

Original Research

Correlation of social support with the incidence of depression in orphaned adolescents living in orphanages

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Abstract

Adolescence is an important period because it is a time when individuals seek self-identity and experience many problems. Depression is one of the biggest psychological disorders in adolescents, especially adolescents who by their keyatiman condition have to live in orphanages. This study aims to determine the relationship of social support with the incidence of depression in adolescents living in the Putri Aisyiyah Orphanage Yogyakarta, with a correlation design and cross-sectional time approach. Data was collected with questionnaires and analyzed with Spearman Rank. The results of this study showed that most adolescents in the Putri Aisyiyah Orphanage Yogyakarta received moderate social support as much as 23 (47.9%) and had a depression level in the category of not mild depression as many as 23 children (47.9%). The results of the Spearman Rank analysis found that the value of significance $p = 0.000$ means a significant relationship exists between social support and depression in adolescents living in the Putri Aisyiyah Orphanage Yogyakarta. It is therefore advisable for caregivers and orphaned adolescents to be able to increase social support, especially instrumental support both by caregivers and fellow adolescents in meeting material needs (finances and clothing) and support in solving personal problems and schoolwork.

Keywords: depression; orphanage; orphaned teenager

1. Introduction

Adolescence is a transition period from childhood to adulthood, which starts at the age of 12 years and ends at the age of 22 years (Rosleny, 2016). Indonesia is experiencing a very rapid development in the number of adolescents. Based on the results of the Indonesian Health Demographic Survey (IDHS) 2007, it was found that the number of adolescents in Indonesia reached 30% of the population, around 1.2 million people (Badan Pusat Statistik, 2014). Meanwhile, according to data from the National Population and Family Planning Agency (BKKBN), the number of adolescent populations especially women in Indonesia, reaches 18.11% of the number of women (Anonim, 2016).

Adolescence is a period when individuals seek self-identity and experience many problems in dealing with changes in adolescents (Herlina, 2013), especially in adolescent girls who have a more sensitive emotional level than adolescent boys. The relationship between children and parents during adolescent development plays an important role in the formation of adolescent character. However, not all adolescents have the opportunity to have adequate relationships with their parents. Orphanhood conditions experienced by adolescents, whether orphans, orphans, or orphans that cause them to have to live in orphanages (Dianovinina, 2018).

Living in an orphanage is currently the best solution for this group of orphaned teenagers, but on the other hand raises the risk of new psychological and emotional problems. Adolescents living in orphanages have a greater risk of developmental disorders than children in family care (Suntiawati, 2015). Gusman (2019) stated that adolescents living in orphanages experienced a high prevalence of

various kinds of emotional disorders, with moderate depression as much as 49.1% and major depression as much as 37.5%.

WHO (in Lumongga, 2014) states depression is a chronic mental disorder that causes sufferers to experience changes in thoughts, mood, behavior, and physical health that can decrease the capacity of daily activities. Depression should immediately get special attention. If not treated immediately, it will result in immune system disorders, burden the mind, and cause thoughts of self-harm and suicide.

Some of the causes of depression include biological factors, genetic factors, psychosocial factors, family factors, and environmental factors (Haryanto et al., 2015). Environmental factors such as social support are needed by adolescents, especially adolescents living in orphanages who have weak ties with their families. The social support needed by orphaned adolescents living in this orphanage can be in the form of attention from surrogate mothers, friends in the orphanage and an environment that makes them feel comfortable, loved, protected and valued (Mulia, 2014). However, there are still many children in orphanages who do not receive social support while in orphanages due to the lack of caregivers.

Support from peers is important because these peers will both live a life together while living in an orphanage. So far, peers also interact less with each other, both socially and emotionally. This condition will certainly cause negative impacts such as high depression for orphanage children (Andrean, 2019).

The results of preliminary interviews with three adolescents living in orphanages stated that 2 out of 3 adolescents admitted that they had suicidal thoughts for reasons of their living conditions and felt that no one loved and loved anymore and felt that their lives were empty. The results of interviews with orphanage caregivers stated that so far, they have not been able to give full attention to the children of the orphanage because of the limited number of caregivers who live in the orphanage. This study aims to determine the relationship between social support and the incidence of depression in orphaned adolescents living in the Putri Aisyiyah Orphanage Yogyakarta.

2. Research Methods

This study is quantitative research with a correlation design (Hidayat, 2007). It uses a cross-sectional time approach, namely collecting data or information from each sample carried out only once at a certain time, social support data, and the incidence of depression.

The independent variable of this study was social support, while the dependent variable was the incidence of depression in adolescents living in orphanages. The population in this study was adolescents living in the Putri 'Aisyiyah Orphanage Yogyakarta, totaling 48 children. The sampling technique used was total sampling, meaning the entire population was sampled (Sugiyono, 2016), so the number of samples was 48 children.

The instrument used to collect research data on social support in the form of questionnaires refers to theory (Sarafino, 2011), consisting of 23 ordinal scale question items with answer choices: Always (SS), Often (S), Rarely (J), Never (TP). Social support assessment classification, 80-100%: Very Good, 60-79%: Good, 40-59%: Medium, 20-39%: Less, 0-19%: Less once. A questionnaire to measure the degree of depression using the Beck Depression Inventory (BDI), consisting of 21 ordinal scale question items with the answer provisions a = 0: no symptoms of depression, b = 1: no mild symptoms of depression, c = 2: there are moderate symptoms of depression, d = 3: there are severe symptoms of depression. Maulida (2012) explained that according to the American Psychiatry Association from the 21 question items, it could be concluded that scores 0-13, no symptoms of depression are normal, scores 14-19: indicate the presence of mild depression, scores 20-28: indicate the presence of moderate depression, score 29-63: indicate the presence of major depression.

The univariate analysis used in this study was the frequency and percentage distribution of each variable, while bivariate analysis to determine the relationship between social support and the incidence of depression used the Spearman Rank Test.

3. Results and Discussion

3.1. Results

3.1.1. Univariate Analysis

3.1.1.1. Characteristics of Respondents

Table 1. Characteristics of respondents

	Characteristic	Frequency	Percentage (%)
Age	12-18 years old	37	77
	19-22 years old	11	23
Sum		48	100
Education	Junior High School	15	31
	High School	20	42
	College	13	27
Total		48	100

Based on Table 1, it can be seen that most respondents are in the early adolescent age stage, aged 12-18 years. As many as 37 children (77.08%) and 11 (23%) children are between 19-22 years or late adolescence. Looking at the last education, most or as many as 20 children (41.5%) have a high school education, while a small percentage of 13 children (27%) have a higher education education.

3.1.1.2. Social support

Table 2. Frequency distribution of social support

Social Support	Frequency	Percentage (%)
Very good	12	25.0
Good	13	27.1
Fair	23	47.9
Total	48	100

Table 3 shows that most respondents received social support in the medium category, as many as 23 children (47.9%). In contrast, a small number of orphaned adolescents received social support, with a very good category of 12 (25.0%). Social support provided to adolescents in orphanages in the form of emotional support and appreciation, instrumental support, informational support, and mutual support or friendship, in detail can be seen in Table 3.

Table 3. Distribution of forms of social support to adolescents in orphanages

No	Forms of Support	Percentage (%)			
		Always	Often	Rarely	Never
1	Emotional Support and Appreciation	16	40	35	9
2	Instrumental Support	15	29	39	17
3	Informational Support	20	36	33	11
4	Support of togetherness and Friendship	16	38	33	13

Table 3 above shows that more than half of adolescents living in orphanages stated that they often and always received emotional support (56%), informational support (56%), and togetherness or friendship (54%), but as many as 56% of adolescents stated rarely and never received instrumental

support. This instrumental support includes meeting basic needs, including financial needs, clothing, and basic necessities, and support in solving personal problems and schoolwork.

3.1.1.3. Depression

Table 4. Frequency distribution of depression

Depression	Frequency	Percentage (%)
Not Depression	23	47.9
Mild Depression	18	37.5
Moderate Depression	7	14.6
Total	48	100

Based on Table 4, it can be seen that most respondents did not experience depression with 23 children (47.9%), and only a small percentage experienced moderate depression with seven children (14.6%). Some of the feelings or symptoms felt by orphaned teenagers in orphanages, in detail can be seen in Table 4.

Table 5. Distribution of depressive symptoms experienced by adolescents in orphanages

No	Symptoms of depression	Percentage (%)		
		Not depressed	Light	Keep
1	Feelings of sadness	52.1	33.3	14.6
2	Pessimist	10.4	81.3	8.3
3	Fail	58.3	29.2	12.5
4	Loss of pleasure	60.4	29.2	10.4
5	Retirement guilty	33.3	41.8	24.9
6	Punished	56.3	16.8	26.9
7	Loss of interest	41.7	41.7	16.6
8	Loss of interest in self	47.9	31.4	20.7
9	Cry	41.7	45.8	6.3
10	Worthless	50,0	31,4	18,6

Table 5. (continued) Distribution of depressive symptoms experienced by adolescents in orphanages

No.	Symptoms of depression	Percentage (%)		
		Not depressed	Light	Keep
11	Difficulty making decisions	43.8	33.4	22.8
12	Fatigue	39.6	50.1	10.3
13	Energy loss	50.0	39.7	10.3
14	Changes in sleep patterns	43.8	33.4	22.8
15	Emotion	62.5	18.8	18.7
16	Difficulty concentrating	47.9	39.6	12.5
17	Loss of sexual desire	66.7	27.1	6.2
18	Weight loss	71.5	22.1	6.4
19	Self-loathing	62.5	31.2	12.5
20	Restless	56.3	31.2	12.5
21	Suicidal ideation	62.5	29.2	8.3

Based on Table 5, as many as 16 out of 21 symptoms of depression were not experienced by orphaned adolescents living in orphanages. However, there were still five other mild to severe depression symptoms experienced by orphaned adolescents such as feeling pessimistic (81.3%), feelings of guilt (41.8%), loss of interest (41.7%), crying (45.8%) and expressing fatigue (50%).

3.1.2. Bivariate Analysis

Table 6. Cross-tabulation between social support and the incidence of depression in adolescent orphans in orphanages

Social Support	Depression						Total	Significant (<i>p-value</i>)	
	No Depression		Light		Keep				
	f	%	f	%	f	%			
That is very nice	1	2.1	7	14.6	4	8.3	12	25.0	.000
Good	3	6.3	8	16.7	2	4.2	13	27.1	
Keep	19	39.6	3	6.3	1	2.1	23	47.9	
Total	23	47.9	18	37.5	7	14.6	48	100	

Based on Table 6 above, it is known that among those who get very good social support, there is one child not depressed, seven children with mild depression, and four children with moderate depression, but in children who get moderate social support, most or 39.6% do not have depression, three children with mild depression and only one child with moderate depression. Based on the results of the *Spearman Rank* analysis, it was found that the *significance value p* is 0.000. The correlation coefficient is -0.648, so it can be concluded that there is a significant relationship between social support and depression in adolescents living in the Putri Aisyiyah Orphanage Yogyakarta. it can be stated that the better the social support received by adolescents in the orphanage, the better the level of depression or not experiencing depression Completely.

3.2. Discussion

3.2.1. Social Support

Social support is needed for adolescents, especially for adolescents living in orphanages. This study showed that most adolescents had received good and very good support, namely 52.1%, but as many as 47.9% received support in the moderate or less optimal category in getting social support. (%). This research is in line with Vizza's research (2019), which also obtained social support results for orphaned adolescents in Agam Regency orphanages, mostly in the medium category with a total of 21 (40, 38%). Not optimal social support can increase psychosocial problems because the growth and development of adolescents are very close to support *groups* that provide various psychosocial comforts.

Social support is physical and psychological comfort from friends or someone around the environment (Desitasari, 2016). This social support includes encouragement, encouragement, attention, appreciation, help, and affection that makes adolescents consider themselves loved, cared for, and valued by others (Zuraida, 2018). During their stay in the orphanage, caretakers, surrogate mothers, social workers or psychologists and fellow residents become sources that can provide social support.

Social support is formed in line with the length of time adolescents live in dormitories, and all respondents in this study have criteria for having lived in dormitories for more than one year, so children should have a strong bond with caregivers and fellow orphanage residents. When viewed from an educational background, these adolescents also have social support from friends at school or college. Most adolescents have high school (42%) and college (27%) education, so most have good and very good social support.

The imbalance in the ratio of caregivers to the number of foster children in orphanages causes the lack of fulfillment of adolescent needs for attention from caregivers, foster siblings and orphanage administrators. Fellow foster children of the orphanage have not had enough capacity to share love and attention because they both need my parents' love. In addition, the lack of social support

perceived by adolescents due to support from parents and other biological families cannot be replaced by anyone. This is in line with research conducted by Widowati (2018), which explains that in some situations, the role of the family as the main social support provider is not found in life in orphanages.

The results of observations and interviews at the time of the study found that the lack of caregivers and the schedule of activities and learning activities in crowded schools made adolescents living in the orphanage less attention, in-depth guidance, and good and optimal social support from peers and caregivers. This is in line with Mutia's (2017) research, which explains the cause of the lack of social support received by adolescents in orphanages due to the unbalanced number of foster children with caregivers and the lack of adolescent ability to socialize with orphanage friends or caregivers.

3.2.2. Depression

Depression is a common problem experienced by adolescents and gradually returns to normal sometime along with the development of adolescent psychosocial maturity. The results of research at the Putri Aisyiyah Orphanage Yogyakarta found that most respondents were not depressed or psychologically healthy, as many as 23 children (47.9%). In comparison, 18 children (37.5%) had mild depression, and only seven children (14.6%) had moderate depression. This research aligns with Wetarini's (2018) research on orphaned adolescents in Denpasar, which stated that most respondents also did not experience depression 56 (60.2%).

Kaplan (2010) states that depression is a state of disruption of human function related to the nature of the accompanying symptoms, namely changes in sleep patterns, appetite, psychomotor, concentration, decreased interest in motivation in activities, fatigue, hopelessness and helplessness, and the desire to commit suicide. This appears in teenagers living in orphanages, who mention that there was once a suicidal idea because they had given up hope and felt that their lives were empty. However, the results of this study did not find respondents who experienced major depression.

Major depression arises due to several factors, namely genetic factors and a person's personality. Susceptibility to depression occurs in individuals with a negative self-concept and mindset pessimistic and *introverted* personality types (Sari *et al.*, 2011). Based on observations, orphanage residents did not experience negative thinking patterns, pessimism, or introversion symptoms. If there is, it is usually only temporary, especially when entering the orphanage at the beginning. However, the researchers did not control adolescents' genetic and personality aspects. This is a limitation of this study.

3.2.3. The relationship of social support with the incidence of depression in adolescents living in the Putri Aisyiyah Orphanage Yogyakarta

The cross-tabulation results showed that most adolescents received moderate social support 23 (47.9%) and did not experience depression 23 (49.7%). Teenagers living in orphanages need support from others, such as friends and caregivers. Research conducted by Puspito (2019) states that the contribution of social support in influencing psychological well-being in adolescents is 33%, while 66.7% is influenced by other factors such as disposition, socio-culture, peers, and so on.

This study shows that most adolescents receive moderate social support, but their psychological state is normal or not depressed. This is because many factors cause depression, including biological, genetic, psychosocial, family, and environmental factors such as social support (Kaplan, 2010). From interviews with orphanage caregivers, it was stated that caring for orphans prioritizes the principle of Al Ma'un, which is to provide support so that children can grow optimally in this orphanage institution. With various limitations in the number of caregivers, surrogate mothers and administrators are highly committed to fostering and accompanying foster children in this orphanage.

Based on the results of the analysis test with *Spearman Rank*, it was found that the *value of significance* p is 0.000 ($p < 0.05$), which means that there is a significant relationship between social support and depression in orphaned adolescents living in the Putri Aisyiyah Orphanage. The correlation coefficient is -0.648, which means that the better the social support provided, the lower the level of depression. The value of the correlation coefficient is in the range of 0.60 – 0.799, which means that it has a strong relationship between social support and the level of depression in orphaned adolescents (Sugiyono, 2016).

4. Conclusion

Based on the results of research and discussion on the relationship between social support and the incidence of depression in adolescents living in the Putri Aisyiyah Orphanage Yogyakarta, it can be concluded as follows: (1) Most adolescents in the Putri Aisyiyah Orphanage Yogyakarta received social support in the medium category, as much as 47.9%. (2) Most adolescents in the Putri Aisyiyah Orphanage Yogyakarta did not experience depression or psychosocial health as much as 47.9%. (3) There is a significant relationship between social support and depression in adolescents living in the Putri Aisyiyah Orphanage Yogyakarta, with a p -value = 0.000 and a correlation coefficient value of -0.648.

Suggestion

Based on the results of the research obtained, the researcher provides the following suggestions:

1. To teenagers living in the Putri Aisyiyah Orphanage Yogyakarta, to be able to provide social support to each other, especially instrumental support such as sharing pants work, helping each other if there is schoolwork or giving each other solutions if someone is experiencing personal problems.
2. To the caregivers and managers of the orphanage, Putri Aisyiyah Yogyakarta can take a personal or group approach if possible to explore personal needs such as financial needs, basic needs and school and personal problems experienced by children.
3. The next researcher is expected to be preliminary in determining the next research in the form of interventions to overcome depression problems in orphaned adolescents in orphanages.

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