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Depression among adolescents living in orphanages in central Aceh district, Indonesia

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Abstract

Background: Mental health is an important aspect of human life. Traumatic experiences in childhood are associated with increased mental health morbidity. Factors such as lack of parental support, low self-esteem, and social difficulties play a role in increasing the risk of risky behavior in adolescents.
Purpose: To determine the determinant factors that influence the incidence of depression in adolescents living in orphanages in Central Aceh Regency.
Method: Used a Cross Sectional design in four orphanages in August 2023. The sample consisted of 302 adolescents aged 8-18 years, selected by purposive sampling. The analysis used logistic regression with 95% confidence.
Results: A total of 121 respondents (40.07%) experienced depression. Related factors were education, region of origin, family visits, social support, and social discrimination. Social support was the most dominant factor (AOR=5.64; p=0.000).
Conclusion: Social support plays a major role in preventing depression in adolescents in orphanages, so interventions that increase social support need to be prioritized.
Suggestion: Explore other psychosocial factors such as quality of relationship with caregivers, trauma experiences, and adolescent coping strategies.

Keywords: Adolescents; Depression; Orphanages; Social Support.

INTRODUCTION

Mental health is a very important aspect for every phase of human life. Experiencing various traumatic events in childhood is closely related to increased mental health morbidity (Omari, Chrysanthopoulou, Embleton, Atwoli, Ayuku, Sang, & Braitstein, 2021). Lack of parental support, affection, sense of attachment within a family, poor mental health, depression, low self-efficacy, social adjustment, and low self-esteem play an important role in causing various risky behaviors in adolescents (Ushanandini *& Gabriel,* 2017).

During the second half of the 20th century, mental health was still considered as a state where there was no mental illness experienced by a person, but now mental health is described not only as the absence of mental illness, but also explained as a person's ability to balance desires and aspirations in dealing with various life pressures and psychosocial adjustments (Mudiraj, 2017). During the second half of the 20th century, mental health was still considered as a state where there was no mental illness experienced by a person, but now mental health is described not only as the absence of mental illness, but also explained as a person's ability to balance desires and aspirations in dealing with various life pressures and psychosocial adjustments (Abraham & Walker-Harding, 2021).

One of the most common mental health problems is depression. A very common depressive disorder is a feeling of sadness, emptiness, or irritability,

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accompanied by somatic and cognitive changes that can significantly affect an individual's capacity to function (Hariri & Rehman, 2022). It is estimated that 3.8% of the world's population is affected by depression. The highest incidence of depression occurs in Southeast Asia, where there are around 86.94 million people or 27% of the 322 billion individuals (Samari, Teh, Roystonn, Devi, Cetty, Shahwan, & Subramaniam, 2022). In Indonesia, data from the 2018 basic health research shows that around 6.1% of the population aged over 15 years old experience depression, or the equivalent of 11 million Indonesians. Furthermore, the results of the Indonesia National Adolescent Mental Health Survey (I-NAMHS) show that one in three teenagers in Indonesia have mental health problems or 5.5 million teenagers. Meanwhile, one in twenty Indonesian teenagers aged 10-17 years old have mental disorders in 12 months or as many as 2.45 million teenagers (Ministry of Health of the Republic of Indonesia, 2018).

The adolescent population is a generation of the nation whose development must be paid attention to, both mentally and emotionally (Haryanti, Elza, & Susanti, 2016). Adolescence is a transitional period and a critical period from childhood to adulthood, namely in the age range of 10-19 years. At this time individuals begin to learn to be independent, seek self-identity, and begin to think abstractly, logically, and idealistically (Willenberg, Wulan, Medise, Devaera, Riyanti, Ansariadi, & Azzopardi, 2020). However, not every teenager is lucky in their life. Some teenagers have to separate from their families for various reasons, and end up being neglected which can result in the child's psychological needs not being met properly, especially if there is no one to be a role model in their life (Pramudita, Latifah, & Riany, 2020).

Basically, every child has equal rights in the process of growth and development. Adolescence is an age that should receive enough attention, affection and protection from parents so that the child will be able to form a stable emotional condition (Kusumawati, 2020). However, children who grow up in orphanages tend to grow up without the love and attention of their families. Although they receive various needs such as food, clothing, beds, education and shelter. However, they tend not to get the love, support and identity that only an intact family can provide, which is very important for a child's development (Ushanandini *et al*., 2017).

Previous research showed that there were differences in mental emotional development between adolescents living in orphanages and living at home, where the mental emotional development of adolescents in orphanages was less good than adolescents living at home (Haryanti et al., 2016). Furthermore, the results found that there were different developmental problems between groups living in orphanages and living with families. However, there was no difference in mental emotional problems in the two groups (Riyadi & Efendi, 2014).

Previous research has shown that children cared for by local authorities have higher psychopathology than children cared for by families (Ford, Vostanis, Meltzer, & Goodman, 2007). Furthermore, research has found that there are negative impacts of temporary care for children living in temporary care. This study also highlights the importance of the relationship between behavioral problems and the pathway of the child's foster care relationship including the timing of placement disruption and staff perceptions of the goodness-of-fit for foster care children (MacKenzie, Gearing, Schwalbe, Ibrahim, Brewer, & Al-Sharaihah, 2014).

To date, research that looks at factors related to mental health conditions has been widely conducted. However, research that specifically looks at depression in adolescents, especially those living in orphanages. In fact, depression is one of the mental health problems that has a very important role in influencing behavior, activities, and feelings of happiness in adolescents.

In mid-2020, a wandering child was found unconscious on the sidewalk of a street in the Takengon area, Central Aceh Regency, with a high fever. Then based on information from the Head of the local Social Service, it was discovered that the child was a resident of the Kasih Sayang Orphanage located in Kebayakan District, Central Aceh Regency, but then the child chose to run away from the orphanage and return to the streets (Hearman, 2016).

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RESEARCH METHOD

This research is descriptive analytical with a cross-sectional design. The data collection process was carried out simultaneously, with the aim of analyzing predictive factors causing depression in adolescent respondents in orphanages, carried out in 4 orphanages in Central Aceh Regency, namely the Kasih Ibu Orphanage, Kasih Sayang Foundation, Insan Cemerlang Foundation, and Budi Luhur Orphanage.

The population in this study were all adolescents living in 4 orphanages totaling 324 respondents. The sample in this study was adolescents aged 8-18 years totaling 302 respondents. The sample selection method was carried out by total sampling. However, only 302 respondents were successfully interviewed from a total of 324 respondents.

Data for this study were collected using questionnaires for all study variables. Data were collected using a standard questionnaire that had been used in other studies, so the researchers did not test its validity and reliability. The adolescent depression questionnaire was adapted from the Psychometric Properties of the Depression Anxiety Stress Scale (DASS), with a score scale of 0-9 meaning depression and ≥9 meaning not depression. The social support variable was 0 = positive and 1 = negative, and the social discrimination variable was 0 = absent and 1 = present.

Data analysis in this study used the IBM SIPSS application with a logistic regression test method with a 95% confidence level. This study met the requirements.

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RESEARCH RESULTS

Table 1. Characteristics of the Respondents (N=302)

Variables	(n/%)	(Mean±SD)	OR	95% CI	*p-value*
Age		15.84±1.57			
8 – 18	302/100.0		0.97	0.84-1.13	0.732
Depression		10.41±6.55			
No	181/59.9				
Yes	121/40.1				
Social Support		7.65±2.56			
Positive	187/61.9		5.75	3.45 – 9.55	0.000
Negative	115/38.1				
Social Discrimination		29.27±9.65			
No	263/87.1		4.04	1.95 – 8.35	0.000
Yes	39/12.9				
Gender					
Male	148/49.1		0.81	0.51-1.29	0.385
Female	154/50.9				
Education					
No Education	17/5.6		0.26	0.08-0.75	0.013
Educated	285/94.4				
Region of Origin					
Rural	121/40.1		1.64	1.02-2.65	0.043
Urban	181/59.9		1.01	0.92 - 1.12	0.723
Condition of Parents					
Orphan	160/53.0		0.98	0.74-1.29	0.872
Orphans or Half-Orphans	69/22.9		0.80	0.45-1.45	0.477
Still Complete	73/24.1		0.99	0.57-1.74	0.982
Reasons for Living in a Nursing Home					
Poor Parents	160/53.0		0.87	0.69-1.09	0.231
Parents Divorced	57/18.9		0.89	0.48-1.65	0.716
Own Desire	53/17.5		0.62	0.32-1.20	0.157
Living Away from Parents	32/10.6		0.79	0.36-1.72	0.557
Family Visit					
Once	185/61.3		2.02	1.25-3.24	0.004
Never	117/38.7				

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Based on the table above, the respondents' ages are in the range of 8-18 years, 181 respondents (59.9%) did not experience depression. In terms of social support, the largest number of respondents were in positive social support, namely 187 respondents (61.9%). Regarding social discrimination, the majority of respondents did not receive discrimination, namely 263 respondents (87.1%). When viewed from gender, 154 respondents were female (50.9%). As many as 285 respondents (94.4%) were in school. Furthermore, the area of origin of the respondents, as many as 181 respondents (59.9%) came from urban areas. Judging from the condition of the parents, the largest number of respondents were orphans, namely 160 respondents (53.0%). For the variable of the cause of living in an orphanage, the largest number was in respondents with poor parents, namely 160 respondents (53.0%). The majority of respondents who were the objects of this study admitted to having received visits from family, namely 185 respondents (61.26%).

Statistical test results showed no association between age at admission and depression in adolescents in orphanages (OR=0.97; 95%CI=0.84-1.13; p=0.732). Factors associated with depression in respondents were education (OR=0.26; 95%CI=0.08-0.75; p=0.013), area of origin (OR=1.64; 95%CI=1.02-2.65; p=0.043), family visits (OR=2.02; 95%CI=1.25-3.24; p=0.004), social support (OR=5.75; 95%CI=3.45-9.55; p=0.000), and discrimination (OR=4.04; 95%CI=1.95-8.35; p=0.000). Meanwhile, factors that were not related to depression were age (OR=0.97; 95%CI=0.84-1.13; p=0.732), gender (OR=0.81; 95%CI=0.51-1.29; p=0.385), age at institution entry (OR=1.01; 95%CI=0.92-1.12; p=0.723), parental condition (OR=0.98; 95%CI=0.72-1.29; p=0.872), reason for living in institution (OR=0.87; 95%CI=0.69-1.09; p=0.231).

Table 2. Incidence in Adolescents Living in Orphanages

Variables	AOR	95% CI	p *value*
Education	0.35	0.10-1.17	0.90
Reasons to Stay	0.78	0.58-1.07	0.122
Underprivileged Family			
Parents divorced	0.84	0.41-1.70	0.626
Own desire	0.97	0.41-2.33	0.950
Living Away from Parents	1	(0 mitted)	
Family Visit	2.18	1.27-3.76	0.005
Social Support	5.64	3.28-9.70	0.000
Social Discrimination	3.79	1.67-8.65	0.001
Pseudro R2		**0.18**	

Based on the table above, it can be seen that the most dominant variable influencing the incidence of depression in adolescents in orphanages is social support with a p value of 0.000. The results of the multivariate analysis showed a Pseuro R2 value of 0.18, meaning that all variables in this multivariate only predicted 18% of the incidence of depression in adolescents in orphanages.

DISCUSSION

Based on the results of the study, it shows that factors related to depression in respondents are education, area of origin, family visits, social support, and discrimination. The most dominant factor related to depression in respondents is family support with AOR = 5.64, which means that adolescents with negative social support are 5.64 times more likely to experience depression than adolescents with positive social support.

This study is in line with previous studies showing that there is a relationship between social support and the incidence of depression in adolescents living in orphanages (p = 0.000) (Arianti, Sudyasih, & Isnaeni. 2020). Likewise, other studies have shown that there is a relationship between social support and the incidence of depression in adolescents who experience bullying (p = 0.000). The results of this study indicate that social support has an effect on reducing the level of depression. Reduced social support can cause a person's ability to overcome

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various negative life problems to be susceptible to depression (Carvallo, 2014).

Adolescents in orphanages need support from friends and caregivers. Social support for adolescents is the assistance received by adolescents from foster mothers, friends in orphanages or the environment around orphanages that provide a sense of comfort, being loved, protected and appreciated (Mulia, 2014). According to research that has been conducted, the contribution of social support in influencing psychological well-being in adolescents is 33%, while 66.7% is influenced by other factors such as character, socio-culture, peers, and so on (Puspito & Hertinjung, 2019). Another thing shows that in some situations the role of the family as the main social support provider is not found in life in orphanages (Widowati, 2018).

In addition, social discrimination can also cause stigma against individuals who experience discrimination, be it community stigma referring to negative attitudes around mental health from a handful of people or self-stigma which describes the internal stigma felt by people with mental health conditions (Wijaya & Ananda, 2021). This can lead to negative experiences such as sadness, lack of confidence, and anxiety when having to interact with outsiders (Yudanagara, 2020).

Discrimination in the occurrence of depression can vary between individuals and depends on many factors, including the social support they receive, the coping they use, and how frequent or severe the discrimination is. It is also important to provide a safe and supportive environment for adolescents who may experience discrimination and provide them with access to appropriate mental health help and support.

This study also shows a relationship between family visits and depression in adolescents in orphanages. This study is in line with previous studies that showed a relationship between family visits and children's mental health in orphanages. This study also found that family factors that rarely visit orphanages have a 19.68 times greater risk of experiencing emotional mental difficulties than children whose families always or often visit. Children who are rarely visited by their families have an 8.33 times greater risk of experiencing emotional mental difficulties compared to other visits (OR = 8.33; 95% CI = 1.69-40.91; p value = 0.009) (Raudhati, 2020).

The relationship between rural and urban children's backgrounds and the incidence of depression in orphanages may also be influenced by a number of different factors, including past experiences, quality of care, and environmental factors in orphanages (Silvia, 2021). Children who come from rural areas have faced challenges such as poverty, lack of access to education, and low welfare. These past experiences can affect their mental well-being (Muhtarom, 2019). While children from urban areas have different past experiences, such as family problems, abuse, or other social problems (Kusmanto, 2013).

Education also affects the incidence of depression in adolescents, this is related to the burden in academics. Excessive academic burden, demands to achieve high grades, or strong competition at school can increase stress levels in adolescents. Excessive stress can trigger depression (Surya, 2016). Social interactions at school can be a source of stress for some adolescents. Problems such as harassment, bullying, or social isolation can contribute to the development of depression (Ngarifin & Halwati, 2023).

The results of this study indicate that there is no relationship between age, gender, age at orphanage, parental condition, and reasons for living in an orphanage. In line with previous studies which stated that there was no relationship between age at the time of the study and depression in adolescents in orphanages (p = 0.794; OR = 0.72) and also no relationship between age at orphanage and depression in adolescents in orphanages (p = 0.996; OR = 9.3), but the age at orphanage has a 9 times greater chance of experiencing depression in adolescents in orphanages (Narayana & Ratep. 2016). In addition, another study stated that there was no relationship between child status and children's mental health in Child Welfare Institutions (p> 0.05) (Raudhati. 2020). The results of this study indicate that orphans can prevent the occurrence of abnormal emotional mental difficulties by 36% compared to orphans, but orphans are 2 times more likely to experience abnormal emotional mental difficulties compared to orphans.

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According to researchers, parental completeness can affect depression in adolescents living in orphanages. The relationship between parental completeness and depression in orphanage children can be complex and can be influenced by various factors such as lack of emotional support that can trigger feelings of loneliness, loss, and anxiety, which if not handled properly, can contribute to the risk of depression. The quality of the relationship with parents or previous experiences of conflict in the family can increase the risk of depression in orphanage adolescents. Negative experiences with parents can leave deep marks on the child's psychology and other factors. As in this study, researchers found that parents were complete but still experienced depression, this happened because there were adolescents who had family problems, such as parents who had problems with domestic violence and infidelity. This is a factor that causes psychological burdens that result in depression.

Not all children in foster care will experience depression, and many other factors can also affect their mental well-being. The most important thing is to provide a safe, caring and supportive environment for children in foster care, as well as detecting the signs of depression and providing the necessary help if needed.

CONCLUSION

Social support plays a major role in preventing depression in adolescents in foster care. Other factors associated with depression include education, area of origin, family visits, and social discrimination, while age, gender, age in foster care, parental conditions, and reasons for living in foster care did not show significant relationships.

SUGGESTION

Explore other psychosocial factors such as quality of relationship with caregivers, trauma experiences, and adolescent coping strategies.

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