

Original Research Article

ADOLESCENT MENTAL HEALTH IN RURAL AREA IN DESA BATUR, PROBOLINGGO, INDONESIA

Faida Annisa^{1*}, Nina Rizka Rohmawati¹, Muniroh¹

¹Politeknik Kesehatan Kerta Cendekia, Sidoarjo, East Java, Indonesia

*Correspondence:

Faida Annisa

Politeknik Kesehatan Kerta Cendekia, Sidoarjo, East Java, Indonesia

Email: nio_annisa@yahoo.com

Abstract

Background: Mental health issues in adolescence is on the rise influenced by physical and psychosocial growth. They need information and supportive environments to maintain their mental health. However, the mental healthcare needs are not met in some rural areas across country.

Objective: Describe the mental health of adolescent in rural area in Desa Batur, Probolinggo.

Methods: The design of this study was descriptive research with The Self-Reporting Questionnaire (SRQ-20) to assess mental health of 30 students in MTS Khoiriyah, Dusun Krajan, Desa Batur, Probolinggo.

Results: The prevalence of mental distress was 27% of sample, based on cut-off point.

Conclusion: Promotion and prevention of mental health in adolescence would strengthen their ability to manage the stressor on their life.

Keywords: Adolescent, Mental Health, Rural Area

INTRODUCTION

October 10 is World Mental Health Day, an event of the World Health Organization (WHO) to "raise awareness of mental health issues around the world and mobilize efforts to support mental health" (WHO, 2022). The purpose is to encourage people to be aware of their mental health as important as physical health, and empower them to talk about their mental health and get the help they need. This issue is concerned for people on young age in which their lives today revolve around their phone that impact to their mental health. Social media may be contributing to an increase in

mental health issues among adolescents and young adults (Rosenberg, 2019). Around 20% of the world's children and adolescents have a mental health condition, with suicide the second leading cause of death among 15-29-year-olds (WHO, 2022).

According to Central Bureau of Statistics (Badan Pusat Statistik) Indonesia in 2021, approximately 44 million Indonesians is on 10-19 years old or around 24% of the total population. This stage of age is essential to be focus on their health and wellbeing in order to countries' future health (UNICEF, 2021). The government has a responsibility to ensure the

mental healthcare access for adolescent both in urban and rural areas. Despite the fact that rural and urban residents have similar rates of mental illness, the availability of services can vary greatly; mental health needs are frequently not met in many rural communities across the nation (Boyd et al., 2006; RHIhub, 2021; Saifullah et al, 2019). As happen Indonesia as well, the availability of mental health services for adolescents in rural is constrained.

Mental health issues among adolescent in rural areas can have a significant impact on all aspects of their life, including school performance, interpersonal relationships, and community participation. The study of rural area in Karawang, Indonesia found that the prevalence of adolescents with at least 2 symptoms of psychotic-like experiences was 7% and significantly correlated with peer-relationship problems (Maharani & Turnip, 2018). Another study in Ontario reported that prevalence of disorder among youth in rural area was higher compared to urban area (Georgiades et al, 2019). In other hand, residential green space for adolescence give benefit for their mental health rather than noisy city environment (Engemann, 2019). The findings about adolescent' mental health in rural areas need to be discovered in order to provide the equitable, appropriate and effective health services.

Objective(s): Describe the mental health status of adolescent in rural area in Desa Batur, Probolinggo.

METHODS

Study Design

The descriptive research design was used on this study to investigate the mental health status of students in rural area.

Setting

This study was conducted on July 2022 in MTS Khoiriyah, Dusun Krajan, Desa Batur, Probolinggo, Indonesia.

Research Subject

Research subject was 30 students of eighth and ninth grade in MTS Khoiriyah, Dusun Krajan Desa Batur, Probolinggo, Indonesia. This respondent was student that come to the seminar in MTS Khoiriyah that conducted by the researchers. The students were asked their willingness to participate on this study. After the respondents filled the instruments, the researcher presented health education about "Mental Health of Students".

Instruments

The instruments contained two different sections: demographic information (gender and grade class), and the Self-Reporting Questionnaire (SRQ-20). In order to explore mental health illness, the Self-Reporting Questionnaire (SRQ-20) was used in Indonesian version. This instrument was used by Public Health Office Sidoarjo (Dinas Kesehatan Kabupaten Sidoarjo, 2017) to do early screening of mental health for society. The SRQ-20 was self-administered that the respondents perceive the symptoms for last 30 days. It consists of twenty items that evaluate depressive symptoms (question number: 9, 10, 11, 14, 15, 16, and 17), anxious symptoms (question number: 4, and 5, 6), somatic symptoms (question number: 1, 2, 7, and 19), reduced vital energy (question number: 3, 18, 20), and cognitive symptoms (8, 12, and 13). The SRQ-20 items are scored 0 ('No', symptom absent) or 1 ('Yes', symptom present). Items scores are summarized to obtain a total score. The cut-off score of 6 indicates the present of mental health illness.

Data Analysis

Descriptive statistics was used to describe the participants' mental health condition.

Ethical Consideration

Before getting health education, the students had been explained the purpose of this study and asked to be participated by signed the informed consent. The ethics committee approval was obtained from a university and

Desa Batur's government (No. 070/7564/209.4/2022).

RESULTS

A total of 30 students were approached. There were 14 (47%) students of eight grade and 16 (53%) students of ninth grade. Male participants were 17 (57%) persons and female participants were 13 (43%) persons.

Table 1. Distribution of SRQ-20 (n=30)

Variable	f	%	SD	Mean
Gender				
Male	17	57		
Female	13	43		
Grade class				
8 th grade class	14	47		
9 th grade class	16	53		
SRQ-20 interpretation				
Normal (< 6)	22	73		
Mental distress (≥ 6)	8	27		
Items of SRQ-20				
Depressive symptoms	7	23	0.42	0.22
Anxious symptoms	8	27	0.44	0.25
Somatic symptoms	9	30	0.48	0.37
Cognitive symptoms	8	27	0.41	0.25
Reduce vital energy	10	33	0.46	0.32

Based on the cut-off point of SRQ-20, there was 8 (27%) respondents experienced mental illness (Table 1). Furthermore, the factors of SRQ-20 including depressive symptoms, anxious symptoms, somatic symptoms, cognitive symptoms, and reduce vital energy were 7 (23%) respondents, 8 (27%) respondents, 9 (30%) respondents, 8 (27%) respondents, and 10 (33%) respondents, respectively.

DISCUSSION

Rural adolescents experienced difficulties with stress and coping in which exposed on the symptoms that assessed by SRQ-20 instrument (27% of sample). The phase of adolescent is the crucial one. The rapid change of their growth

and develop would affect the way they think, feel, and behave. Adversity exposure, peer pressure to conform, and identity exploration are all potential contributors to adolescent stress. Those adolescents with mental health conditions are at risk to social exclusion, discrimination, stigma, difficulties in education, risk-taking, physical illness, and violations of human rights (WHO, 2022). The conditions of adolescent in this study also happened on the adolescent in Karawang that they experienced psychotic symptoms (Maharani & Turnip, 2018).

The SRQ-20 performed well in detecting common mental health illness in rural area. This instrument had been used on study that conducted with 1500 rural residents in Yogyakarta (Saifullah et al., 2020). On that study, the result of SRQ-20 showed the prevalence of mental distress was 6% of population. Moreover, that study suggested mental health workers in rural area to develop mental distress prevention programs by considering the characteristic of population. Similar with the result of this study that SRQ-20 exhibited the perceived of mental distress by adolescent. Those were depressive symptoms (23%), anxious symptoms (27%), somatic symptoms (30%), cognitive symptoms (27%), and reduce vital energy (33%). These adolescent conditions represented the mental health issues across country. The adolescent may did not get the age-appropriate mental health education yet. Other significant obstacles that limit access to and the availability of mental health services in rural areas include payment problems and the social stigma attached to these services (Boyd et al, 2006; RHihub, 2021).

CONCLUSION

Delivering the mental health education for adolescent would help them to develop coping skill in adjusting the stress. The communities take a part on protecting the rural adolescents' mental health instead the health workers only.

SUGGESTIONS

The finding of this study needs to be explored on the sample from different rural area in Indonesia, and examine some factors that influence the mental health of adolescents.

ACKNOWLEDGMENT

Sincerest appreciation to alumni of Kerta Cendekia Health Polytechnic, Hendriyanto and the relatives, for their kind help and support on preparing community service project in Dusun Krajan, Desa Batur, Probolinggo.

DECLARATION OF CONFLICTING INTEREST

There is no conflict of interest during conduct the research.

FUNDING

Kerta Cendekia Health Polytechnic has covered any funding for this study.

AUTHOR CONTRIBUTION

Author 1:

Conceived, designed, and performed the research; Wrote the paper.

Author 2:

Wrote the proposal of research; Did ethical consideration

Author 3:

Collected the data

ORCID

Author 1:

Faida Annisa

<https://orcid.org/0000-0002-6832-6985>

Author 2:

Nina Rizka Rohmawati:

<https://orcid.org/0000-0002-4908-5792>

Author 3:

Muniroh:

<https://orcid.org/0000-0003-1882-5222>

REFERENCES

Boyd, C.P., Aisbett, D.L., Francis, K., et al. (2006). Issues in Rural Adolescent Mental

Health in Australia. *Rural and Remote Health*, 6(1), 1-9. <https://doi.org/10.3316/INFORMIT.534151405685271>

Beusenbergh, M., Orley, J. H., & World Health Organization. (1994). *A User's Guide to The Self-Reporting Questionnaire (SRQ)*. (No. WHO/MNH/PSF/94.8. Unpublished). World Health Organization. Retrieved from <https://apps.who.int/iris/bitstream/handle/10665/61113/?sequence=1>

Central Bureau of Statistics (Badan Pusat Statistik Indonesia). (2022). *Jumlah Penduduk Menurut Kelompok Umur dan jenis Kelamin, 2021*. Retrieved from https://www.bps.go.id/indikator/indikator/view_data_pub/0000/api_pub/YW40a21pdTU1cnJxOGt6dm43ZEdoZz09/da_03/1

Engemann, K., Pedersen, C. B., Arge, L., et al. (2019). Residential Green Space in Childhood is Associated with Lower Risk of Psychiatric Disorders from Adolescence into Adulthood. *Proceedings of the national academy of sciences*, 116(11), 5188-5193. <https://doi.org/10.1073/pnas.1807504116>

Georgiades, K., Duncan, L., Wang, L., et al. (2019). Six-month Prevalence of Mental Disorders and Service Contacts Among Children and Youth in Ontario: Evidence from The 2014 Ontario Child Health Study. *The Canadian Journal of Psychiatry*, 64(4), 246-255. <https://doi.org/10.1177/0706743719830024>

Maharani, L., & Turnip, S. S. (2018). Prevalence of psychotic-like experiences and their correlations with internalizing problems: A study of early adolescents in rural area in Karawang, Indonesia. *Asia-Pacific Psychiatry: official journal of the Pacific Rim College of Psychiatrists*, 10(1). <https://doi.org/10.1111/appy.12313>

Public Health Office Sidoarjo (Dinas Kesehatan Kabupaten Sidoarjo). (2017). *Panduan Skrining/ Deteksi Dini*

- Menggunakan SRQ-20. Sidoarjo: Dinkes Sidoarjo
- Rosenberg, Jaime. (2019, March 20). Mental Health Issues on The Rise Among Adolescents, Young Adults. Retrieved from <https://www.ajmc.com/view/mental-health-issues-on-the-rise-among-adolescents-young-adults>
- Rural Health Information Hub (RHHub). (2021, October 20). *Rural Mental Health*. Retrieved from <https://www.ruralhealthinfo.org/topics/mental-health>
- Saifullah, A.D., Latifah, N., Artanti, E.R., et al. (2020). Mental Distress in Rural Area of Indonesia. *Nurse Media Journal of Nursing*, 10(1), 1-10. doi:10.14710/nmjn.v10i1.23244.
- UNICEF. (2021, May). *Adolescent Profile in Indonesia*. Retrieved from <https://www.unicef.org/indonesia/reports/adolescent-profile>
- World Health Organization (WHO). (2022). *Mental Health*. Retrieved from www.who.int

Cite this article as: Annisa, F., et al. (2022). Adolescent Mental Health in Rural Area in Desa Batur, Probolinggo. *International Conference of Kerta Cendekia*, 2 (1), 114-118.