

Analysis of Mental Health and Behavior Problems in Adolescents

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Abstract:

Background: Adolescence is a period of transition from childhood to adulthood which is accompanied by challenges in its development. Adolescents need to fulfill their development so that there are no developmental deviations. This study aims to determine mental health and behavior problems in adolescents in the working area of the Umban Sari Health Center in Pekanbaru.

Materials and Methods: This research is a univariate study using a field survey method by distributing questionnaires to respondents and the data is analyzed by using the SPSS program. The purposive sampling technique involved 366 respondents who were teenagers aged from 12 to 17 years old in the area of Umban Sari Health Center in Pekanbaru.

Results: This study resulted in 6 discussions related to mental health and behavior problems in adolescents including emotional symptoms, behavioral problems, hyperactivity, peer problems, difficulties, and strengths.

Conclusion: The results obtained from this study were that the majority of adolescents experienced emotional and mental disorders. Counseling about adolescent health can be used as a good intervention to prevent the increasing of adolescents with emotional disorder.

Key Word: Behavior, Mental Health, Adolescents

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I. Introduction

Adolescence is a transition period from childhood to adulthood which is accompanied by challenges in its development. Adolescents experience various changes related to the transition process toward maturity such as in terms of physical, cognitive, psychosocial, emotional, and spiritual (Stuart, Keliat, Pasaribu, 2016). Efforts to maintain adolescent health must be aimed at preparing them to become healthy and productive, both socially and economically (UU No. 36, 2009). Based on this development, adolescents need to fulfill their development so that developmental deviations do not occur.

The prevalence of adolescents in the world today is 1.3 billion or 16% of the world's population (Unicef, 2022). In Indonesia, there are 44,135,000 people aged 10-19 years (BPS, 2021). This shows that the number of teenagers is around 16% of the total population of Indonesia. This number has increased compared to previous years so attention to adolescent health also needs to be increased.

Mental emotional is a condition where a person experiences psychological distress, psychological changes occur in certain circumstances but one can recover as before, if this mental emotional problem is not handled properly, it will harm the process of adolescent development (Mubasyiroh et al, 2017).

According to RISKESDAS (2018) data on mental and emotional problems in the Indonesian population is 9.8%, the highest prevalence is in Sulawesi Tengah, which is 19.8%, while the lowest prevalence is in Jambi, 3.8%. The prevalence of emotional and mental problems in Riau Province is 10.8 % (Depkes RI, 2018).

Research on 248 adolescents used an online survey 2 times, namely one year after the pandemic and then after 2 months of implementing activity restrictions by the government and online learning. In the span of the two survey periods, adolescents experienced an increase in symptoms of depression and anxiety as well as a significant decrease in quality of life. This phenomenon is likely due to anxiety, online learning difficulties, and increased conflict with parents. The results of another study on the picture of adolescent mental health during the Covid-19 pandemic in the Fisherman's Village concluded that adolescents were more anxious because of

restrictions set by the government than worry about the COVID-19 virus. This is associated with symptoms of depression and anxiety as well as decreased quality of life.

The results of research using systematic review and meta-analysis methods to determine the prevalence of mental health problems in children and adolescents during the COVID-19 pandemic show that 23 studies from two countries (China and Turkey) with a sample of 57,927 children and adolescents, it was found that health problems emerged namely depression 29%, anxiety 26%, sleep disturbance 44% and post-traumatic stress syndrome 48% (Ma, L., et al, 2021).

II. Material And Methods

This study uses a quantitative approach with a cross-sectional research design. Number of respondents in this study was 366 adolescents aged 12-17 years who live in the area of Umban Sari Health Center and are willing to be respondents.

Data collection techniques were used with the help of questionnaires by distributing questionnaires to respondents. This data collection technique is used to collect quantitative data from respondents to answer questions on the questionnaire that the researcher has provided. Data analysis used univariate data analysis with the help of the SPSS application to view demographic data, as well as an overview of mental health and behavior problems in adolescents.

III. Result and Discussion

All participants totaled 366 people who were teenagers from 12 to 17 years old in the Umban Sari area with the majority being 14 years old, male, living with parents, parents working as entrepreneurs, low economic status from the minimum wage, and open communication with parents. Can be seen in the following table:

Table no 1: Demographic Data

Characteristics of Respondents	Frequency (n)	Percentage (%)
Age		
12 years old	73	19,9
13 years old	98	26,8
14 years old	122	33,3
15 years old	59	16,1
16 years old	12	3,3
17 years old	2	0,5
Gender		
Man	188	51,4
Woman	178	48,6
Shared Residence		
Parent	331	90,4
Mother	18	4,9
Father	1	0,3
Brother/sister	2	0,5
Other Families	12	3,3
Boarding house	2	0,5
Parent's job		
Civil servant	12	3,3
Private employees	80	21,9
Self-employed	157	42,9
Laborer / Peasant	99	27
Not Working/IRT/Retired	17	4,6
BUMN	1	0,3
Socioeconomic Status		
Smaller than minimum wage	262	71,6
Bigger than minimum wage	104	28,4
Parent's Communication		
Opened	209	57,1
Closed	157	42,9

Table no 1The Distribution of frequency in respondents based on the respondent emotional symptoms interpretation

Interpretation of Respondent's Emotional Symptoms	Frequency (n)	Percentage (%)
Normal	217	59,3
Middle	53	14,5
Abnormal	96	26,2

Based on the demographic data research table, the socioeconomic status of the 366 research respondents was low. Socioeconomic status is one of the factors that influence adolescent mental health (Andriyani et al, 2021).

Socio-economic factors affect the quality of life, welfare, and whether adolescent needs are met or not, including primary and secondary needs (Rider et al, 2021).

Table no 3: The Distribution of frequency in respondents based on respondent’s behavior problems interpretation

Interpretation of Respondent Behavior Problems	Frequency (n)	Percentage (%)
Normal	190	51,9
Middle	99	27
Abnormal	77	21

Behavioral problems in adolescents can be caused by many things. One of the things that can lead to behavior problems in adolescents is due to restrictions on activities in adolescents so that adolescents cannot have direct contact with their peers, teachers, or those closest to them. Communication with parents positively influences behavioral problems in adolescents because parents can do several things to prevent behavior problems in adolescents clearly and directly (Rider, 2021).

Table no 4: Frequency distribution of respondents based on the interpretation of the respondent's hyperactivity

Interpretation of Respondent's Hyperactivity	Frequency (n)	Percentage (%)
Normal	311	85
Middle	33	9
Abnormal	22	6

Loss of support systems for adolescents can also cause hyperactivity. However, this can also be overcome by using social media as a stress reliever for teenagers (Rider et al, 2021). According to research conducted by Prihatiningsih & Wijayanti (2019) hyperactivity in adolescents is related to low family income factors. Low family income has a significant influence on the level of hyperactivity and rebellious behavior in adolescents.

Table no 5: Frequency distribution of respondents based on the interpretation of the problem of the respondent's peers

Respondent's Peer Problems	Frequency (n)	Percentage (%)
Normal	193	52,7
Middle	110	30,1
Abnormal	63	17,2

There are 24.73 % of teenagers experience problems with peers (Choirunnisa et al, 2021). Peer problems can be anticipated by parents using parents-supporting relationships with adolescent peers (Rider et al, 2021). In research conducted by Von et al (2022) friends and parents were not affected by social restrictions during the COVID-19 pandemic.

Table no 6: The Distribution of frequency in respondents based on the respondent interpretation of the strength

Strength Interpretation Respondents	Frequency (n)	Percentage (%)
Normal	311	85
Middle	35	9,6
Abnormal	20	5,5

Expressing strength is one of the adolescent responses or behavioral responses are commonly shown by adolescents aged 13 to 17 years (Rider et al, 2021). Positive strength in adolescents can be obtained from good and supportive social factors and a positive adolescent environment as well. The ability to show empathy is an example of strength that is influenced by the positive social and environmental aspects of adolescents (Andina, 2013). Another factor that can affect the strength level of adolescents is spirituality. Religiosity fosters a sense of empathy, and feelings of guilt, and increases individual personal strength (Prihatiningsih & Wijayanti, 2019).

Table no 7: The Distribution of frequency in respondents based on the respondent conclusions

Conclusion Interpretation Respondents	Frequency (n)	Percentage (%)
Normal	110	30,1
GME	256	69,9

The table above illustrates the interpretation of the respondent's conclusions where in a study conducted on 366 respondents, the results of the interpretation of the respondent's conclusions were mostly found in the GME interpretation with a total of 256 data (69.9 %).

IV. Conclusion

Socioeconomic status affects the level or amount of family monthly income which affects the dropout rate in adolescents due to limited funds. Students who drop out of school are more likely to be unemployed or have low incomes, this affects the level of happiness, drug use, and criminality in adolescents.

This disruption can also occur due to the factor of the recent pandemic which required that teenagers be forced to carry out all communications and activities that involve social and human beings to be carried out online. Teenagers can still control their emotions. Counseling about adolescent health can also be used as a good intervention in preventing the increase in adolescents with this emotional disorder.

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