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Gender and other factors and risk of mental emotional problems among students in Indonesia

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Abstrak

Latar belakang: Masalah mental emosional mulai terlihat di usia muda. Sebagian besar usia muda merupakan pelajar, namun hingga saat ini belum banyak kajian mengenai masalah mental emosional yang terjadi pada pelajar. Tulisan ini ingin mengetahui beberapa faktor yang berkaitan dengan masalah mental emosional pada pelajar di Indonesia.

Metode: Penelitian ini menggunakan data Riset Kesehatan Dasar (Riskesdas) 2007 yang merupakan penelitian potong lintang. Subyek untuk penelitian ini ialah yang berusia 15-24 tahun dan masih sekolah. Masalah mental emosional yang diukur menggunakan Self-Reporting Questionnaire (SRQ-20). Masalah mental emosional diidentifikasi jika seseorang menjawabnya \geq 6 dari 20 pertanyaan dalam kuesioner.

Hasil: Total sampel awal responden usia muda yang diperoleh ialah sebanyak 49,520 namun yang dapat dilakukan pengolahan data ada sebanyak 48,200 responden usia 15-24 tahun yang masih berstatus sekolah. Hasil yang didapat ialah bahwa prevalensi pelajar yang mengalami masalah mental emosional ada sebanyak 7,7%. Pelajar perempuan mempunyai risiko 71% lebih tinggi untuk menderita masalah mental emosional daripada pelajar laki-laki [odds rasio suaian (ORa) = 1.71; P = 0.000]. Jika ditinjau dari segi wilayah, pelajar di pulau Jawa memiliki risiko 68% lebih tinggi masalah mental emosional dibandingkan pelajar dari luar Pulau Jawa (ORa=1.68; P = 0.000). Pada pelajar yang berasal dari kategori sosial ekonomi rendah, memiliki risiko 8% dibandingkan pelajar dari sosial ekonomi tinggi untuk mengalami masalah mental emosional (ORa=1,08; P=0,035).

Kesimpulan: Pelajar wanita yang tinggal di Pulau Jawa dan berasal dari sosial ekonomi rendah, memiliki resiko lebih tinggi untuk mengalami masalah mental emosional. (**Health Science Indones 2013;2:98-102**)

Kata kunci: pelajar, masalah mental emosional, status sosial ekonomi rendah

Abstract

Background: Mental emotional problems often occurred in young age. Most of the young age is student. Research in students' mental health is still not much. The research is to investigate some of the factors related to mental emotional problems in students in Indonesia.

Method: This research using Riskesdas 2007 data, the survey was cross sectional. The subjects of the study were 15-24 years old and still in school. The mental health problems assessed using Self Report Questionnaire (SRQ-20). The mental health problems identified if respondents answer yes 6 questions and above.

Results: The total sample of young age is 49,520. The total respondents analyzed are 48200 students age 15-24 years. The results revealed that 7.7% students were having mental emotional problems. Female students had 71% higher risk to be experiencing mental emotional problems than male students [adjusted odd ratio (ORa) = 1.71; P = 0.000]. Students live in Java are 68% riskier for having mental emotional problems than students live outside Java (ORa=1.68; P = 0.000). Students from low socio economic status had 8% higher risk to have mental emotional problems compare to students from high socio-economic status (ORa=1.08; P = 0.035).

Conclusion: Female students living in Java and low socioeconomic status had higher risk to experience mental emotional problems. (*Health Science Indones 2013;2:98-102*)

Key words: student, mental emotional problems, socioeconomic status

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Mental emotional problems have been seen at a young age. If this continues, it can affect the productivity and quality of human resources in the future.

Basic Health Research (Riskesdas) 2007 shows that 8.7% people aged 15-24 years had experience mental emotional problem.¹ Among those are student and college student. However, national data on mental emotional problems on student or college student are still lacking.

Studies showed that women are more prevalent to have mental emotional problems. This is possibly due to gender issues.² Women are expected to not express themselves when there are events that suppress symptoms of depression, anxiety and psychosomatic symptoms as mentioned in the SRQ 20.

Low socioeconomic status associated with poverty is also factors that are often associated with the occurrence of mental problems such as depression and others. There is an analysis of 131 studies scientific publications from 115 researches that links between poverty and mental problems in 33 middle and low income countries. One of the poverty indicators is socioeconomic status. That analysis revealed that there were 73% studies showed a positive relationship between poverty and mental emotional problems.³

Java is the most populated island in Indonesia. Java is the center of economic where labor and human resources are concentrated. Thus, various social problems can occur in this island easily. As Java become more urbanized, the level of competition in terms of education and employment is higher. In addition economic inequity is also becoming larger. Those things can be a trigger for mental emotional problems also for students and university students in Java.

The purpose of this study was to identify several demographic factors on student mental emotional problems in Indonesia.

METHODS

This study uses data from Basic Health Research (Riskesdas) 2007 conducted by the National Institute of Health Research and Development, Ministry of Health and National Socioeconomic Survey (Susenas) 2007 conducted by the Central Bureau of Statistics (BPS).¹

Riskesdas is a community survey in order to get overview health problems in Indonesia and the results

as a basis for policy making. Riskesdas population was all households in Indonesia and received ethical clearance from the Ethical Committee of the Ministry of Health of Indonesia.

The sample of Riskesdas was picked by using proportional probability sampling based on Susenas sample. Riskesdas 2007 was conducted in 440 districts/cities out of 456 districts /cities in 33 provinces in Indonesia. There were 17357 census blocks. Each of it consisted of 16 households that were determined by simple randomized sampling. All family members in selected household were interviewed with a standardized questionnaire by trained data collectors. The questionnaire includes questions on mental emotional problems. Measurement of emotional mental problems used is self-Reporting Questionnaire (SRQ - 20). SRQ-20 is recommended by the World Health Organization (WHO) in 1994 for the screening of mental health problems.⁴

A mental emotional problem is a condition that indicates individual experiencing emotional changes over the last month from the time of the interview conducted. Self - Reporting Questionnaire (SRQ - 20) is a form of a question that has been adapted into Indonesian language which consists of 20 questions that indicate a person's mental health. Yes (value 1) and no (value 0) questions were asked to respondents aged 15 years and over. Mental emotional problems identified if a person answers yes \geq 6 of the 20 questions in the questionnaire.

Total sample obtained was 49520 respondents aged 15-24 years who were still going to school as a status. After selected respondents who were accomplished Elementary School to High School, there were 48 359 respondents. Respondents with incomplete data were excluded. It was 159 respondents. The final number of respondents was 48200 Indonesian respondents aged 15-24 years who are still going to school.

Other factors that were analyzed with regard to mental emotional problems students are live in and outside Java, age, residence, education, sex, and socioeconomic level.

Data were analyzed by using logistic regression using Stata software version 9.5

RESULTS

Table 1 shows that there are 7.7% students who experience emotional problems [3721 / (3418 +44479)]. Students who are having and not having

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mental emotional problem were distributed by age equally. Furthermore, 9% of junior and senior high school students experienced mental emotional problems. Students live in the city were more likely to develop mental emotional problems than students live in village.

Table 2 (our final model) shows that gender, socioeconomic, and area were dominant factors related to risk of mental emotional problem. In term of gender, female students had 71% higher risk of having mental emotional problems than male students [adjusted odds ratio (ORa) = 1.71; P = 0.000].

In the terms of the region, students live in Java have 68% higher risk of experiencing mental emotional problems than students live outside of Java island (ORa = 1.68; P = 0.000). In addition, students from low socioeconomic status than students from higher socio economic status had 9% higher risk of

experiencing mental emotional problems (ORa = 1.09; P = 0.018).

DISCUSSION

Prevalence of students aged 15 to 24 years old who have mental emotional problems found in this study are 7.7%. Currently, mental emotional problems are experienced by people in younger age. Mental emotional problems on students are usually associated with everyday life, problems at school, home, and peer group. As a young people who is still looking for identity and immature, students became vulnerable experiencing mental emotional problems. In addition, students also face pressure from both academic and nonacademic. Nowadays, students face what should be a problem in adult life earlier. Not like the kids in the last generation who had plenty of time to play after school along with his friends, students have difficulty to play that because of the school time density.⁶

Table 1. Relationship between demographic factors and mental emotional problem on students

| | Havin | ig mental emoti | Crude odds ratio | 95% Confidence | P | | |
|--------------------|--------------|-----------------|------------------|-------------------|------------|--------------|-------|
| | No (n=44479) | | | | | Yes (n=3721) | |
| | n | % | n | % | ouus ratio | Internal | |
| Age | | | | | | | |
| 19-24 year | 8123 | 92.2 | 691 | 7.8 | 1.00 | Reference | |
| 15-18 year | 36356 | 92.3 | 3030 | 7.7 | 0.98 | 0.90-1.07 | 0.657 |
| Education | | | | | | | |
| University | 9397 | 91.7 | 848 | 8.3 | 1.00 | Reference | |
| Junior-Senior High | 35082 | 92.4 | 2873 | 7.6 | 0.91 | 0.84-0.98 | 0.018 |
| Residence | | | | | | | |
| Rural | 23635 | 92.7 | 1867 | 7.3 | 1.00 | Reference | |
| Urban | 20844 | 91.8 | 1854 | 8.2 | 1.13 | 1.05-1.21 | 0.001 |

Tabel 2. Relationship between gender, socio-economic, area and risk of mental emotional problems

| | | Having mental e | Adjusted odds ratio* | 95% confidence interval | P | | |
|----------------|--------------|-----------------|----------------------|-------------------------|------|-----------------|-------|
| | No (n=44479) | | | | | Yes (n=3721) | |
| | n | % | n | % | | | |
| Gender | | | | | | | |
| Male | 22818 | 94.1 | 1429 | 5.9 | 1.00 | Reference | |
| Female | 21661 | 90.4 | 2292 | 9.6 | 1.71 | 1.60-1.83 | 0.000 |
| Social-economy | | | | | | | |
| High | 27373 | 92.4 | 2250 | 7.6 | 1.00 | Reference | |
| Low | 17106 | 92.1 | 1471 | 7.9 | 1.09 | 1.01-1.17 | 0.018 |
| Area | | | | | | | |
| Outside Java | 32402 | 72.8 | 2305 | 61.9 | 1.00 | Reference | |
| Java | 12077 | 27,\.2 | 1416 | 38.1 | 1.68 | 1.56-1.89 | 0.000 |

^{*}Adjusted each others among variables listed on this Table, and education

Another thing, in term of academic pressure, nowadays students have to pass the National Examination (UN). This can be a cause of mental emotional problems for students. A study on students in a high school in Bandung, SMA Negeri 3, showed that 95.5 % of last year students, class XII, stressed before the UN in 2012.7 Aside from academic problems, social problems that occur in students today is bullying or violence in schools, which can also cause mental emotional problems.8

College students, who are at the late stage of development from adolescence to early adulthood, ages 18-21 years and 22-24 years, experience a transition from late adolescence to early adulthood. They begin to consider a career in the future, their role in the community, building relationships with the opposite sex, commitments and family obligations. 9 Various developmental tasks requires students to make adjustments, if unable to do so can lead individuals for experiencing mental emotional problems such as fear, anxiety, and aggression.¹⁰

Female students have higher risk of mental emotional problems than male students. This is consistent with previous studies. One of the explanation is there is a different treatment between men and women, usually males are more preferred in many respects than women.2

In addition, people also do not expect women to express themselves when the face of problems. Rosenfield & Mouzon mentioned, those above condition made women more likely to blame and direct the issue to themselves, feeling more hopeless and feeling helpless solving problem than what man can. Study in adolescents aged 14-16 years in Finland, showed that mental emotional problems such as depression symptoms, anxiety, psychosomatic, and bulimia in young women is also associated with early menarche.11 Early age of menstruation in female students can make changes to the body form on girls, so it can make those female students feel different than their peers. It also deals with the concept of body image in adolescent girls. Problems of puberty in adolescents related to changes in biological, psychological and social may contribute to the onset of mental emotional problems, especially in young women.

Low socioeconomic status associated with poverty, hardship, and the inability to meet the needs are also factors often associated with the occurrence of mental emotional problems such as depression and others. Poor socio-economic conditions in a family

can be related to child's mental emotional problems such as depression. It might because children also perceive family difficulties and psychological and economic instability in the family¹² The difficulty of living that are continues constantly can make children lose their confidence, weaken the ability of directing life, onset of anger, and depress in children of lower socioeconomic status.¹³ In Indonesia, there are cases of students who committed suicide because their parents cannot afford school fees.¹⁴

Java is the most densely populated island of Java in Indonesia. In addition, Java is the center of government, economy, politics, education centers (more than 50% of schools ranging from elementary school through college located in Java). Java also a place of labor accumulated, so that there was a high level of competition. 15 The conditions that exist in Java can make people perceive that the environment they are living in is giving certain pressure and difficulties to be faced. So for those who cannot cope with these challenges and problems can have mental emotional problem easier.

A study of students aged 16-19 years in India explains that students who live in neighborhoods with a high level of competition push students to be able to achieve better and better. This can lead to mental emotional problems stemming from the individual, parent and peers. 16 Living in a neighborhood with high competition can make students feel anxious about their academic and future work. While the parents have their own concerns about the academic value by comparing children with their peers, expressing hope about the academic success of their children, often ask about the poor grades obtained the child, as well as concerns about the future of children. Those things can trigger stress for children. Peers can be a source of emotional mental problems because of competition and comparison of the value obtained in a lesson at school.

In conclusion, female students living in Java and have low socioeconomic status had to be higher risk of mental health problems.

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REFERENCES

1. National Institute for Health Research and Development. Final report of national basic health research 2007. Jakarta: The Institute. 2008.

- Rosenfield S, Mouzon DM. Gender and mental health. In: Aneshensel CS, Phelan JC, editors. Handbook of the sociology of mental health. 2nd edition. New York: Springer; 2013. p. 277-96.d common mental disorders in low and middle income countries: a systematic review. Social Science & Medicine. 2010;71:517-28.
- 3. Division of Mental Health WHO. A user's guide to the self reporting questionnaire. Geneva: The Organization. 1994.
- Barros AJD, Hirakata VN. Alternative for logistic regression in cross-sectional studies: an empirical comparison of models that directly estimates the prevalence ratio. BMC Medical Research Methodology. 2003; 3. Full-text [online]. PubMedCentral [cited 2013 June 1].
- 5. Alvin NG. Handling study stress. Jakarta: PT Elex Media Komputindo; 2007.
- Kinantie OA, Hernawaty T, Hidayati NO. The level of stress in senior high school in Bandung before the national examination 2012. eJournal Mahasiswa Universitas Padjajaran. 2012;1:1-14 [cited 2013 Sept 25].
- 7. Djati MNS. The relationship between bullying with depression in high school students [thesis]. Semarang:

- Faculty of Psychology Universitas Katolik Soegijapranata. 2008. Indonesian.
- 8. Patel V, Flisher AJ, Hetrick S, et al. McGorry P. Mental health of young people: a global public-health challenge. Lancet. 2007;369:1302–13.
- 9. Schneiders AA. Personal adjustment and mental health. New York: Rinehart & Winston, 1964.
- 10. Kaltiala-Heinoa R, Marttunenc M, Rantanen P, et al. Early puberty is associated with mental health problems in middle adolescence. Social Science & Medicine. 2003;57:1055–64.
- 11. Gilman SE, Kawachi I, Fitzmaurice GM, et al. Socioeconomic status, family disruption and residential stability in childhood: relation to onset, recurrence and remission of major depression. Psychol Med. 2003;33:1341–55.
- 12. Bradley RH, Corwyn RF. Socioeconomic status and child development. Annu Rev Psychol. 2002;53: 371–99.
- 13. Markum E. Poverty control and social psychology approach. Psikologi Buana. 2009;1:1-12. Indonesian.
- 14. Kartasasmita G. Development for people: growth and equity integration. Jakarta: Pustaka Cidessindo. Indonesian.
- 15. Sharma J, Sidhu R. Sources of stress among students preparing in coaching institutes for admission to professional courses, J Psychology. 2011;2:21-4.