



Faculty of Cognitive Sciences and Human Development

**DEPRESSIVE SYMPTOMS, SELF-ESTEEM, PARENTAL MARITAL
CONFLICT AMONG ADOLESCENTS IN KUCHING, SARAWAK**

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**DEPRESSIVE SYMPTOMS, SELF-ESTEEM, PARENTAL MARITAL CONFLICT
AMONG ADOLESCENTS IN KUCHING, SARAWAK**

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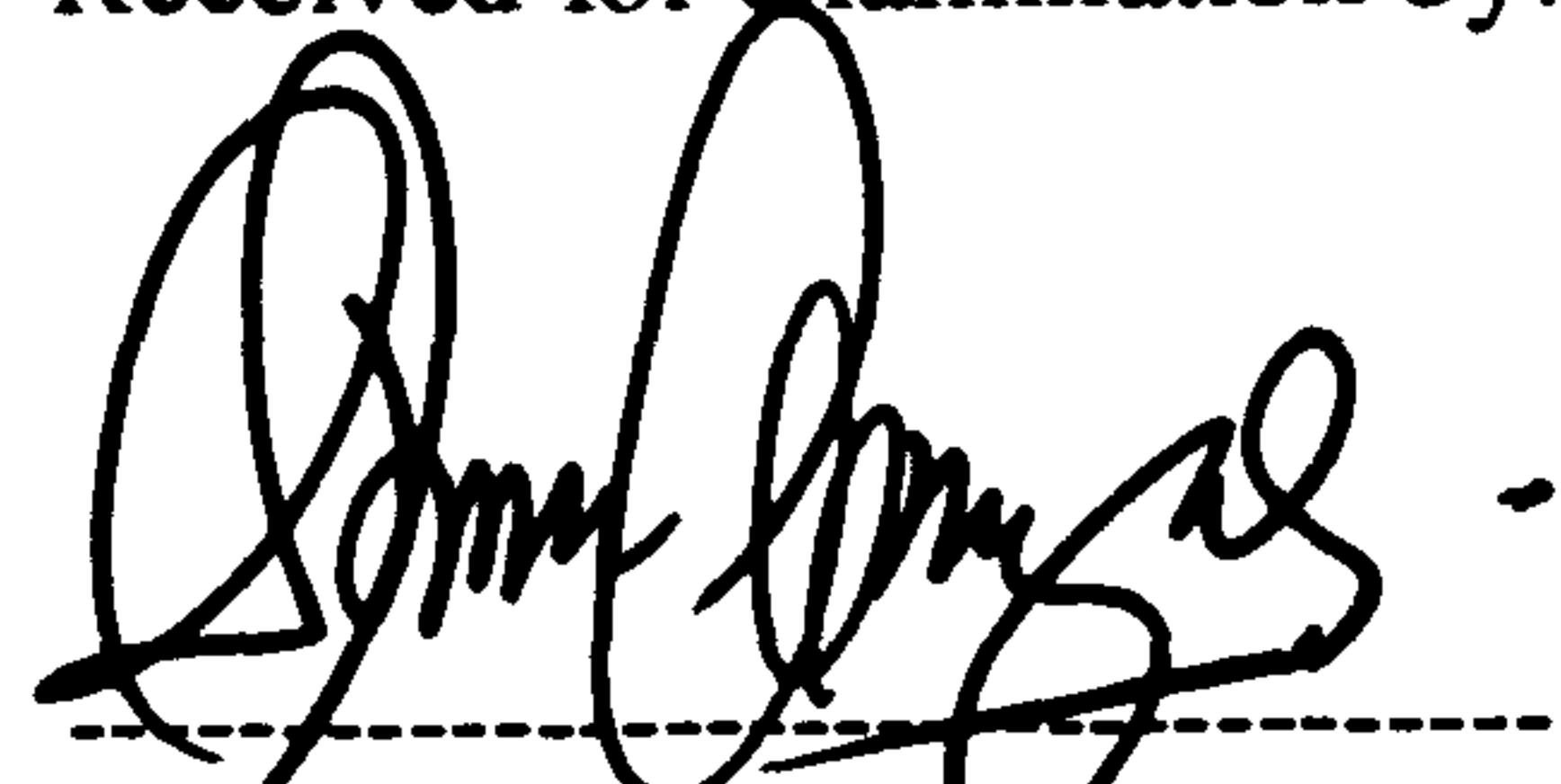
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TABLE OF CONTENTS

	Muka surat/Page
Acknowledgements	iii
Table of Contents	iv
List of Tables	vii
List of Figures	viii
Abstrak	
Abstract	
CHAPTER 1 – INTRODUCTION	
1.0 Introduction	1
1.1 Background of Study	1
1.2 Purpose of Study	3
1.3 Statement of Problem	3
1.4 Objectives of Study	4
1.4.1 Objective One	4
1.4.2 Objective Two	4
1.4.3 Objective Three	4
1.5 Research Questions	4
1.5.1 Research Question One	4
1.5.2 Research Question Two	4
1.5.3 Research Question Three	4
1.6 Hypothesis of Study	5
1.6.1 Hypothesis One	5
1.6.2 Hypothesis Two	5
1.6.3 Hypothesis Three	5
1.7 Conceptual Framework	5
1.8 Definitions of Terms	6
1.8.1 Symptoms of Depression	6
1.8.2 Self-esteem	6
1.8.3 Parental Marital Conflict	7
1.9 Conclusion	7
CHAPTER 2 – LITERATURE REVIEW	
2.0 Introduction	8
2.1 Depressive Symptoms in Adolescents	8
2.2 Beck Theory of Depression	9

2.3	Hopelessness Theory of Depression	9
2.4	Depression among Children	10
2.5	Depression among Asian Adolescents	11
2.6	Depression in Malaysia	12
2.7	Self-Esteem	12
2.8	Depressive Symptoms and Self-esteem	13
2.9	Parental Marital Conflict	13
2.10	Depressive Symptoms and Parental Marital Conflict	14
2.11	Conclusion	15

CHAPTER 3 – METHODOLOGY

3.0	Introduction	16
3.1	Research Design	16
3.2	Population and Sampling	17
3.3	Procedure	17
3.4	Research Instrument	17
	3.4.1 Questionnaire Technique	19
3.5	Method of Translation	19
3.6	Pilot Test	20
3.7	Data Analysis	20
	3.7.1 Descriptive Statistic Approach	20
	3.7.2 Inferential Statistic Approach	21
3.8	Conclusion	22

CHAPTER 4- FINDINGS AND DISCUSSION

4.0	Introduction	23
4.1	Respondents Demographic Characteristics	24
4.2	Mean Difference of Depressive Symptoms, Self-esteem and Parental Marital Conflict between Male and Female Adolescents	25
	4.2.1 Mean Difference of Depressive Symptoms between Male and Female Adolescents	25
	4.2.2 Mean Difference of Self-Esteem between Male and Female Adolescents	26
	4.2.3 Mean Difference of Parental Marital Conflict between Male and Female Adolescents	26
4.3	Mean Difference of Depressive Symptoms, Self-esteem and Parental Marital Conflict among Different Ethnic Groups	26
	4.3.1 Mean Difference of Depressive Symptoms among Different Ethnic Groups	27
	4.3.2 Mean Difference of Self-esteem among Different	

	Ethnic Group	27
	4.3.3 Mean Difference of Parental Marital Conflict among Different Ethnic Group	27
4.4	The Predictive Factor for Depressive Symptoms	28
	4.4.1 Depressive Symptoms and Self-esteem	28
	4.4.2 Depressive Symptoms and Parental Marital Conflicts	28
4.5	Discussion of Findings	29
4.6	Conclusion	31

CHAPTER 5- CONCLUSION

5.0	Introduction	32
5.1	Summary	32
5.2	Significance of Study	33
5.3	Limitations of Study	34
5.4	Recommendations of Study	35
5.5	Conclusion	36

REFERENCES 37

APPENDIXES

APPENDIX A: STUDENTS QUESTIONNAIRE	42
Section A: Demographic Background	
Section B: Children Depression Inventory (CDI)	
Section C: Rosenberg Self-esteem Scale (RES)	
APPENDIX B: PARENTS QUESTIONNAIRE	56
Section A: Demographic Background	
Section B: Overt Hostility/O'Leary-Porter Scale for Measuring Marital Conflict (POS)	
APPENDIX C: INFORMED CONSENT	64
APPENDIX D: LETTER OF APPROVAL TO CONDUCT THE RESEARCH	71
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LIST OF TABLES

Table 4.1 Demographic Characteristics	24
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LIST OF FIGURES

Figure 1.1 Conceptual Framework	5
Figure 4.1 Self esteem Vs Depressive Symptoms	28
Figure 4.2 Parental Marital Conflicts Vs Depressive Symptoms	29

ABSTRACT

DEPRESSIVE SYMPTOMS, SELF-ESTEEM AND PARENTAL MARITAL CONFLICT AMONG ADOLESCENTS IN KUCHING, SARAWAK

Hafizah Asyrani Binti Sulaiman

This study aims to identify the potential predictive factor leads to depressive symptoms between self- esteem and parental marital conflicts among adolescent. This study specifically focuses on the investigation of the association between depressive symptom with self-esteem and parental marital conflicts among secondary school adolescents. The data collected was based on self-report questionnaire, Child Depression Inventory (CDI), Rosenberg Self-Esteem Scale (RES) and O'Leary-Porter Scale for Measuring Marital Conflict (POS) which was distributed to 150 randomly selected Form Four students but only 86 questionnaires were returned back. Child Depression Inventory (CDI) was used to measure the level of depressive symptoms and Rosenberg Self-Esteem Scale (RES) was used to measure the level of self-esteem. The O'Leary-Porter Scale for Measuring Marital Conflict (POS) was used to measure the level of marital conflicts among parents. The data were analyzed by utilizing descriptive analysis, Independent T-test, One-Way ANOVA and Regression analysis. Results shown that self-esteem was the predictive factor contributes to depressive symptoms but not parental marital conflicts. Further analysis has also shown that the mean of depressive symptoms, self-esteem, and parental marital conflict was not significant based on participants' gender and ethnicity. Some recommendation for future studies and the implications of the findings were presented.

ABSTRAK

SIMPTOM-SIMPTOM KEMURUNGAN PENGHARGAAN KENDIRI DAN KONFLIK PERKAWINAN IBU BAPA DALAM KALANGAN REMAJA DI KUCHING SARAWAK

Hafizah Asyrani Binti Sulaiman

Kajian ini bertujuan untuk mengenalpasti faktor yang menyumbang kepada simptom kemurungan antara peningkatan sendiri dan konflik perkahwinan ibu bapa dalam kalangan remaja. Kajian ini menfokuskan tentang hubungkait antara tahap simptom kemurungan dengan peningkatan sendiri dan konflik perkahwinan ibu bapa dalam kalangan pelajar sekolah menengah. Inventori Kemurungan Kanak-kanak (CDI), Skala Penghargaan Kendiri Rosenberg (RES) dan Skala Mengukur Konflik Perkahwinan O'Leary-Porter (POS) yang berbentuk laporan sendiri digunakan untuk mengumpulkan data dan inventori ini diedarkan secara rawak kepada 150 borang soal-selidik telah diedarkan kepada pelajar Tingkatan Empat namun hanya 86 soal-selidik yang dipulangkan semula. Inventori Kemurungan Kanak-kanak (CDI) digunakan untuk mengukur tahap simptom-simptom kemurungan manakala Skala Penghargaan Kendiri Rosenberg (RES) digunakan untuk mengukur tahap peningkatan sendiri diri pelajar serta Skala Mengukur Konflik Perkahwinan O'Leary-Porter (POS) digunakan untuk mengukur tahap konflik perkahwinan ibu bapa yang menunjukkan interaksi negatif di hadapan anak mereka iaitu pelajar yang terlibat dalam kajian ini. Data dianalisa dengan menggunakan deskriptif analisis, T-test, ANOVA satu hala, korelasi Pearson dan analisis Regresi. Hasil dapatan kajian menunjukkan bahawa penghargaan sendiri merupakan faktor utama menyumbang kepada simptom kemurungan dalam kalangan remaja di Kuching, Sarawak berbanding konflik perkahwinan ibu bapa. Analisa dapatan kajian juga mendapati min antara simptom kemurungan, penghargaan sendiri dan konflik perkahwinan ibu bapa tidak signifikan berdasarkan jantina dan kaum responden kajian. Beberapa cadangan untuk kajian masa hadapan dan implikasi dapatan kajian turut dibincangkan.

CHAPTER 1

INTRODUCTION

1.0 Introduction

This section discusses the background of study, purpose of study, statement of problem, objectives of study and conceptual framework. The definition of terms is explained in this section.

1.1 Background of Study

Depression is usually appear in all range of age without notify its victims. It can be combination of feeling, cognitive and behavioural which affect the mood of the victims. The victims diagnosed with depression suffer of feeling of disappointment, despair (Emery and Otlmanns, 2000) and persistent sad or irritable

mood over a day (Crundwell and Killu, 2007). Moreover, it is universal experience for everyone where by each of individual usually experiences these feeling of sadness or disappointment or frustration. Depression can affect individual daily routine. Eventually, individual becomes dysfunction and begins to withdraw from the activity he or she used to enjoy.

Dr. Yen Teck Hoe (2008), the president of Malaysian Psychiatric Association (MPA) described depression as a form of emotional disturbances that seldom present but majority among Malaysian do not understand what depression is and cannot distinguish it with the normal sadness.

World Health Organization, 2008 (WHO) reported that the number of cases of depression rapidly increases and 20% of adolescents suffer the mental dysfunction and one of the most common mental dysfunction experienced by these adolescents is depression. Previous studies have found female adolescents have more depressive symptoms than male adolescents (Nolen-Hoeksema and Girgus, 1994 as cited in *Children Mental Health Ontario*, 2001; Lahey et. at., 1996 as cited Buzi, Neinman and Smith, 2007).

Study on depression has attracted a lot of attentions among researcher and it has become popular studies among researchers. Previous studies had attempted to investigate the link between depression and a few other factors. Adolescents who have been diagnosed with depression are more likely to have suicide attempt or suicide thoughts (Rhodes and Bethell, 2008; McCarthy, Downes and Sherman, 2008).

Previous studies have also linked depression with low self-esteem. Self-esteem refers to development of individual to build confident and strength in person life. When there is immaturity in self development it will result low self-esteem and depression within individual (Trumpeter, Watson, O'Leary and Weathington, 2008). Self-esteem is one part of self-concept in the adolescents' stage. During the adolescence periods, individuals are searching their own definition of self-esteem.

One of the predictive factors that lead to onset of depressive symptoms among adolescents is parental marital conflict. There is limited study investigating the relationship between depressions. One study by Sheeber, Hops, Alpert, Davis and Andrew (1997) study found that family conflict is the factor contributes to early onset the depressive symptoms among adolescents. Family conflict contributes to suicidal thoughts and suicide attempts and depression among Asian Americans families in United State (Hylton, 2008). This proves that conflicts within the family can be the potential factor leading to depressive symptoms among adolescents.

1.2 Purpose of Study

The general purpose of this study is to explore the symptoms of depression, self- esteem and parental marital conflict among the adolescent. This study specifically focuses on the investigation of the inter-relationship between the level of symptoms of depression, self-esteem and parental marital conflict among secondary school children.

1.3 Statement of Problem

Scant literature review have shown that there is no known research quantitative study investigating the relationship between level of symptoms depression, self-esteem and parental marital conflict among our secondary school students in Kuching, Sarawak but there were limited number of previous studies (Osman, 1998; Khairul Bariyah, 2003, See and Lee, 2005 and Ramli, Adlina, Suthahar et. al., 2008), .investigating the depressive symptoms among adolescents in Malaysia.

Beck theory of depression emphasize cognitive as the main components leads to depressive symptoms while hopelessness theory of depression explain that

depressive symptoms caused by the negative events occurring in individual life. However, current study more emphasizes on the self-esteem and parental marital conflicts as a leading sources lead to depressive symptoms among adolescents. This is the first attempt to identify the relationships among these variables so that potential prevention and intervention strategies can be developed to our adolescents.

1.4 Objectives

The objectives of this research are the following:

1.4.1 To examine the mean difference of depressive symptoms, self-esteem and parental marital conflict between male and female adolescents.

1.4.2 To examine the mean difference of depressive symptoms, self-esteem and parental marital conflict between different ethnic groups.

1.4.3 To explore the predictive factors (self-esteem and parental marital conflict) that might contributes to depressive symptoms among the adolescents.

1.5 Research questions

1.5.1 What is the mean difference of depressive symptoms, self-esteem and parental marital conflict between male and female adolescents?

1.5.2 What is the mean difference of depressive symptoms, self-esteem and parental marital conflict between the different ethnic groups?

1.5.3 What are the predictive factors (self-esteem and parental marital conflict) that might contributes to depressive symptoms among the adolescents?

1.6 Hypotheses of the Study

1.6.1 There is no significant mean difference of depressive symptoms, self-esteem, and parental marital conflict between male and female adolescents.

1.6.2 There is no significant mean difference of depressive symptoms, self-esteem and parental marital conflict among different ethnic groups.

1.6.3 Self-esteem and parental marital conflict is not significant predictive factors for depressive symptoms.

1.7 Conceptual Framework

The diagram below shows the proposed relationship between the dependent variable and independent variable of the study.

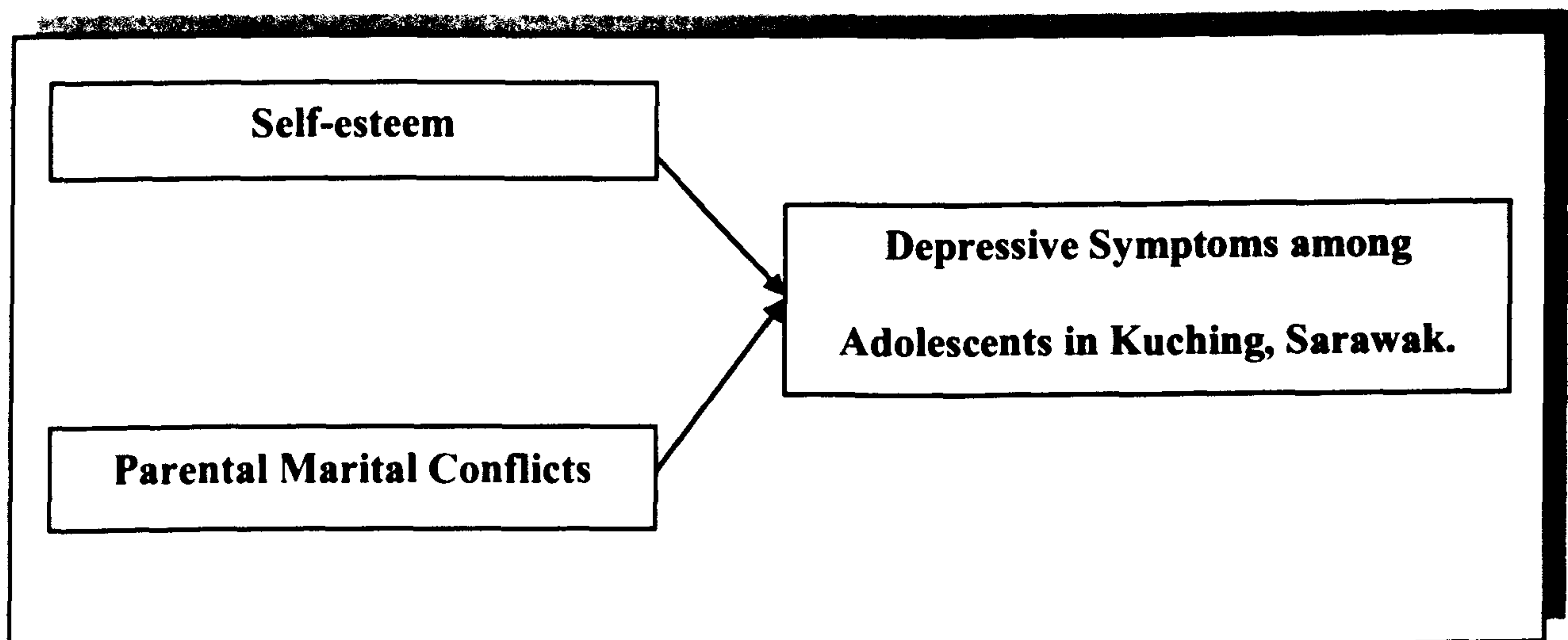


Figure 1.1: Conceptual Framework between Independent and Dependent Variables

1.8 Definition of Term

1.8.1 Symptoms of Depression

Conceptual Definition: Diagnostic criteria for depression disorder can be categorized into four major symptoms which are affective, cognitive, behavioural and somatic or physical symptoms. According to *DSM-IV-TR (2000)*, the symptoms of depression referring to depressed mood, feelings of helpless, slowing down, guilty and worthless (affective symptoms), thinking problem, delusion or hallucination and suicide thought (cognitive symptoms), not interested in joining the activities (behavioural symptoms) and appetite and weight changes, sleeping problems, less energy and physicals ache and pain (somatic symptoms) (APA, 1994). Conceptually depressive individual exhibit feeling of disappointment, despair and persistent sad or irritable mood and the present of other depression symptoms (Crundwell and Killu, 2007; Emery & Oltmanns, 2000).

Operational Definition: Depression is operationally defined for those who have feeling of disappointment, despair and persistent sad or irritable mood as measured by Child Depression Inventory (CDI) (Kovacs, 1980).

1.8.2 Self-Esteem

Conceptual Definition: Conceptually self-esteem can be defined as the total of enduring universal sense of worth and well-being individual possess and the stability of self-esteem referring to degree of short-term fluctuations (Man et. al. 2001)

Operational Definition: The operational definition of self-esteem in this study is low level of confidence in one's own worth or abilities measured by using Rosenberg Self-esteem Scale (RES scale).

1.8.3 Parental Marital Conflict

Conceptual Definition: Porter and O'Leary (1980) describe spouse whether husband or wives displayed both positive and negative interaction in their marriage.

Operational Definition: Parental Marital conflict operationally defined as parents' perspectives on their interaction in front of their child (adolescents) as measured by using Overt Hostility/O'Leary-Porter Scale for Measuring Marital Conflict.

1.9 Conclusion

In conclusion, this chapter briefly explains the introduction of the study and the background of some previous studies that related with study been discussed.

CHAPTER 2

LITERATURE REVIEW

2.0 Introduction

This chapter reviews some previous studies that relevant with the current investigation. Several theoretical foundations are discussed in this chapter.

2.1 Depressive Symptoms in Adolescents

Depression is one of the most popular subject to be studied, there were many previous studies addressed this topic. Most studies investigated the depression across human life span from the aged as early in 6 years old until 45 years and above (Killu

and Crundwell, 2007). The early detection of present depressive symptoms is helpful for preventing it from getting worse. Most of the studies conducted highlighted the early onset the symptoms of depression increases the risk of major depressive episode later in adolescents and adulthood (Horowitz and Garber, 2006).

Many studies have been done among adolescents. It is simply due to the nature of adolescents who experienced of greater mood swings or emotional disturbances in their period. Killu and Crundwell (2007) describe the characteristics of students with depression and how we should understand them in a classroom. Students who diagnosed with the depressive symptoms often having low academic performance in a classroom. The presence of symptoms of depression among adolescents potentially impact one's well-being, interpersonal relationships, academic performance and family systems (McCarthy, Downes and Sherman, 2008).

2.2 Beck Theory of Depression

This theory emphasize cognitive as the main components leads to symptoms of depression, Beck explain the onset of symptoms of depression is due to negative distortions (Nemade, Reiss and Dombeck, 2007). Negative distortions are the negative thoughts experiencing by each individual. One study by Abela and D'Alessandro's (2002) as cited in Allen (2003) on students' future college admissions found that evidence of students' negative views regarding their future increases their depressed mood. This study strengthens the Beck theory of depression concerning oneself dysfunctional thoughts are the leading individual to symptoms of depression.

2.3 Hopelessness Theory of Depression

Hopelessness theory of depression emphasize based on vulnerability-stress model, (Abramson et. al. 1989) as cited in Panzarella, Alloy and Whitehouse, 2006).

This theory views negative life event (stressful life event experience by individual) and cognitive susceptibility are the main causes lead to depression. The tendency of individual to infer negative views on oneself, future and the universal causes for negative events would increase the hopelessness and depressive symptoms within individual (Panzarella, Alloy and Whitehouse, 2006). This theory show that the negative life event will lead to depressive symptoms. Brown and colleagues (1986 as cited in Panzarella, Alloy and Whitehouse, 2006) state that "...the subject from despairing of a better future" (p. 826), where the future events can lead to the onset of depressive symptoms.

2.4 Depression among Children

Depression can occur among children. Kim-Cohen et. al. (2003 as cited in Sourander, Multimaki, Nikolakaros, Ritstkari, Helenius, Parkkola, Pina, Tamminem, Moilaner, Kumpulainen and Almqvist, 2005) studied the depressive symptoms at several age point from 11 to 26 years old, the findings showed that individuals who had been diagnosed with depressive symptoms at the age 11 to 15 years had shown half of them had depressive symptoms at the age 26 years old. Children are more likely to display or express their depression differently from adults, children will display it by using *masked depression* where they show it by using behaviour such as truancy, bullying and more (Burks and Harrison, 1962; Claser, 1967; Sandier and Joffe, 1965; Toolan, 1962 as cited in Tisher, 2007). This shows that the way children express the depressive symptoms are by using the *masked depression* concept same way as the adolescents did to express their depression (See and Lee, 2005).

Early detection of depressive symptoms during childhood is crucial due to severe childhood risks have relationship with the onset of disorders. (Geller et. al., 1998; Jaffee et. al., 2002 as cited in Sourander et. al., 2005). Often mental dysfunctions during childhood have some associations with emerging of mental

disorders in adolescents and adulthood but the question is whether the factors or problems resemble or differ from childhood experience? Davis (2005) state that the main factors associated with the increasing depressive symptoms among children includes stressful life events, family size, minority status, physical and sexual abuse but these factors might be differ among adolescents and adults.

2.5 Depression among Asian Adolescent

The prevalence of depressive symptoms among Asian American adolescents has been reported at 17% (Saluja, Iachan, Scheidt, Overpeck, Sun and Giedd, 2006). Asian and Pacific Islander Americans (APIA) reported 28% of Asian American having depressed feeling that disturb their normal activities, 19% have suicide plan and 11% have at least one suicide attempt (Ozer and McDonald, 2006). In Thailand, depression among adolescent have become significant issue. Trangkasombat and Likanapichitkul (1997 as cited in Charoensuk, 2007) reported that the prevalence of major depressive disorder via self-report is high which is 3.7% among children and adolescents than via clinical report. The number of percentage shows increasing number of depressive symptoms among Asian adolescents.

One study conducted by Kim and Kim (2001) in Korea found that Korean female adolescents perception about their body weight as predictor to their level of self-esteem and depression. The results show that Korean female adolescents who perceived themselves have weight problems tend to have lower self-esteem and greater depression. This shows that self-esteem and self-image play crucial role in predicting the depressive symptoms. Another study in Thailand has found that the predictive factor contribute to depressive symptoms among adolescents is negative thinking (Charoensuk, 2007). This finding aligns with Beck theory of depression that suggest cognitive is the main cause to depressive symptoms.