Relationship between Over Protective Parenting with Depression to College Students

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ABSTRACT

This research aims to determine the relationship between over protective parenting and the level of depression in college students. The hypothesis proposed is that there is a relationship between over protective parenting (father) and depression in college students and a relationship between over protective parenting (mother) and depression in college students. The subjects of this study amounted to 254 students. The method of taking subjects using purposive sampling method. Data collection uses the Depression Anxiety Stress Scale (DASS) to measure depression and the Overprotective Parenting Scale (MOPS). The data analysis technique used is Pearson's product moment correlation. Based on the results of data analysis, the correlation coefficient rxy = 0.188 with p=0.003 (p<0.5) shows that there is a relationship between over protective parenting (father) and depression. Then, in the over protective parenting variable (mother) and the depression variable, the correlation coefficient is 0.354 with p=0.000 (p<0.05), it can be seen that there is a relationship between over protective parenting (mother) and depression. The coefficient of determination (R^2) for the over protective parenting variable (mother) is 0.125. This means that 12.5% of over protective parenting (mother) can affect the depression variable. Then, the results of data analysis of the coefficient of determination ($R2$) for the over protective parenting variable (father) is 0.035. That is, by 3.5% over protective parenting (father). The remaining 84% is influenced by other factors not examined in the research.

Keywords: college students, depression, over protective parenting

Introduction

Winarno (as cited in Natanael & Pratikno, 2023) states that students live within the university system (teaching, research, and community service). A student is in the process of acquiring knowledge or learning and is enrolled in one of the forms of higher education institutions, which include academies, polytechnics, colleges, and universities (Hartaji, 2012). Students in their adolescence may also face other stressful events such as relationship conflicts with partners, poor academic performance, and conflicts with parents or peers (Blau as cited in Susilowati & Hasanat, 2011).

Many psychological problems are experienced by students, such as anxiety, somatoform disorders, mood disorders, and others, but depression is the most common problem experienced by students (Thurai & Westa, 2017). According to PPDGJ-III, depression is a mood disorder characterized by the main symptoms of (1) depressive affect, (2) loss of interest, and (3) loss of energy, as evidenced by feeling easily fatigued. According to WHO (World

Health Organization), depression is a common mental disorder characterized by feelings of sadness, loss of pleasure or interest, feelings of guilt or low self-esteem, disturbed eating or sleeping patterns, low energy, and poor concentration. Depression is a serious and common mental disorder that can hurt feelings, thinking patterns, and behaviour (American Psychiatric Association, 2013).

According to Beck and Alford (2009), depression is a psychological condition characterized by mood changes such as sadness, loneliness, poor self-concept, a desire to punish oneself, anorexia, difficulty sleeping, and changes in activity levels such as feeling easily fatigued. Depression occurs when an individual experiences a negative mood or, in other words, negative emotions. Negative emotions include feelings of hopelessness, sadness, worthlessness, lack of interest in activities, and an absence of positive feelings (Lovibond & Lovibond, 1995).

Lovibond and Lovibond (1995) describe depression as consisting of seven subscales: Dysphoria, which is a state of deep sadness and depression; Hopelessness, a condition where an individual has no hope for the future and feels the future is bleak; Devaluation of life, where an individual believes life is meaningless and worthless; Self-deprecation, where an individual feels completely worthless as a human being; Lack of interest or involvement, where an individual lacks motivation to complete tasks; Anhedonia, where the individual has no feelings of happiness at all; and Inertia, where the individual has no desire to change or act, resulting in remaining in the same state.

According to WHO (2017), more than 264 million people worldwide suffer from depression, 45 million suffer from bipolar disorder, 20 million suffer from schizophrenia, and 50 million suffer from dementia. Data from the 2018 Basic Health Research shows that more than 19 million people over the age of 15 suffer from emotional mental disorders and more than 12 million people over the age of 15 experience depression. Research by Kurniawan and Ngapiyem (2020) at a School of Health Sciences in Yogyakarta showed that some students experience emotional mental disorders such as depression, anxiety, and stress, with the following percentages: 42 students (30%) experienced depression, 25 respondents (18%) had mild depression, 13 students (9%) had moderate depression, and 4 students (3%) had severe depression. According to research by Eisenberg, Gollust, Golberstein, and Hefner (2007), 13.8% of undergraduate students and 11.3% of graduate students reported serious depression or other depressive disorders. A study of 156 students at Diponegoro University in Semarang found that 49.4% suffered from mild depression, 12.8% from moderate depression, and 2.6% from severe depression (Maulina & Sari, 2018).

Interviews conducted with six students on May 23 and 26, 2024, revealed that two subjects showed seven symptoms of depression, and one subject showed six symptoms of depression, namely dysphoria, hopelessness, devaluation of life, self-deprecation, lack of interest/involvement, and inertia, while three other subjects showed between three and five symptoms of depression. These interviews indicate the presence of depressive symptoms among the subjects interviewed.

Kamble (2018) stated that untreated depression can interfere with daily activities. Depression in adolescents is seen as a major problem due to its negative impact on social functioning, family dynamics, academic performance, and the potential for substance abuse and abnormal behaviour (Bernaras, Jaureguizar, & Garaigordobil, 2019). In the worst-case scenario, depression among adolescents aged 15 to 24 can even lead to suicide (Shah et al., 2020). Nearly 800,000 people die by suicide every year. Suicide is the second leading cause of death among those aged 15-29 (WHO, 2018).

According to Lubis (2009), there are two factors causing depression: physical and psychological factors. Physical factors are divided into eight categories: genetics, brain and body chemistry, age, gender, lifestyle, physical illness, medication, and illegal drugs. Psychological factors are divided into six categories: personality, mindset, self-esteem, stress, family environment, and chronic illness. Psychologists have found that parenting styles can affect an individual's level of depression. Chronic illness, as individuals who suffer from severe illness, experience discomfort, inability, dependence, and insecurity, and are prone to depression.

Sarwono (2011) states that young adults are at the highest risk of depression due to the transition from adolescence to adulthood. Students are in the developmental stage of late adolescence to early adulthood, which also involves a transition from high school to university life, new learning methods, a new environment, and parenting styles. Due to their still unstable emotional state, they experience high levels of stress. Another study conducted by Seon and Oh (2013) found that adolescent development can be significantly influenced by the role of parents, who are one of the environmental influences. Adolescents who go through vulnerable periods may experience mental health problems, one of which is depression. Previous research has shown that children who experience positive parenting tend to have fewer depressive symptoms, indicating that parenting is one of the causes of depression in children (Boyd & Waanders, 2013). Parental behaviour in child-rearing can either be a barrier or a trigger for depression (Chapman, Parkinson, & Halligan, 2016).

According to Supandi, Hakim, and Hartono (2019), parenting is the process of guiding, disciplining, educating, and protecting children so that they achieve a certain level of maturity by societal norms. Yap et al. (2014) define overprotective parenting as a parenting style that disrupts a child's normative age autonomy and emotional independence and fosters excessive dependence on parents. Overprotection manifests in various behaviours, including anxious parenting (e.g., constantly warning about potential dangers), hasty problem-solving (e.g., intervening in the child's conflicts with others), over-parenting (e.g., telling the child they are too young to do something), privacy invasion (e.g., reading the child's phone messages), or hyperactive emotion (e.g., being more emotional about the child's issues than the child themselves) (Kins & Soenen, 2013). Overprotective parenting involves giving excessive attention to the child (Kartono, 2005).

Research conducted by Sheeber et al. (2012) showed that overprotective parenting, characterized by a mismatch between the parents' and the child's perceptions, is associated with an increase in depressive symptoms in adolescents. According to research by Liem et al. (2017), overprotective parenting can increase the risk of depression in adolescents. The findings of Asya and Ariyanto (2019) indicate that father involvement in child-rearing is still lacking, as fathers do not have enough time to be involved in parenting due to work commitments. Similarly, Soge, Bunga, Thoomaszen, and Kiling (2016) found that fathers' knowledge of parenting still holds paternalistic values, which are customs and traditions passed down from previous generations. Soge, Bunga, Thoomaszen, and Kiling (2016) also stated that mothers feel that child-rearing is primarily their responsibility, while the father's role is to provide for the family. Based on the studies mentioned above, it can be concluded that there is a relationship between overprotective parenting and depression in students. This research aims to determine whether there is a relationship between overprotective fathering and depression in students and whether there is a relationship between overprotective mothering and depression in students.

Methods

This study uses a correlational quantitative approach with variables of father's over protective parenting with depression in college students, and whether there is a relationship between mother's over protective parenting with depression in college students. The subject criteria in this study are active students of male or female gender.

The data collection method uses a Likert scale model with the research instruments used, namely the Depression Anxiety Stress Scale (DASS) scale, researchers only use a depression scale totalling 14 items and the Multidimensional Overprotective Parenting Scale (MOPS). The data analysis method uses the product moment correlation statistical method from Karl Pearson. Data analysis was carried out with the help of SPSS Statistic computer applications.

Results

Based on the descriptive data obtained from the Rejecting Attachment Style Scale and Alexithymia Scale, it shows the scale score on each variable. First, the DASS scale categorization results show that there are 45.3% (115 subjects) in the normal category, 15% (38 subjects) in the mild category, 18.5% (47 subjects) in the moderate category, 12.2% (31 subjects) in the severe category and 9% (23 subjects) in the very severe category. From these data, it can be concluded that out of 254 subjects, 115 subjects are in the normal category, while 139 subjects are in the mild to very severe category.

Table 1. DASS Subject Categorization

Categories	Score	Frequency	Percentage (%)
Normal	0-9	115	45,3%
Low	10-13	38	15%
Moderate	14-20	47	18,5%
Heavy	21-27	31	12,2%
Very Heavy	27+	23	9%
	Totally		100%

Second, the results of the categorization of the father's Multidimensional Over protective Parenting Scale (MOPS) scale show that there is 11.42% (29 subjects) in the very low category, 52.36% (133 subjects) in the low category, 29.53% (75 subjects) in the medium category, 5.118% (13 subjects) in the high category and 1.575% (4 subjects) in the very high category. From these data, it can be concluded that 45 out of 254 subjects, 29 subjects are in the very low category, while 225 subjects are in the low to very high category.

Table 2.
Multidimensional Over protective Parenting Scale (MOPS)Father Subject Categorization

Categories	Score	Frequency	Percentage (%)
Very Low	$X \leq 52,5$	29	11,42%
Low	$52,5 < X \leq 67,5$	133	52,36%
Moderate	$67,5 < X \leq 82,5$	75	29,53%
Heavy	$82,5 < X \leq 97,5$	13	5,118%
Very Heavy	$97,5 < X$	4	1,575%
	Totally	254	100%

Third, the results of the categorization of the mother's Multidimensional Over protective Parenting Scale (MOPS) scale shows that there are 8.268% (21 subjects) in the very low category, 33.86% (86 subjects) in the low category, 38.97% (99 subjects) in the medium category, 15.75% (40 subjects) in the high category and 3.150% (8 subjects) in the very high category. From these data, it can be concluded that out of 254 subjects, 21 subjects are in the very low category, while 233 subjects are in the low to very high category.

Table 3.
Multimensional Over protective Parenting Scale (MOPS) Mother Subject Categorization

Categories	Score	Frequency	Percentage (%)
Very Low	$X \leq 57,75$	21	8,268%
Low	$57,75 < X \leq 74,25$	86	33,86%
Moderate	$74,25 < X \leq 90,75$	99	38,98%
Heavy	$90,75 < X \leq 107,25$	40	15,75%
Very Heavy	$107,25 < X$	8	3,150%

Totally	254	100%

The normality test used the Kolmogorov-Smirnov (K-SZ) one-sample model analysis technique. Based on the results of the normality test of the depression variable K-SZ = 0.110 with p = 0.000 (p <0.05). It can be concluded that the distribution of depression variable data is not normally distributed. The results of the MOPS (father) normality test K-SZ=0.077 with p=0.001 (p<0.05). It can be concluded that the data distribution of the MOPS variable (father) is not normally distributed. Meanwhile, the normality test results for MOPS (mother) K-SZ=0.54 with p=0.070 (p>0.05). It can be concluded that the MOPS variable data (mother) is normally distributed.

Table 4. Normality test results

Kolmogorov-Smirnov[a]			Shapiro-Wilk		
Statistic	df	Sig.	Statistic	df	Sig.
.110	254	.000	.929	254	.000
.077	254	.001	.973	254	.000
.054	254	.070	.991	254	.122

Furthermore, based on the results of the linearity test analysis on the over protective parenting scale (father), the value of F = 10.269 with p = 0.002 (p <0.05), there is a linear relationship between over protective parenting (father) and depression. The linearity test results on the over protective parenting scale (mother) obtained a value of F = 36.445 with p = 0.000 (p <0.05), then there is a linear relationship between over protective parenting (mother) with depression.

Hypothesis testing in this study used the product moment correlation analysis technique (pearson correlation) (Sugiyono, 2016). Based on the results of the product moment correlation analysis (pearson correlation) on the over protective parenting variable (father) and the depression variable, the correlation coefficient value r_{xy}= 0.188 with p = 0.003 (p <0.05), so there is a correlation between over protective parenting (father) and depression, so the hypothesis proposed in this study is accepted. The higher the father's over protective parenting, the higher the level of depression in students. Conversely, the lower the father's over protective parenting, the lower the level of depression in college students.

Table 5. Hypothesis Test Results

		Father	Mother	Depression
Father	Pearson Correlation	1	.615[**]	.188[**]
	Sig. (2-tailed)		.000	.003
	N	254	254	254

Mother	Pearson Correlation	.615**	1	.354**
	Sig. (2-tailed)	.000		.000
	N	254	254	254
Depression	Pearson Correlation	.188**	.354**	1
	Sig. (2-tailed)	.003	.000	
	N	254	254	254

Furthermore, for the over protective parenting variable (mother) and the depression variable, the correlation coefficient value r_{xy}=0.354 was obtained with p=0.000 (p<0.05), so there is a correlation between over protective parenting (mother) and depression, so the hypothesis proposed in this study is accepted. The higher the mother's over protective parenting, the higher the level of depression in students. Conversely, the lower the mother's over protective parenting, the lower the level of depression in college students.

The results of data analysis also show r = 0.354 with a coefficient of determination or (R^2) of 0.125 which indicates that the contribution of the over ptotective parenting variable (mother) to the level of depression is 12.5% and the remaining 87.5% is influenced by other factors. Then, the analysis results show r = 0.188 with a coefficient of determination or (R^2) of 0.035 which indicates that the contribution of the over protective parenting variable (father) to depression is 3.5% and the remaining 96.5% is influenced by other factors not examined in the study.

Discussions

Based on the results of the product moment analysis, for the variable of overprotective parenting (father) and depression, the correlation coefficient r_{xy} = 0.188 with p = 0.003 (p<0.5) indicates that there is a relationship between overprotective parenting (father) and depression. This means that the higher the level of overprotective parenting by the father, the higher the level of depression in students. Conversely, the lower the level of overprotective parenting by the father, the lower the level of depression in students. This finding is supported by previous research conducted by Schiffrin and Liss (2020), which states that overly protective fathers can inhibit a child's ability to make decisions necessary for building self-confidence and autonomy. Overprotective parenting by fathers can make students feel less confident and unable to face life's challenges independently, which can contribute to mental health issues, such as depression, later in life (Padilla-Walker & Nelson, 2020). Overprotective parenting by fathers can hinder a child's ability to become an independent individual and foster excessive dependence on their parents, leading to difficulties in facing life's challenges (Locke, Campbell, & Kavanagh, 2020).

The product moment analysis for the variable of overprotective parenting (mother) and depression showed a correlation coefficient r_{xy}= 0.354 with p= 0.000 (p<0.5) indicating a relationship between overprotective parenting (mother) and depression. This means that the

higher the level of overprotective parenting by the mother, the higher the level of depression in students. Conversely, the lower the level of overprotective parenting by the mother, the lower the level of depression in students. This finding is supported by previous research that suggests mothers who adopt overprotective parenting styles often hinder the development of their children's independence, leading to feelings of inadequacy in facing daily challenges independently due to habitual over-intervention by the mother (Segrin, Woszidlo, Givertz, Bauer, & Murphy, 2020). Research conducted by Spokas and Heimberg (2020) indicates that overprotective parenting by mothers can increase the risk of anxiety disorders and depression in children. Individuals who experience overprotective parenting may feel incapable of coping with stress or pressure, contributing to mental health issues.

The coefficient of determination (R^2) for the variable of overprotective parenting (mother) is 0.125. This means that 12.5% of overprotective parenting (mother) can influence the depression variable, while the remaining 87.5% is influenced by other factors. Additionally, the coefficient of determination (R^2) for the variable of overprotective parenting (father) is 0.035. This means that 3.5% of overprotective parenting (father) can influence the depression variable, while the remaining 96.5% is influenced by other factors. The influence of overprotective parenting by the mother is greater than that of the father. This result is supported by the assertion that mothers tend to provide overprotective care, such as offering comfort, controlling situations, or eliminating unpleasant stimuli (Barnett & Scaramella, 2017). In contrast, overprotective parenting by the father contributes less. This finding aligns with previous research by Kwon et al. (2012), which suggests that fathers are less involved in childcare compared to mothers in terms of time spent with the child.

The hypothesis in this study is accepted, indicating that overprotective parenting is a factor associated with individual depression. This finding supports previous research by Sweeney et al. (2014), which found that overprotective parenting is associated with an increased risk of depression in students by reducing the fulfilment of basic psychological needs, such as autonomy. Research conducted by Devi (2018) showed that most respondents who received overprotective parenting from their parents experienced mild depression. Although overprotective parenting may reflect well-intentioned efforts to ensure a child's safety, it encourages dependence on parents, stifling the child's core emotional needs for autonomy and independence, and is therefore associated with support-seeking behaviours (Lockwood & Perris, 2012).

Overprotective parenting is a parenting style that constantly pampers the child, preventing them from being accountable for their actions, rendering them unable to be independent, lacking confidence in their abilities, and feeling confined (Sunarto & Hartono, 2006). Consequently, overprotective parenting can make the child feel restrained, bored, and angry (Khamim, 2021). Overprotective parenting can stifle creativity, limit social interactions, and foster rebellious behaviour in the child. The more the child is restrained by the parents, the greater their effort to rebel, which can lead to depression (Devi, 2018). This study also supports previous research by Vigdal and Brønnic (2022), which found that overprotective

parenting has a negative impact on a child's mental health, potentially leading to lifelong depression.

Excessive parental control can cause individuals to lose confidence and the ability to make independent decisions. Moreover, they may feel unloved or unappreciated by their parents due to the strict control. The role of parental parenting is crucial in shaping a child's behaviour, daily adaptation, and coping with stressors that may arise from life events, thereby reducing the likelihood of depression (Drey, 2006). Therefore, inappropriate parenting can lead to depression in the child. One of the factors influencing depression in students is the psychological factor of the family environment or parenting style (Lubis, 2009). Today's students exhibit reduced resilience, which is associated with overprotective parenting, leading to increased vulnerability to mental illnesses, such as depression (Gray, 2015).

The categorization of the Multidimensional Overprotective Parenting Scale (MOPS) for fathers showed that 52.36% (133 subjects) fall into the low category, and 47.64% (121 subjects) fall into very low, moderate, high, and very high categories. Fathers' involvement in child-rearing remains low in Indonesia. According to the Indonesian Child Protection Commission (KPAI), fathers only have about one hour each day to communicate with their children. This issue is rooted in fathers' lack of knowledge about parenting, resulting in less optimal and less active involvement (www.kpai.go.id). Research conducted by Asyâ and Ariyanto (2019) indicated that fathers' involvement in child-rearing remains low, as they do not have enough time to engage in parenting due to work commitments.

Meanwhile, the categorization of the Multidimensional Overprotective Parenting Scale (MOPS) for mothers showed that 38.98% (99 subjects) fall into the moderate category, and 61.02% (155 subjects) fall into very low, low, high, and very high categories. Research conducted by Silva and Johnson (2019) suggests that there is more knowledge about the negative impact of overprotective parenting on child development, and more extensive research and literature on the importance of giving children freedom and responsibility have shifted the perspective of many mothers. This is also supported by the statement that access to information via the Internet and media has increased, leading modern mothers to obtain more information about parenting online (Garcia & Silva, 2022).

Based on the categorization of the DASS scale, 45.3% (115 subjects) fall into the normal category, while 54% (139 subjects) fall into mild to severe categories.

Conclusion

Based on the results of the research and discussion, it can be concluded that:

a. There is a positive relationship between over protective parenting (father) and depression in college students. The higher the father's over protective parenting, the higher the level of depression in college students. Conversely, the lower the father's over protective parenting, the lower the level of depression in college students.

b. There is a positive relationship between over protective parenting (mother) and depression in college students. The higher the mother's over protective parenting, the higher the level of depression in college students. Conversely, the lower the mother's over protective parenting, the lower the level of depression in college students. The role of parents who are less precise in parenting, can cause children to become depressed.

The coefficient of determination (R^2) for overprotective parenting (mother) is 0.125. This means that it is 12.5%. Then, over protective parenting (mother) can affect the depression variable. Then, the results of data analysis the coefficient of determination (R^2) for the over protective parenting variable (father) is 0.035. This means that 3.5% of over protective parenting (father) can affect depression variables. The remaining 84% is influenced by other factors not examined.

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