

Research Article

Social Support and Loneliness as Predictors of Depression in Early Adolescents in Palu City

Aulia Nafira Aswar*, and Endang Prastuti

Faculty of Psychology Education, State University of Malang

ORCIDAulia Nafira Aswar; <https://orcid.org/0000-0001-7023-8012>

Abstract. The purpose of this study was to determine the effects of social support and loneliness on depression in early adolescents in Palu City. This study employed a quantitative descriptive correlational approach. 100 early adolescents in Palu City were recruited through quota sampling techniques. The research instrument used was a psychological measurement scale comprised of three sub-scales measuring social support, loneliness, and depression. The author adapted the Multidimensional Scale of Perceived Social Support created by Zimet . for the loneliness scale, and the R-UCLA Loneliness Scale Version 3 created by Russell for the depression scale. According to the results, there was a significant concurrent effect of social support and loneliness on depression, with an R-squared value of 37.7%. Social support explained 11% of depression, while loneliness explained 26.7%.

Keywords: social support, loneliness, depression, early adolescent

Corresponding Author: Aulia Nafira Aswar; email: aulianavira@gmail.com

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1. Introduction

Adolescence is the transitional stage between childhood and adulthood. At the moment, the most prevalent mental health disorder among adolescents is depression. This is because not every adolescent successfully navigates the changes that occur during the transition period. Adolescents who suffer from depression exhibit behaviors such as substance abuse, brawls, and wild racing, among others. Depression is a psychological disorder characterized by abnormalities in mood, cognition, and individual behavior [1]. Individuals who suffer from depression are frequently sad, lonely, and withdraw from their surroundings. Additionally, there is a decline in interest in previously enjoyed activities, an appetite decrease, and other somatic disorders .

Depression in adolescents can result in suicide attempts, and this disorder claims 850,000 lives each year; 86 percent of these deaths occur in developing countries, and half of these victims are between the ages of 15 and 44 [2]. According to the WHO, the region with the highest prevalence of depression is Southeast Asia, with 85.67 (27 percent) of 322 billion people [3].

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When comparing the prevalence of depression in adolescents to that of childhood and adulthood, there has been a significant increase. Depressive symptoms in adolescents began to appear at the age of 13-15 years, peaked at the age of 17-18 years, and then began to stabilize as the person progressed into adulthood [4]. Previous research conducted in other countries discovered that 7 percent of boys and 20 percent of girls were depressed before the conclusion of their adolescent years [5]. A national study on the prevalence of depression in Indonesia was conducted in 2018 by Peltzer [6] and Pengpid, and it was discovered that the group of adolescents aged 15-19 years had the highest prevalence of symptoms when compared to the other age groups. Girls were more likely than boys to have moderate or severe depressed symptoms, with 32% reporting moderate or severe symptoms and 26.6 percent reporting severe symptoms. In 2018, Sugianto published a paper on the topic [7]. The prevalence of depression in Central Sulawesi is the highest in the world, especially among those over the age of 15, with 12.3 percent of the population [8]. A teenager from MTS with the initials MHM (13) suffered from acute depression, according to a report from Detik News [9], as a result of being reprimanded by a teacher in front of a group of dozens of teenage students. This demonstrates that severe psychological pressure can cause adolescents to become anxious and even miserable, as well as traumatic events. In addition, traumatic situations can lead to depression in adolescents as well as adults. Due to a traumatic occurrence that occurred in his junior high school, one of the junior high school pupils with the initials ND (14) from Buton, Southeast Sulawesi, suffered from clinical depression. This girl, who went by the initials ND, was raped, and the incident was recorded by five males in the garden yard at the stroke of twelve. This incident left the student depressed even more reclusive and frightened to leave the house as a result of the occurrence.

When faced with stressful situations, adolescents who are depressed have a greater likelihood of committing suicide; therefore, the importance of support as a source of positive reinforcement and self-regulation cannot be overstated. Social support offered by family, school, and the wider community is critical for the mental health of teenagers who are going through a transitional time, according to the National Institute of Mental Health. In addition, parents who provide positive support to their children make significant contributions to their children's adjustment and can lessen the likelihood of depression developing. Social support has been shown to have a positive impact on mental health and overall quality of life. Individuals who receive social support feel appreciated and connected to their social networks as a result of the assistance they receive. Social support is important in preventing depression since it is strongly

associated with poorer mental health, which is why it is recommended as a component in preventing depression [10-12].

There have been numerous studies into the causes of depression in adolescents, including interpersonal difficulties, a lack of friends, and a sense of alienation from one's surrounding environment. Loneliness is the most significant factor contributing to depression among the many aspects involved [13]. Extreme well-being is negatively impacted by loneliness, which also increases the chance of developing mental and behavioral issues [14]. Loneliness is accompanied by negative emotions such as depression, anxiety, feelings of unhappiness, and also a sense of dissatisfaction that appears along with pessimism, besides that individuals who experience loneliness tend to blame themselves [15]. For example, according to Friedman [16], the degree of loneliness experienced by an individual is determined by their social networks (relationships with their family, friends, and neighbors), connection standards (goals to be attained in a relationship), and personal traits (skills, self-esteem, and self-esteem). worry). A person might feel lonely in any scenario, even if they are in the middle of a large group of people. Because they feel isolated by their social context and unsatisfied with their social needs, even when there are many other people in their immediate environment, people who are lonely may experience feelings of depression or anxiety.

According to multiple case studies, it is known that junior high school adolescents have a proclivity for depression, which can be triggered by a variety of circumstances, one of which is severe psychological pressure. According to the findings of a preliminary study conducted by researchers on six teens in one Junior High School in Palu City, the five adolescents frequently expressed sadness, sobbed more frequently, and lost interest in other people. Additionally, individuals frequently experience guilt and self-blame, as well as weight loss. The frequency with which they feel sad is quite frequent; some have experienced this three times; and there are also some who frequently cry as a result of past trauma. Additionally, they frequently feel guilty and blame themselves for their mistakes; some believe that certain actions taken in the past have grave implications in the present; some believe that they feel this way every time they make a mistake, while others believe it occurs only periodically. Then for weight loss, which may include staying up late, stress, and illness. While one adolescent answered "no" to several of these questions. As for the type of assistance typically provided by the family, it is material, advice, prayer, support that is always available at any time, and parents who are always present when they are in need. The results of the answers given by 6 teenagers in Palu City, it is known that there is a tendency to depression, which is

based on the dimensions of the theory [1]. Leaving these issues aside, the writers are interested in undertaking study on Palu City's early adolescents.

According to the foregoing reasoning, the purpose of this study was to determine whether social support and loneliness were predictors of depression in early adolescents in Palu City. Through the provision of social support, this research will contribute to the reduction of the occurrence of depression in adolescents.

2. Literature Review

According to Beck & Alford [1], depression is a psychiatric condition characterized by abnormalities in an individual's mood, cognition, and behavior. Individuals suffering from depressive illnesses may experience feelings of sadness, isolation, diminished self-esteem, and a tendency to withdraw from their environment. Depressive disorders are a significant contributor to the global disease burden. The majority of depression's detrimental implications are a result of its peak incidence during adolescence and early adulthood. et al., Kieling et al [17]. Depression in adolescents frequently does not receive proper treatment and is frequently unnoticed by family and environment [18]. This is because the family and surroundings regard this as normal behavior for adolescents in their developmental stage. Indeed, untreated depression in adolescents has a detrimental effect on various aspects of their lives, including deviant behavior [19]. Beck and Alford [1] define depression as having five dimensions or symptoms: emotional dimensions, cognitive dimensions, motivational dimensions, physical dimensions, and delusions. According to Santrock and John [20], physical variables like as genetics, the chemical composition of the brain and body, age, lifestyle, physical sickness, and illegal narcotics all contribute to depression. Following that, psychological aspects such as personality, mentality, stress, family environment, and long-term sickness are considered.

Social support refers to an individual's belief in the availability of assistance from family, friends, and closest individuals in times of need [21]. Social support is defined as the joy experienced by an individual as a result of his or her concern for others, or as assisting those around the individual in such a way that the individual believes such assistance is critical. Support might come from family, friends, or groups in the individual's community. According to Smet [22], social support is one of the functions of the social tie between the individual and his environment, and this social support can help explain how close the individual is to the interpersonal. According to Zimet et al., [21], social support comes in three forms: family support, friend support, and support

from significant people. According to Cohen & Syme [23], various aspects influence social support, including the provision of support, the type of assistance, acceptance of help, the challenges encountered, and the time of offering support.

Loneliness is the sense of being excluded from a group, of being hated by those around you, of finding it difficult to discuss your concerns with others, and of feeling disconnected from those around you [24]. Individuals who are lonely, according to Baron & Byrne [15], tend to be sad and unsatisfied with themselves. Additionally, individuals have a tendency to be either too open or too closed to others, to experience hopelessness, and to experience desperation. Loneliness is a state of being disconnected from other people and a lack of desire for close interpersonal relationships [15]. According to Santrock [20], there are two types of loneliness: Emotional Loneliness and Social Loneliness. According to Miller et al. [25], four factors contribute to persons experiencing loneliness: deficits in the relationships they have, sought changes in a relationship, casual attributions, and intrapersonal activity.

3. Method

Each respondent provided personal information such as gender, class, and age. The following scale was used to collect data on social support, loneliness, and depression:

3.1. Social Support

In this study, social support was quantified using the Multidimensional Scale of Perceived Social Support (MSPSS) designed by Zimet et al., [21]. This scale contains twelve items separated into three categories: family, friends, and significant other. Subjects selected one of five response options: (STS) strongly disagree, (TS) disagree, (N) neutral, (S) agree, or (SS) strongly agree. This scale has a range of 1 to 5, with a minimum total score of 12 and a maximum total score of 60.

3.2. Loneliness

This study measured loneliness using the R-UCLA Loneliness Scale Version 3 developed by Russell [34]. This scale assesses three aspects of loneliness: personality, social desire, and depression, among other things. This scale contains twenty items. Subjects responded by selecting one of four response options, which include (SS) very frequently,

(S) frequently, (J) rarely, or (TP) never. Each item is scored on a scale of 1 to 5, with a minimum of 19 and a maximum of 76 for the overall score.

3.3. Depression

Depression was quantified in this study using the Beck Depression Inventory (BDI-II) developed by Beck et al [39]. This scale consists of twenty-one items classified into three dimensions: cognitive, affective, and somatic. Each item is composed of alternative statements ranging in intensity from 0 to 3. This scale has a score range of 0 to 51.

The three scales used in this study were adapted using back translation techniques [26] as follows: (1) Two translators translated the original English scale, (2) the scale was later synthesized, (3) the synthesized scale was then translated back into Indonesian, (4) a discussion with experts about the overall translation results was performed, (5) items were tested on six respondents, and (6) items were tested on 36 respondents in one of junior high schools in Palu. The researcher validated the instrument's validity and reliability following its validation. The Pearson product moment was used to determine the validity of this study, while Cronbach Alpha was used to determine the reliability. Following the validity test, it was determined that all social support items are valid, with a reliability of 0.918 and a validity range of 0.633-0.860. The loneliness scale contains 19 valid items with a reliability of 0.910 and a validity range of 0.264-0.807. The depression scale, on the other hand, contains 17 valid items with a validity range of -0.17 to 0.813 and a reliability of 0.880.

Data Collection

The data collection for this study was accomplished through the distribution of questionnaires via Online Questionnaire. Questionnaires were distributed to all teenagers enrolled in one of junior high schools in Palu. Data collection took place between June 19 and June 29, 2021. The questionnaire was distributed with the assistance of a teacher from one of the Junior high school in Palu City and was distributed via group chat.

Data Analysis

Descriptive analysis was used to analyze or contextualize objects that have been previously studied using samples or populations in their natural state. Multiple regression analysis was used in this study to determine the effect of social support and loneliness on depression.

4. Results and Discussion

TABLE 1: Overview of research subject.

Sex	Frequency	Percentage
Female	66	66%
Male	34	34%
Grade		
VII	24	24%
VIII	50	50%
IX	26	26%
Age		
11 Years	2	2%
12 Years	15	15%
13 Years	47	47%
14 Years	27	27%
15 Years	9	9%

TABLE 2: Variable statistics calculation results.

Variable	N	Minimum	Maximum	Average	Standar Deviation
Social Support	100	12	60	36	8
Loneliness	100	19	76	48	10
Depression	100	0	51	26	9

4.1. Results

Overview of Research Subject Characteristics

According to Table 1, the subjects in this study were female and male, with the majority of respondents was female (66 percent) and male respondents totaling 34 (34 percent). Respondents in this study ranged from grades VII to IX, with as many as 24 (24 percent) in class VII, 50 (50 percent) in class VIII, and as many as 26 in class IX (26 percent). The age ranged from 11 to 15 years, with the majority (47%) being 13 years old.

Descriptive Analysis of Research Variable

The results of the descriptive analysis are summarized in Table 2. The average score for early adolescents in Palu City for the social support variable is 36, with an 8-point standard deviation. The average adolescent in Palu City obtained a score of 48 on the lonely variable, with a standard deviation of 10. While the average score for depression among early adolescents in Palu City was 26, with a standard deviation of 9.

According to table 3, as many as 53 (53 percent) of early adolescents in Palu City received moderate social support, and 71 (71 percent) respondents experienced

TABLE 3: Variable categorization.

Variable	Category	Frequency	Percentage
Social Support	Low	6	6%
	Moderate	53	53%
	High	41	41%
Loneliness	Low	20	20%
	Moderate	71	71%
	High	9	9%
Depression	Low	74	74%
	Moderate	26	26%

TABLE 4: Multiple regression analysis test results.

Variabel	Regression Coefficient (b)	t count	Sig.
Social Support	-0,227	-2,268	0,026
Loneliness	0,408	4,585	0,000
Constant	3,186		
R Square	0,377		
F Count	29,319		
Sig	0,000		

moderate loneliness, while depression was experienced by as many as 74 percent of respondents in the low category (74 percent).

Hypothesis Testing

Hypothesis testing was used to determine whether the data were normally distributed (Kolmogorov Smirnov Asymp Sig 0.130 > 0.05) and whether there was a linear relationship between social support variables and depression (Deviation from linearity Sig. 0.874 > 0.05) and loneliness variables and depression (Deviation from linearity Sig. 0.382 > 0.05). There were no indications of multicollinearity in the social support or loneliness variables (VIF 1.527 < 10 and Tolerance 0.655 > 0.1), and there were no signs of heteroscedasticity in the social support or loneliness variables (0.679 > 0.05 and 0.670 > 0.05, respectively).

Based on the results of multiple regression analysis in table 4 above, the following regression equation is obtained:

$$D = 3,816 - 0,227 DS + 0,408 K$$

According to the regression equation’s results, the constant value of 3.186 indicates that if the variables social support and loneliness remain constant, depression will have a value of 3.186. The beta coefficient for the social support variable is -0.227, while the loneliness variable has a beta coefficient of 0.408. Based on these findings, it is

TABLE 5: Independent variable dimension domination test results.

Dependent Variable	Independent Variable	Dimension	Standardized Coefficient Beta	Sig.
Depression	Social Support	Family Support	- 0,356	0,000
		Peer Support	- 0,240	0,015
		Significant Others Support	- 0,089	0,362
	Loneliness	Personality	0,180	0,089
		Social Need	0,054	0,691
		Depression	0,490	0,000

TABLE 6: Effective contribution and relative contribution.

Independent Variable	Effective Contribution (SE)	Relative Contribution (SR)
Social Support	11%	29,1%
Loneliness	26,7%	70,9%

known that the social support variable has a negative effect on depression and that the loneliness variable has a positive effect on depression.

According to Table 4, social support has a significance value of 0.0260.05 and a regression coefficient of -0.227, indicating that social support has a partial effect on depression in early adolescents at Palu City. As shown in Table 5, the dimension of family support has a stronger effect on depression, with a standardized coefficient beta of – 0.356.

According to Table 4, loneliness has a significance value of 0.0000.05 and a regression coefficient of 0.408, indicating that loneliness has a partial effect on depression in early adolescents at Palu City. As shown in Table 5, personality has a stronger effect on depression, with a standardized coefficient beta value of 0.180.

Based on table 4, it is known that the significance value obtained is 0.000 <0.05, this indicates that the social support variable and the lonely variable simultaneously or simultaneously affect depression. The magnitude of the two variables' influence is indicated by the R Square value of 0.377, which indicates that social support and loneliness both have a 37.7 percent effect on depression, while the remaining 62.3 percent is explained by variables not included in the regression equation or by factors not examined in this study. Social support effectively contributes 11% to depression, while loneliness effectively contributes 26.7 percent to depression. The following table summarizes the effective contribution:

4.2. Discussion

Based on the results of the descriptive analysis that has been carried out, it is known that the social support received by adolescents in the city of Palu is in the moderate category. This shows that early adolescents in Palu City have received social support from family, friends, and also significant others when they need it or when they are in a stressful situation. Social support in this category is likely to be gender-related, as the majority of respondents in this study were female. This is consistent with the findings of Li et al.,[27], who found that adolescent girls were more accepting of social support. This is because adolescent females employ a greater variety of strategies to obtain social support than males. Additionally, most young girls are able to express their emotions, whereas boys demonstrate their abilities and strengths more.

Based on the descriptive analysis that has been carried out, information is obtained that most teenagers in the city of Palu have a level of loneliness in the moderate category. The loneliness felt by early adolescents in Palu City was in the moderate category, it can be seen from the results of research conducted by von Soest et al.,[28] which said that the level of loneliness experienced by adolescent girls was higher than in adolescent boys. The overall level of loneliness experienced by adolescent girls (either directly or emotionally), while for boys only social loneliness is high. Respondents in this study found women, so this resulted in the level of loneliness experienced being in the moderate category.

Based on the results of the descriptive analysis that has been carried out, information is obtained that most of the early adolescents in the city of Palu have depression levels in the low category. The low level of depression experienced by early adolescents in Palu City can be attributed to the majority of teenagers who are respondents aged 13 years, where the results of other studies say that the increase in depression is at the age of 13-15 years and will reach its peak at the age of 17-18 years. This is one of the reasons why the depression experienced by teenagers in Palu City is low.

According to the results of hypothesis testing, social support has a partial effect on depression in early adolescents in Palu City. The findings of this study corroborate those of Faradhiga [29], who discovered a significant relationship between social support and depression. The study's findings point in a negative direction, indicating that when social support is high, depression is low, and vice versa. If social support is insufficient, the level of depression will increase.

Individuals require social support to thrive, even more so during times of stress. According to Zimet et al. [21], social support refers to an individual's belief in the

availability of assistance from family, friends, and those closest to them when they are in need. Additionally, Smet [22] defines social support as a function of social relations, illustrating how the quality of interpersonal relationships can help individuals cope with stress. Individuals who receive social support may experience a sense of calm when confronted with unpleasant situations and may also experience an increase in self-confidence.

Adolescents undergoing a transition period require social support, particularly those who are having difficulty adjusting to the changes that occur during the transition period. Anyone, but particularly those who are depressed and have few social ties, requires social support [30]. Bintang & Mandagi's [31] research discovered that social support plays a significant role in the prevalence of depression, particularly among adolescents. Adolescents who receive insufficient social support will experience an increase in the prevalence of depression. Social support can come from a variety of sources, including family, friends, and the people closest to you. Social support can take the form of assistance in times of need, individual acceptance, and attention. Individuals value social support enormously, even more so when they are confronted with a problem that requires the assistance of others. Social support can be obtained not only through social support, but also through physical assistance or the presence of other people in stressful situations. Furthermore, assistance may be provided in the form of material assistance.

In Palu City, early adolescents are teenagers who are transitioning from childhood to adolescence. As a result, they are in desperate need of social support during the transition period. The findings of research indicate that social support does have an effect on depression. Early adolescents in Palu City report having a low prevalence of depression and receiving a high level of social support. Inversely, if social support is insufficient, depression levels will rise. Adolescents experience low levels of depression, indicating that they receive adequate social support, particularly from their families during times of transition. Additionally, families are always available to assist teenagers in regaining their footing and resuming normal life.

The results of hypothesis testing were analyzed to determine whether loneliness is a predictor of depression in early adolescents in Palu City. The hypothesis was accepted, indicating that loneliness is a predictor of depression in early adolescents in Palu City. This is consistent with Swami et al., [32] research, which discovered that individuals with high levels of depression also have high levels of loneliness. According to research, loneliness has long been a risk factor for depression [14].

According to Taylor et al., [33], loneliness is a state of mind in which individuals experience a lack of close relationships with other people. This sense of isolation lasts only briefly as a result of changes in the individual's social life. According to Russell et al. [34], loneliness is a state of mind that individuals experience as a result of a lack of interaction and close social relationships with other people. This is a temporary condition that occurs as a result of abrupt and drastic changes in the individual's social life.

According to Dafnaz and Effendy's [35] research, a variety of factors can contribute to depression in individuals, one of which is social factors. The social factor at issue is the occurrence of negative events in individuals' lives that are quite debilitating, such as the death of a close relative or having unrealistic expectations of others. The expectation is in the form of an acknowledgement of his actions. This expectation develops as a result of their lack of positive social relationships with their family and social environment, which can result in feelings of isolation. Additionally, loneliness occurs when there is a disconnect between what one desires and what one receives in a relationship. This boundary can drive individuals who are lonely into depression, as they believe they have no one to turn to when they are in need. Individuals who experience loneliness exhibit external and internal behaviors, such as depression symptoms, substance abuse, and the emergence of social anxiety [36], [37].

The research conducted yielded favorable findings. This means that if one's level of loneliness is high, one's level of depression will also rise. Inversely, if the perceived level of loneliness is low, the level of depression is also low. Loneliness has long been implicated as a risk factor for depression, according to previous research. This is consistent with research findings that loneliness can be a risk factor for depression. Loneliness is not the only factor that contributes to depression; other factors include poor social relationships with others and having unrealistic expectations of others. The findings of this study indicate that loneliness is a risk factor for depression in early adolescents in Palu City.

In Palu City, social support and loneliness both have an effect on depression in early adolescents. This has also been demonstrated by the results of the studies discussed previously. A person's level of loneliness is influenced by his or her social networks (relationships with family, friends, and neighbors), relationship standards (relationship objectives), and personal characteristics (skills, self-esteem, and anxiety). Accordingly, Rueger et al.[38] discovered that three types of social support, namely family, friends, and teachers, were significantly associated with depressive symptoms. The research

was conducted in conjunction with the three sources, rather than independently. Adolescence is a period of transition from childhood to adolescence, during which depression is common. This is because not all adolescent can navigate it successfully. Likewise, adolescent require social support during times of stress. Social support has been shown in research to be critical in reducing feelings of loneliness, which can lead to depression. Numerous factors can influence adolescents who suffer from depression. Loneliness is one of the causes. Loneliness is caused by a lack of connection between individuals and their environment; this lack of connection can lead individuals to believe they have no one to turn to in times of need, which can result in depression. This highlights the critical need for social support, which can be obtained from family, friends, and the people closest to you. Individuals who receive social support have a lower likelihood of experiencing feelings of loneliness, which can lead to depression.

5. Concluding Remarks

5.1. Conclusion

The following conclusions have been reached as a result of the study that has been conducted: 1) The majority of Palu City's early teens had low levels of depression, according to the data. 2) The level of social support received by early adolescents in Palu City falls into the middle range. 3) Loneliness experienced by early adolescents in Palu City fell into the moderate range, the study found. 4) A partial effect of social support on depression is observed, with a negative regression coefficient, which indicates that the greater the level of social support received, the lower the level of depression experienced. In the opposite situation, if social support is insufficient, the likelihood of developing depression is great. 5) Loneliness has a partial positive influence on depression, which means that the higher the perceived amount of loneliness, the greater the likelihood that depression will occur. In the opposite direction, if the perception of loneliness is low, the level of depression experienced is similarly low. 6) In addition, there is a joint or simultaneous influence of social support and loneliness on depression, with the contribution of loneliness being greater than the contribution of social support.

5.2. Suggestions

5.2.1. For adolescents

To avoid feelings of loneliness and despair, it is expected that adolescents will be able to maintain relationships with their families, friends, and closest friends. Additionally, when confronted with difficult events, they are able to seek assistance from people closest to them and are willing to share their concerns with anyone they trust in order to avoid feeling alone. It is also critical to increase engagement with and build ties with family, friends, and the individuals who are closest to you.

5.2.2. For school

For the sake of preventing depression among adolescents, it is desired that the school can establish relationships with them. In addition, it is expected to develop a program on a regular basis in partnership with parents of teenagers in the framework of providing social assistance to these children and adolescents. Another action that the school can take is to organize events that will help students develop their relationships with their peers. This will have a good impact on the lives of teenagers while they are at school.

5.2.3. For family

The ability of families to retain the social support offered to adolescents is likely to help prevent the development of depression among adolescents in the long run. Aside from that, families can also offer guidance and advise to adolescents who are in need of assistance or who are experiencing difficulties.

5.2.4. For future researchers

It is recommended that future researchers who are interested in conducting research on similar topics will conduct research with a larger and more diverse sample of subjects and include additional factors that contribute to the occurrence of depression in adolescents, as well as reveal additional variables that may reduce the occurrence of depression in this population.

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