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Depression In Adolecents

Rian Yuliyana

Affiliation: Poltekkes Kemenkes Tanjungpinang

Corresponding Author
RIAN YULIYANA
rianyuliyana@gmail.com
rhee_adek@yahoo.com
Prodi DIII keperawatan, Poltekkes Kemenkes Tanjungpinang, Kepulauan Riau

Abstract

Background: A mental disorder that can be suffered by all is depression. The health burden brought on by depression makes depression an important public health issue.

Objective; this study was a descriptive survey on depression in adolescents on Berakit village, Riau Islands.

Method: a descriptive design was employed 65 participants by simple random sampling at Berakit Village, Bintan, Riau Island. Depression Anxiety Stress Scale (DASS) were use as the instruments. Data was analyzed by using descriptive statistics.

Results of this study found that most mean the range score in screening for depression was normal (83%). Most most mean the range score in screening for anxiety adolescent was early anxiety (22%). Moreover, the most of participant rate middle stress (24%).

Conclusion these finding indicated that there are depression cases in further intervention to promote management stress to adolescent in seacoast.

Key words: Depression, anxiety, adolescent
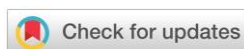
INTRODUCTION

A mental disorder can be suffered by all is depression. There are many factors that influence depression in adolescents (WHO, 2021). However, according to (Keliat, 2016), depression occurs due to various factors of low self-efficacy. Depression is a medical disorder that affects feelings and thoughts in the form of continuous feelings of sadness and a sense of loss of interest before doing an activity (agung, I, Ayu, Wahyuni, & Alit, 2019). Depression doesn't just happen to adults. Children and adolescents can experience depression which is actually a treatable disease.

About 5% of children and adolescents in Indonesia suffer from depression at some point in time. Children under stress, while attending school, are at a higher risk for depression. Depression also tends to exist in the family itself (Wahyuningsih & Nandiroh, 2015). The incidence of depression in adolescents in Tanjungpinang is 60 (17.9%) out of 359 adolescents (Yuliyana, Wichaikull, & khanwong, 2015). Depression appears due to environmental factors, psychosocial factors, and cognitive factors. From the three factors, a clinical picture emerged in the form of physical changes, changes in feelings, changes in thoughts, and changes in daily habits. These changes occur when an individual experiences depression (asmika, harijanto, & handayani, 2008). Research conducted by (Yuliyana, Wichaikull, & khanwong, 2015) said that family history of depression, parents' marital status, appearance at school and self-esteem had a relationship with depression in adolescents. Meanwhile, according to (Muhith & Nasir, 2011) One of them is a stressor. Stressors are factors in human life that result in a stress response. Stressors can come from various sources, both from physical, psychological, and social conditions and also appear in work situations, at home, in social life, and other external environments.

The health burden brought on by depression makes depression an important public health issue for Indonesia as a developing country because it can hinder the country's growth (WHO, 2021). Over 700 000 people die due to suicide every year. Suicide is the fourth leading cause of death in 15-29-year-olds. Depression has several effects on adolescents. Adolescents with behavior disorders that are not in accordance with the demands, habits or norms of society that caused difficulties in care and education (Maramis & Maramis, 2009). Depression is a core picture in the form of pervasive low mood, loss of interest and pleasure, decreased energy, limited activity (Utami, Liza, & T, 2018). When experiencing depression, there will be some disturbances in communication.

Teenagers who live on the coast have different stressors from adolescents who live in cities. Where the lives of teenagers are spent on the beach by helping their parents as fishermen. The importance of knowing the symptoms of depression in adolescents to prevent an increase in the health burden and a decrease in adolescent appearance at school. So it is necessary to know the description of depression in adolescents on the coast.

METHODS

The descriptive correlation design was ued for describing the status of phenomena and relathiship among the phenomena at one point in time. Data for the study was collected by using the random sampling technique. The location of this study was Berakit village, Bintan city, Riau Islands. The population of this study were 134 adolescents and samples were 65 adolescent. While the questionnaire to measure the level of anxiety using the

Depression Anxienty Stress Scales (DASS) From. The DASS consists of 14 items for the assessment of anxiety, including feelings of anxiety; tension; sleep disturbances; intellectual impairment; depressed feelings; somatic symptoms; sensory symptoms; cardiovascular symptoms; respiratory symptoms; gastrointestinal symptoms; urogenital symptoms; autonomic symptoms; and behavior (Wahyudi et al., 2019). Each item is rated on a 4-point scale ranging from 0 to 3. The internal consistency reliability of 30 adolescents was .80. For the data descriptive statistics were used to calculate frequency, mean, standard deviation, and percentage for describing the distribution.

RESULTS

Table 1 showed that stage of adolecents; early adolescents (38%), The most of Sex was female (72%), and the majority of education senior high schools (66%).

Table 1 Distributions characteristic of respondents (N=65)

No	Variables	Frequency (n)	Percentage (%)
1	Stage of adolecents		
	Early adolescent (11-14th)	25	38
	Midles adolescent (15-17th)	20	31
	Late adolescents (18-22th)	20	31
2	Sex		
	Male	18	28
	Female	47	72
3	Education		
	Junior High schools	15	23
	Senior High schools	43	66
	Diploma	8	12

Table 2 Distribution of variables (N=65)

No.	Variables	Frequency (n)	Percentage (%)
1	Depression		
	Normal	54	83%
	Early depression	3	4%
	Middle depression	8	13%
	Major depression	0	0
	Mean: 7	Min-Ma: 5-18	
2	Anxiety		
	Normal	46	70%
	Early anxiety	14	22%
	Middle anxiety	5	8%

	Major anxiety	0	0
	Mean: 9	Min-Max : 9-14	
3	Stress		
	Normal	38	58%
	Early stress	10	15%
	Middle stress	15	24%
	Major stress	2	3%
	Mean:10	Min-Max:9-27	

Table 2 showed that most of depression was normal (83%). Most of anxiety adolescent was early anxiety (22%). Moreover, the most of participants rate middle anxiety (24%).

DISCUSSION

According to the findings, most of depression was normal (83%). Depression is a medical disorder that affects feelings and thoughts in the form of continuous feelings of sadness and a sense of loss of interest before doing an activity (agung, I, Ayu, Wahyuni, & Alit, 2019). The person experiences depressed mood (feeling sad, irritable,empty) or a loss pleasure or interest in activities for most the day , nearly every day for at least two weeks. Several other symptoms are also present, which may incule poor concentration, feelings of excessive guilt or low selt-worth, hopelessness about the future, thoughts about dying or suicide, sirupted sleep, changes in appetite or weight, and feeling especially tore or low in energy. In this study found that 13% adolescents were middle depression. Depression can also be missed if the primary presenting problems are unexplained physical symptoms, eating disorders, anxiety, refusal to attend school, decline in academic performance, sub stance misuse, or behavioural problems (Thapar, Collishaw, Pine, & AK, 2012). In some respects depression in adolescents can be viewed as an early-onset subform of the equivalent adult disorder because of its strong links with recurrence later in life.

In this study also found that Most of anxiety adolescent was early anxiety (22%). Anxiety disorders vary from teenager to teenager. Anxiety is Symptoms generally include excessive fears and worries, feelings of inner restlessness, and a tendency to be excessively wary and vigilant (Keliat, 2016). Even in the absence of an actual threat, some teenagers describe feelings of continual nervousness, restlessness, or extreme stress. Anxiety during adolescence typically centers on changes in the way the adolescent's body looks and feels, social acceptance, and conflicts about independence. When flooded with anxiety, adolescents may appear extremely shy. They may avoid their usual activities or refuse to engage in new experiences. They may protest whenever they are apart from friends. Or in an attempt to diminish or deny their fears and worries, they may engage in risky behaviors, drug experimentation, or impulsive sexual behavior.

Moreover, the most of participants rate middle stress (24%). Stress is Stress is the nonspecific response of the body to any demand. Stress has a different meaning for different people under different conditions (Krapic, Knezevic, & kardum, 2015). Although, most fears during childhood, and adolescence are considered appropriate for the development periods and the

situations in which they occur and although anxiety usually is thought of as adaptive because it helps in anticipating threat or harm. The most factors that contribute to the development and maintenance of anxiety symptom and disorder are biological predisposition example family-genetic, neurobiological and hormonal, but environmental factors should be underestimated

CONCLUSION

This study found that depression was normal (83%). Most of anxiety adolescent was early anxiety (22%). Moreover, the most of participants rate middle anxiety (24%) in adolescent on Berakit village, Bintan City, Riau Island.

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