

## Depression Tendency in Students

Allda Christin W. Manoeain<sup>1</sup>, Serlie K. A. Littik<sup>2</sup>, Dian Lestari Anakaka<sup>3</sup>

<sup>1,2,3</sup>Psychology Department, University of Nusa Cendana

e-mail: <sup>1</sup> [allda\\_manuain@yahoo.co.id](mailto:allda_manuain@yahoo.co.id), <sup>2</sup> [serlie.littik@staf.undana.ac.id](mailto:serlie.littik@staf.undana.ac.id),

<sup>3</sup> [dian.anakk@yahoo.com](mailto:dian.anakk@yahoo.com)

**Abstract.** WHO states that many mental health problems arise in late childhood and early adolescence because this period is full of physical and mental changes before reaching adulthood so adolescents have to adapt to many things that if they cannot handle the existing problems, can lead to disappointment and frustration. a sense of failure and susceptibility to mental disorders, one of which is depression. Depression is the third largest psychological disorder which is estimated to occur in 5% of the world's population (WHO, 2013). In a month about 4-5 teenagers come to consult. Adolescents who came to consult with clinical psychologists ranged in age from 17-25 years with varied educational backgrounds, and the adolescents who consulted the most were aged 19-22 years. Most show symptoms of severe depression and self-harm to the point of almost committing suicide.

**Keywords:** *depression tendency, Kupang City, students*

**Abstrak.** WHO menyatakan bahwa banyak masalah kesehatan mental yang muncul pada masa kanak-kanak akhir dan remaja awal karena masa ini penuh dengan perubahan fisik dan mental sebelum mencapai usia dewasa sehingga remaja harus beradaptasi dengan banyak hal sehingga jika tidak dapat menangani masalah yang ada dapat mengakibatkan kekecewaan dan frustrasi. Rasa gagal dan rentan terhadap gangguan jiwa, salah satunya adalah depresi. Depresi merupakan gangguan psikologis terbesar ketiga yang diperkirakan terjadi pada 5% penduduk dunia (WHO, 2013). Dalam sebulan sekitar 4-5 remaja yang datang berkonsultasi. Remaja yang datang berkonsultasi dengan psikolog klinis berkisar antara usia 17-25 tahun dengan latar belakang pendidikan yang bervariasi, dan remaja yang paling banyak berkonsultasi adalah usia 19-22 tahun. Sebagian besar menunjukkan gejala depresi berat dan melukai diri sendiri hingga hampir bunuh diri.

**Kata Kunci:** *kecenderungan depresi, Kota Kupang, mahasiswa*

Article history:

Received 2 July 2021

Received in revised form 17 June 2022

Accepted 17 August 2022

Available online 20 September 2022

### Introduction

Today's development demands life challenges and responsibilities that are getting heavier and have an impact on a person's psychology. This condition can happen to anyone, including students. A student is someone who is in the process of gaining knowledge or studying and is registered to be undergoing education in one form of higher education

consisting of academics, polytechnics, high schools, and universities (Hartaji, 2012). Students are categorized in the adolescent stage.

Teenagers come from the Latin word, namely adolescence which means to grow towards physical, social, and psychological maturity (Batubara, 2016). Adolescence is a period in which a teenager must face himself where his ego identity will be formed (Ibda, 2015). This period is a period full of physical and mental changes before reaching adulthood which causes adolescents to have to adapt to many things, namely those related to emotional, social, and mental maturity (Saputro, 2018). This condition shows the many problems faced by adolescents that must be overcome, otherwise, it can cause adolescents to feel disappointed, not respect themselves, and consider themselves as a failure or incapable person and will be vulnerable to mental disorders in this modern era (WHO, 2013).

WHO states that many mental health problems arise in late childhood and early adolescence. Depression is the third largest psychological disorder which is estimated to occur in 5% of the world's population (WHO, 2013). The increase in the number of people with depression can be observed in the increase in the number of visits by patients seeking treatment to health services as well as the increase in psychopharmaceutical drugs prescribed by doctors (Desi et al., 2020). Recent studies have shown that depression is the biggest cause of disease burden among individuals at an early age (WHO, 2016). These data show that nowadays more and more teenagers are experiencing depression.

Depression in adolescents is not just a feeling of stress or sadness as things that come and go, but is a mental disorder that is generally characterized by feelings of depression, loss of interest or pleasure, decreased energy, feelings of guilt or low self-esteem, difficulty sleeping or decreased appetite, feelings of fatigue and lack of concentration. The condition can become chronic and recurrent, and can substantially impair an individual's ability to carry out day-to-day responsibilities. At its most severe level, depression can lead to suicide (WHO, 2012).

Depression is caused by genetic, biological, environmental, and psychological factors. At present, depression in teenagers is also caused by the current pandemic. Since December 2019, the novel coronavirus disease (COVID-19) outbreak has spread from Wuhan, China (Chen et al., 2020), and has become a pandemic affecting every continent

(WHO, 2020). The physical restriction policy has forced many people to stay at home. A statement by UNICEF (United Nations Children's Fund) says that self-isolation at home makes children and adolescents stressed and depressed (Gridhealth.id, 2020).

Children and adolescents feel anxious during quarantine and there is an increase in cases of depression (WHO, 2020). Research conducted by Sélim B. Guessoum in France found that there were 112 (11.78%) cases of depression in adolescents during the pandemic. Domestic research by Salma M. Ilpaj said that the influence of the COVID-19 pandemic could cause psychosomatic disorders (Winurini, 2020). This disorder begins with conditions of anxiety, fear, stress, and depression. The Faculty of Medicine UNPAD also researched 1,465 students throughout Indonesia, 70% of whom were female students and the results showed that 47% of students experienced symptoms of depression. The studies above prove that the COVID-19 pandemic can cause depression.

Depression in early adolescence is often undiagnosed and untreated, due to limited access to psychological and psychiatric services and the substantial social stigma attached to mental health problems (WHO SEARO, 2017). In addition, this sensitive issue is rarely addressed in schools and the family so it can have an impact on increasing cigarette consumption, substance abuse, and decreasing social function. The most dangerous impact is an increase in the incidence of suicide. Adolescents who are depressed are 12 times more likely to commit suicide than those who are not depressed (Imani Khan, 2012).

The hypothesis in this study is that there is a tendency for depression experienced by students in Kupang City 2020.

### **Method**

This study uses a measuring instrument in the form of a scale in data collection. The measuring instrument is designed in the form of an online scale. To get participants, measuring tools are shared on social media. At the beginning of the scale, there is a description of the study and participants' consent to participate. The data that has been collected is then investigated whether it will be processed further.

The measuring instrument used in this study is the KADS Scale compiled by Stan Kutcher (2008). The KADS scale consists of 6 statement items. The scale has four answer options: never, sometimes, often, and always. The scale is distributed to students because it has passed the validity and reliability tests with a Cronbach's Alpha value of 0.749 so it has good reliability.

The analytical technique used in this research is descriptive statistics. Descriptive statistics are statistical activities that start from collecting data, compiling or measuring data, processing data, and presenting and analyzing numerical data to provide an overview of a phenomenon, event, or situation.

### **Result**

Table 1.

*Distribution of Participants by Gender, Age, Place of Residence, and Regional Origin*

Characteristics	Category	Frequency	Percentage
Gender	Male	82	30,4%
	Female	188	69,6%
Age	19 years	77	28,5%
	20 years	41	15,2%
	21 years	44	16,3%
	22 years	64	23,7%
	23 years	36	13,3%
	24 years	8	3%
Residence	House	167	61,9%
	Cost	76	28,1%
	Guardian	27	10%
Origin	Kupang City	165	61,3%
	Kupang Regency	80	29,7%
	Outside NTT	25	8,9%

Based on Table 1, most of the participants are female, 19 years old, living at home, and coming from Kupang City.

**Kupang City Student Depression Level**

The tendency of student depression in Kupang City can be seen in the table below:

Table 2.

*Category of Depression Tendency of Kupang City Students*

Frequency	Categorization	(%)
Low	43	29,2%
Medium	80	54,4%
High	24	16,3%

Based on table 2, it can be seen that most students in Kupang City have a tendency to depression in the medium category as many as 43 participants (29,2%), while in the medium category as 80 participants (54,4%), and high category the least, namely 23 participants (8.51%).

**Discussion**

Based on the research on depression tendencies among students in Kupang City, it can be concluded that the current condition, which is a pandemic that causes the routines and situations of daily life to be different, causes discomfort or has a major impact on Kupang City Students, as evidenced by the results of the research, namely the tendency of Kupang City Students to depression is in the moderate category. Most of them experienced moderate depression and a few had high category depression. Kupang City students still have difficulty adapting to new conditions or environments and are quite depressed by new circumstances. Kupang City students still have to adapt.

A person with moderate depression may experience more serious symptoms in terms of severity and duration than someone with mild depression. They may also experience more symptoms than people with mild depression. Moderately severe depression is characterized by two main symptoms: persistent bad mood and decreased interest in activities. Some other symptoms of depression include avoiding social activities, changes in appetite, decreased productivity, hopelessness, and guilt, difficulty concentrating, difficulty sleeping, excessive worrying, fatigue or lack of energy, feelings of hopelessness, irritability, lack of motivation, and low self-esteem. Women are almost twice as likely to experience depression as men. While moderate depression may not be too severe, it disrupts work, school, home, or social difficulties. Research also shows that

moderately severe depression increases certain health risks. One study found that people with moderate depression had a higher risk of cardiovascular disease than those with major depression. People with moderate depression are more likely to experience major symptoms of poor mood, difficulty sleeping, changes in weight or appetite, and increased/slowed psychomotor activity. Although it may take some extra effort, doing the following things can help you feel better: eat a healthy diet, seek social support, do activities you enjoy, and don't isolate yourself when you're feeling down so you don't sink into feelings of depression.

This may be due to the development of biological and social structures that occur causing cognitive changes, social understanding, self-awareness, and increased stress (Thapar, 2012). Especially during this pandemic, a survey on mental health through a self-examination compiled by the Association of Indonesian Mental Medicine Specialists (PDSKJI) which was conducted online explained that 63% of participants were anxious and 66% of participants were depressed due to the COVID-19 pandemic. The main symptoms of anxiety are worrying that something bad is going to happen, worrying too much, being irritable, and having trouble relaxing. While the main symptoms of depression that appear are sleep disturbances, lack of confidence, fatigue, lack of energy, and loss of interest. Furthermore, as many as 80% of respondents have symptoms of psychological post-traumatic stress due to experiencing or witnessing unpleasant events related to COVID-19 (Ridlo, 2020). As students, research participants must have faced many problems that require an adjustment process, whether related to academic, family, personal or social problems. The subject's experience in dealing with various problems and the demands on the subject as a student to get used to analyzing problems will support them in honing their skills in finding solutions (active coping), which is very likely to affect the way the subject deals with problems and reduce the tendency to depression. Aiskal (Sadock&Sadock, 2000) also states that the success of overcoming various problems will be able to increase self-esteem, which can affect reducing the tendency to experience depression.

The results obtained in the study were based on gender characteristics that most of the participants were women. Based on the data obtained by the researchers, most of the respondents who experienced depression were female students. These results are in

accordance with Hadianto's research, the results of the study show that more female students experience symptoms of depression than male students (Hadianto, 2014). This is in line with Martina (2012), revealing that women will provide more physiological responses in the form of the activity of several hormones and neurotransmitters in the brain. The hormone prolactin in women is also higher than in men. This hormone is what gives negative feedback to the brain so that it can increase emotions. The same thing is also explained by Nasution (2007), that women are more sensitive to the environment. The demands and motivation of women are higher so women suffer a heavier psychological burden than men.

Based on the characteristics of the participants, it can be seen that of the participants aged 19-24 years, the largest number of participants was at the age of 19 years, which is the age with the most depression. This age belongs to the early adulthood period, which has just transitioned from adolescence and started a new phase in his life as a young adult. This is in line with Sarwono (2011), which states that the population most at risk for depression is the young age group. According to Menslin (2007), the period of young adulthood where individuals begin to reach the age of 18-29 years, which is a transition period from the previous life period, namely adolescence. According to the developmental psychologist, Santrock (2007), those young adults are included in a transition period, both physically transitioning (physically transitioning), intellectual transition (cognitive transition), and social role transition (social role transition). At the age of more than 19 years only a few experience depression, this can be due to the increasing age a person has begun to be able to control themselves and their emotions towards the situations and problems they are experiencing. This is in line with Nasution (2007), explaining that the age of 20 years is the age at which maturity occurs to control emotions better.

The results obtained in the study were based on the characteristics of the place of residence where most of the participants were living at home. It was found that participants who lived at home and students from Kupang City were more likely to experience depression. The possibility that occurs is that the low warmth of the relationship with parents is significantly associated with depression syndrome (Yeung, 2010). In this study, it was found that the warmth of the relationship with the father was significantly negatively

correlated with depression syndrome. The warmth of the relationship with parents is perceived through the behavior of psychological control and acceptance shown to their children. In adolescents, psychological control from parents is more influential in controlling adolescent understanding, emotions, and behavior than acceptance alone (Deater-Deckard et al, 2011). These results are in accordance with previous research conducted by Anhalt and Morris who conducted research on the relationship between parenting characteristics and depression which found four main predictors of depression levels, namely criticism from the mother, criticism from the father, acceptance of the mother, and psychological control by the father (Anhalt Morris, 2008). . Authoritarian parenting style can support adolescent self-image, harmonious parental relationships will foster optimal child emotional personality development (Papalia, 2008). Parental relationships that often fight will hinder communication with children, divorce relationships, death, and families with less economic conditions, which also affect the mental development of adolescents. This can also be related to the last category, namely regional origin, where most of the participants came from Kupang City, and most of the respondents who experienced depression were students from Kupang City. Things that can be done if the occurrence of depression in students can be minimized by managing thoughts, and feelings and developing a healthy lifestyle. The need for support from people around can be one way to avoid depression, the support that can be given is to be a good listener to pour out all complaints from within new students so that they can help new students find the best way to deal with depression for themselves and can do something about it. adjust quickly. Support from the campus and the government can also be done in reducing the level of depression that occurs in students by increasing promotive and preventive services through counseling programs.

#### **Reference**

- Aditomo, A., &Retnowati, S. (2004). Perfectionism, Self-Esteem, And Depression Tendencies in Late Adolescence. *Journal of Psychology*, 1(1), 1–14.
- ApriliaRamadhani, & Sofia Retnowati. (2013). Depression in Adolescent Bullying Victims. *Journal of Psychology UIN Sultan SyarifKasim Riau*, 73–79.
- Coal, J. R. (2016). Adolescent Development (Adolescent Development). *Sari Pediatrics*, 12(1), 21. <https://doi.org/10.14238/sp12.1.2010.21-9>



- Chen, F., Zheng, D., Liu, J., Gong, Y., Guan, Z., & Lou, D. (2020). Depression and anxiety among adolescents during COVID-19: *A cross-sectional study. Brain, Behavior, and Immunity, 88*(January), 36–38. <https://doi.org/10.1016/j.bbi.2020.05.061>
- Cynthia, T., & Zulkaida, A. (2009). Tendency to depression in college students. *FAST (Psychology, Economics, Literature, Architecture & Civil), 3*, 20–21. <http://repository.gunadarma.ac.id/788/>
- Desi, D., Felita, A., & Kinasih, A. (2020). Symptoms of Depression in Adolescents in High School. *Care: Scientific Journal of Health Sciences, 8*(1), 30. <https://doi.org/10.33366/jc.v8i1.1144>
- Diananda, A. (2019). Adolescent Psychology And Its Problems. *ISTIGHNA Journal, 1*(1), 116–133. <https://doi.org/10.33853/istighna.v1i1.20>
- Dianovinina, K. (2018). Depression in Adolescents: Symptoms and Problems. *Journal of Psychogenesis, 6*(1), 69–78. <https://doi.org/10.24854/jps.v6i1.634>
- Dirgayunita, A. (2016). Depression: Characteristics, Causes, and Treatment. *Journal of An-Nafs: Psychological Research Studies, 1*(1), 1–14. <https://doi.org/10.33367/psi.v1i1.235>
- Ibda, F. (2015). Cognitive Development: Jean Piaget's Theory. *Intellectuality, 3*(1), 242904.
- Imani Khan, R. (2012). Assertive Behavior, Self-Esteem and Depression Tendency. *Persona: Indonesian Journal of Psychology, 1*(2), 143–154. <https://doi.org/10.30996/persona.v1i2.40>