mothers (r = -.230, p < 0.01). It means that lower the social support received by the mothers, the higher the depressive symptoms among the mothers. Therefore, hypothesis 2 (There is a relationship between social support and depressive symptoms among mothers of young kids) is accepted.

Further analysis was done using ANOVA to test the possible predictors that could influence the depressive symptoms and the contribution of variance towards the dependent variable of this study. From the analysis in Table **4**, the daily hassles and social support were found significant as predictors for depressive symptoms among mothers with a significance value .000. The amount of variance explained 13.9% of the daily hassles and social support influencing the depressive symptoms among mothers. With that result, hypothesis 3 (Daily hassles and social support could influence depressive symptoms of mothers having young kids) is accepted.

Table 4. ANOVA to test the predictors of depressive symptoms among the mothers (n = 146).

Model Summary[b]									
				Std. Error of the Estimate	Change Statistics				
Model	R	R Square	Adjusted R Square		R Square Change	F Change	df1	df2	Sig. F Change
1	.373[a]	0.139	0.127	7.7756	0.139	10.999	2	136	0

a. Predictors: (Constant), DH, SS.
b. Dependent Variable: Depressive symptoms.

ANOVA[a]						
	Model	Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1329.97	2	664.985	10.999	.000[b]
	Residual	8222.56	136	60.46	-	-
	Total	9552.53	138	-	-	-

a. Dependent Variable: Depressive symptoms.
b. Predictors: (Constant), DH, SS.

4. DISCUSSION

The result presented in this study indicates that there is a significant relationship between daily hassles and social supports among mothers with young kids. The findings also found the association of the high daily hassles with the high depressive symptoms of the mothers and the lower social support associated with the high depressive symptoms occurred. The findings supported the same results of the earlier research on stressful life events, which reveals that depressive symptoms are higher among the mother of young children due to the exposure of more stressors [6, 15, 18]. The findings regarding the matter of the social support were found similar to that of the previous study that lack of support to the mother of the toddlers correlated with the depressive symptoms [5, 13] as well as to the high-risk mothers, such as mothers who are living in poverty [25] and a mother who is raising an abnormal child [42].

One study on early intervention indicated that the social and interpersonal relationship between the children and mother or father might be depleted by the economic hardships of the family, and that the children have to bear the outcomes of this [43]. Thus, it is essential to warn individually on the red flags that parental depression is a powerful risk factor of poor child outcomes [9, 44]. In addition, the mother's depressive symptoms are associated with the greater effect of poorer caregiving behavior and less self-focus [38], however, only a few studies focused on the relation of parental depression to the development of childhood [27].

Even though this study involved most of the preschoolers' kids, however, the children do not yet understand the concrete logic where they should be monitored and assisted with regards to their routine activities, especially in daily routines. This has been explained by the Cognitive Development Stage by Jean Piaget; children with age 2-7 are in the preoperational stage, and one previous study with almost 87000 parents with children aging from 0 to 12 years reported that by the age of 12, 39% of the mothers and 21% of the fathers had experienced an episode of depression [45]. The findings indicated that parents faced the risk of having depression since the transition to parenthood after the birth of the first child [19]. Furthermore, the worst scenarios where parents of those children who require special attention experience other external factors occurring at the same time that may burden them, predict the increasing risk of depression [46]. To what extent, alternatively, the previous study proposed the intervention needed to enhance, promoting the importance of effective coping strategies in parenthood for reducing the risk of depression among parents [6, 42, 43, 47]. The intervention may help, especially the mothers, in increasing their knowledge on parenting skills for the critical early years of their children's lives [9].

Overall, although this study found significance for all the studied variables and all the accepted hypotheses, some limitations must be noted. Firstly, the sample size of this study was small compared to the population of almost 250,000 living in the community housing project in the urban city of Kuala Lumpur. Thus, this current study findings cannot be generalized to the overall population. On the other hand, this study should be benefited to a bigger community. Despite this, the small sample size may affect any part of the result in the study. Second, this study only included the mothers of the family, therefore, the future study should take into consideration the fathers and difference among genders so that the risk of depression could be determined. Last, the socio-demographic factors could be measured to strengthen the framework of the study as well as provide the findings for future research.

CONCLUSION

The finding of the regression indicated that the daily hassles and social support are significant predictors of depressive symptoms among the mothers. These findings support the earlier researchers' findings that both variables contribute in predicting the depressive symptoms in this population. However, this study has some limitations, such as the low sample size, involvement of mothers within the same area, and no consideration on examining the relationship

between the demographic profile of the mothers and the variables studied, which should be considered for further improvement. The overall findings of this study provide strong support on the implementation of early intervention on health promotion that is essential for strengthening social support and reducing stressors effect that contributes to mental health problems in mothers of young kids.

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

This research was approved by the Research Ethics Committee of the National University of Malaysia, Bangi, Malaysia (JEP-2018-076).

HUMAN AND ANIMAL RIGHTS

No animals were used in this research. All human research procedures were followed in accordance with the ethical standards of the committee responsible for human experimentation (institutional and national), and with the Helsinki Declaration of 1975, as revised in 2013.

CONSENT FOR PUBLICATION

The participants signed the form as a consent to participate in the study.

AVAILABILITY OF DATA AND MATERIALS

The data supporting the findings of this study is present within the manuscript.

CONFLICT OF INTEREST

The authors declare no conflict of interest, financial or otherwise.

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