



The Self-Help Group-Based Health Education Impact on Adolescent Depression Reduction

Juli Widiyanto ¹, Silvia Elki Putri ^{1*}, Tukimin Bin Sansuwito ², Rathimalar Ayakannu ², Aditya Nugraha ¹

Abstract

Background: Depression is a serious mental health issue that negatively impacts the quality of life and development of adolescents. This study aims to determine the influence of self-help group-based health education on preventing depression in adolescents in Pekanbaru, Riau. **Methods:** This quasi-experimental study utilized a pre-post test design with a control group. The intervention, QS Al-Fatihah murottal therapy, was provided twice a week for two weeks, with sessions lasting 55-60 minutes. A stratified random and simple random sampling technique was used to select a total of 68 adolescent participants. Instruments included a characteristics questionnaire and the Depression Anxiety Stress Scales (DASS 42) for adolescents. Data analysis was conducted using dependent and independent t-tests. **Results:** The study found that most respondents were female (61.8%), aged 16 years (58.8%), of Minang ethnicity (45.6%), and had a high school education level (45.6%). Most came from employed families (fathers 86.8%, mothers 52.9%) and were Muslim (100%). Additionally, 45.6% of parents had a high school education level, and 54.4% of respondents lived with their nuclear family. The self-help group-based health education significantly prevented adolescent depression (p -value <0.0001).

Significance | Addressing adolescent depression through self-help group-based health education can significantly reduce depression levels, fostering healthier development.

*Correspondence. Silvia Elki Putri, Nursing Study Program, Universitas Muhammadiyah Riau, Riau, Indonesia.
E-mail: silviaelkiputri@umri.ac.id

Editor Sakina Roohi, and accepted by the Editorial Board May 21, 2024 (received for review Mar 25, 2024)

Conclusion: The study recommends incorporating self-help group-based health strategies as a nursing intervention to reduce depression in adolescents.

Keywords: Adolescent; Depression; Health Education; Self-Help Group

Introduction

Depression is a problem that is at risk for adolescents. Adolescents experience a process of change because they are in a transitional phase. Adolescents' unpreparedness in facing the transition phase increases the risk of adolescents experiencing depression. Depression is a psychosocial problem that is not detected early and is known after showing symptoms of problems such as suicide. The results of other studies state that 6% of adolescents in Indonesia experience major depression (Indarto, 2017). This is supported by research which states that 8% of adolescents experience depression and 28% have the potential to become depressed. Symptoms of depression include feeling bad about yourself, having trouble concentrating, losing interest in activities, drastic weight changes, and having trouble sleeping all night. Other problems shown are dissatisfaction with appearance, poor academic achievement, getting unpleasant treatment from other people, both friends and parents, and problematic relationships between parents (Dianovinina, 2018). The results of other studies show that there is a relationship between the level of depression and suicidal ideation in adolescents at SMA X Jakarta ($p <0.05$). Depression is caused by pressure from parents because of high expectations or comparing with other people so that teenagers feel insecure, depressed, and feel useless (Mandasari & Tobing, 2020).

Depression is a major cause of illness and disability in adolescents aged 10-19 years. Depression in adolescents is the number two

Author Affiliation.

¹ Nursing Study Program, Universitas Muhammadiyah Riau, Riau, Indonesia
² Faculty of Nursing Lincoln University Collage, Selangor, Malaysia

Please cite this article.

Juli Widiyanto, Silvia Elki Putri et al. (2024). The Self-Help Group-Based Health Education Impact on Adolescent Depression Reduction, *Journal of Angiotherapy*, 8(5), 1-6, 9682

health problem out of various diseases in 2020. An estimated 800,000 suicides are the result of depression (WHO, 2015). Data shows that there are 20% of teenagers in the United States experiencing depression in 10 million residents who experience depression problems. Indonesia does not yet have definite data on the number of teenagers who experience depression. The results showed that 63.84% of adolescents in Indonesia needed treatment for psychiatric problems, one of which was depression (Haryanto, Wahyuni, & Nandiroh, 2015).

Depression is experienced by many teenagers. Teenagers are an age group that has a large population. The large number of teenagers is a great potential for the progress of the nation. Teenagers as the nation's next generation need to be prepared to become healthy human beings physically, spiritually, mentally and spiritually. Data from the Badan Kependudukan dan Keluarga Berencana Nasional (BKKBN) shows that the number of teenagers (aged 10-24 years) is 67 million people or 24.% of the total population of Indonesia so that youth is an important focus of attention in national development. The SDKI survey results (2017) show that 55% of male youth and 1% of female smokers, 15% of male adolescents and 1% of female adolescents use illegal drugs, 5% of male adolescents drink alcoholic beverages, and 8% of males and 1% of females have ever sexual intercourse during courtship (BKKBN, 2021).

The problem of depression in adolescents has increased during the co-19 pandemic. The results of another study showed that 32.15% of teenagers experienced depression during the co-19 pandemic. The Covid-19 pandemic has caused restrictions on youth activities. Psychosocial problems are more often experienced by female adolescents than male adolescents (Pertiwi, Moeliono, & Kendhawati, 2021). The number of women who experience depression and have the potential to experience depression is greater than men (Dianovinina, 2018). Psychological changes in women are more sensitive than men, because women will think about everything they do, in contrast to men who don't really think about everything so that women are more dominant than men (Mandasari & Tobing, 2020).

Adolescence is a process of growth and development physically, psychologically and intellectually. Early adolescence is a period of transition from school children to early adult individuals. The emotional development of adolescents at the stage of entering early adolescence will show sensitive, unstable, and temperamental emotions, as an example, at this stage, adolescents tend to be irritable, sad, gloomy and even angry. Adolescents who develop in an environment that is less conducive (Benson, & Bundick, 2020; Erikson, 1998). Adolescents are marked from three aspects, namely biological, psychological, and socio-economic (WHO, 2015). The results of other studies show that adolescents need mental health counseling, how to detect the risk of experiencing depression and its effects, controlling emotions, and counseling (Mandasari &

Tobing, 2020). The community's role in reducing depression is by conducting group counseling with the target of adolescents with introverted personalities (Saputri et al., 2018). Adolescents as the nation's successors need management in preventing depression.

Self-help group-based health education as a method of preventing depression in adolescents. Health counseling on mental health at young age (adolescents) with a family and religious approach as a prevention of psychosocial trauma. Health education aims to increase promotive efforts to stimulate the creation of mental health for young people (adolescents) so that adolescents have strong religious beliefs in thinking and acting, positive thinking, actualizing their abilities well, and have a better future outlook on life (Kardiatun, Bhakti, Ramadhaniyati, Ariyanti, & Wahyuni, 2019). Peer groups play a role in providing sources of information and comparisons about the world outside the family (Prasetiawan, 2016). The results of other studies show that self-help groups improve coping mechanisms in adolescents. Self help groups help adolescents gain knowledge and experience from youth as reinforcement in reducing stress levels and improving coping mechanisms for adolescents in their school environment (Purnomo & Suciati, 2020).

Based on this background, the purpose of this study was to analyze the effect of self-help group-based health counseling to reduce of depression in adolescents.

Material and Methods

Study design:

This research is a quantitative study using a quasy experimental research design with the type of pre test post test with control group. The sampling technique is stratified random sampling and simple random sampling (Dharma, 2015). The number of samples was 34 respondents for the intervention group and 34 people for the control group, so that the total sample in this study was 68 people (including drop outs). The research respondents were 34 adolescents from SMA Muhammadiyah 1 Pekanbaru (intervention group) and 34 adolescents from SMK Muhammadiyah 2 Pekanbaru (control group). The place of research is a private school. The results of previous studies showed that depression was higher among adolescents who studied at private schools (p value <0.001) (Shukla et al, 2019). This research has passed the ethical test No: 079/STIKES PN/KEPK/V/2023 from the Payung Negeri STIKes Ethics Committee.

Intervention setup:

The implementation of self-help group-based health education is for two weeks for two meetings with an allotted time of approximately 55-60 minutes at each meeting. Before being given the intervention, the researcher conducted a pre-orientation (preparation of places, tools, respondents, and facilitators) and pretest. The details of the intervention are:

- Session 1 is orientation (forming groups, understanding the problem, material about the activities carried out)
- Session 2 is to determine the topic or identify the problem, classify the problem, and solve the problem choosing how to solve the problem in the group activity sheet
- Session 3 is a role play in solving youth problems and recalling strategies in solving group problems
- Session 4 is termination (evaluation of all activities carried out).
After session 4, continued with the post test.

Statistical analysis:

The data collection tool consisted of a respondent characteristic questionnaire and DASS 42 to measure depression (Kusumadewi et al., 2020).

Result and Discussion

The results presented in table 1 showed the most gender is female adolescents (61.8%). The proportion of female adolescents was higher than male adolescents in the intervention and control groups. This is supported by the results of previous studies which found that female adolescents experience more depression than male adolescents (Desi et al., 2020). This is due to hormonal differences between men and women (Herawati & Syarif, 2019). Gender is associated with the incidence of depression in adolescents (p value <0.009). Adolescent girls are at higher risk of experiencing depression, showing lower life satisfaction and experiencing conflict with their parents than male adolescents (Chen et al., 2020; Halldorsdottir et al., 2021; Hidayat, Setyoningrum, & Setiawati, 2022; Kapetanovic et al., 2021; Magson et al., 2020; Zhou et al., 2020).

The results showed that most of the teenagers were 16 years old (58.8%). This is supported by the results of previous research that mid-teenagers (14-16 years) experience psychological changes such as changes in emotions or behavior and also often experience conflicts (Mandasari & Tobing, 2020). Depression is higher in middle-aged adolescents (p value <0.001) (Shukla et al, 2019).

Based on ethnic data, the Minang ethnic group of adolescents has the highest number (45.6%). The results of previous research show that ethnicity is a risk factor for depression due to pressure in the community concerned with adat and it shakes self-concept, cultural identity, and creates unwarranted anxiety (Kedang et al., 2020).

Religion data shows that 100% of teenagers are Muslim. The results of previous research indicate that religion has an important role in preventing depression in adolescents. This result is supported by other research which states that the higher a person's understanding of religion, the healthier his mental condition (Yasipin, Rianti, & Hidayat, 2020).

Most of the parents of teenagers have a high school level of education (45.6%). The results of other studies show that high parental education influences adolescents in obtaining relevant

social support for emotional comfort and teaching skills to reduce depression (Andriani et al, 2021). Parental education is related to the incidence of depression in adolescents. Parents who have higher education provide better support to adolescents. Such parental support increases self-esteem, social well-being, and prevents depressive symptoms in adolescents (Hidayat, Setyoningrum, & Setiawati, 2022).

Most of the teenagers live in the nuclear family (54.4%). The higher the family support provided, the lower the level of depression in adolescents (Rahmawati et al., 2015). Social and family factors influence adolescent mental health (Yu et al, 2022). The results of previous studies have shown that the health and well-being of adolescents living with a nuclear family is better than that of single or step parents (Herke, Knochelmann, & Richter, 2020).

The majority of fathers' jobs are working (86.8%) and 52.9% of teenage mothers are working. The results of previous research indicate that work can influence the mindset of parents and adolescents. Parents' busyness at work can cause a lack of attention to adolescents which increases the high risk of depressive events (Rahmatia, 2022).

The results of the dependent t-test analysis in table 2 show that there are differences in depression in adolescents in the intervention group before and after the intervention (p value <0.0001). In the control group, there was no statistically significant difference in the average score for depression during the pre-test and post-test (p value > 0.05).

From the results of the independent t-test analysis in table 3, it can be seen that there is an influence of self-help group-based health counseling strategy to reduce depression of adolescent (p value <0.0001).

Adolescents need health counseling, especially in the psychosocial aspect. The results of previous research indicate that adolescents need mental health education, how to detect the risk of depression and its effects, control emotions, and counselling (Mandasari & Tobing, 2020). Health education based on self-help groups provides information to adolescents which is strengthened by forming groups as a support system for adolescents. Adolescents who are members of self-help groups share information, experiences, and support in preventing stress (Kusumadewi et al., 2020).

Health education based on self-help groups can be carried out as a preventive measure in efforts to prevent depression, especially in adolescents. The results of previous research indicate that self-help groups are a means of improving social relations among people with the same mental problems. This aims to establish adaptive coping (Abdullah, 2020). Group therapy has a positive impact on patients with depression, namely increasing knowledge, understanding, identification abilities, desire to help, knowing forms of assistance, experts as referrals, and further treatment of adolescents (Nurtanti & Handayani, 2021). Teenagers will try to improve their quality and

Table 1. The characteristics of adolescent (n=68)

Characteristics	Intervention (n=34)		Control (n=34)		Total (n=68)	
	F	%	F	%	F	%
Gender						
Male	12	35,3	14	41,2	26	38,2
Female	22	64,7	20	58,8	42	61,8
Age						
15 Years	5	14,7	3	8,8	8	11,8
16 Years	21	61,8	19	55,9	40	58,8
17 Years	8	23,5	11	32,4	19	27,9
18 Years	0	0	1	2,9	1	1,5
Ethnic						
Malay	7	20,6	6	17,6	13	19,1
Minang	16	47,1	15	44,1	31	45,6
Jawa	9	26,5	6	17,6	15	22,1
Batak	0	0	3	8,8	3	4,4
Others	2	5,9	4	11,8	6	8,8
Religion						
Islam	34	100	34	100	68	100
Parent Education						
Primary School	2	5,9	1	2,9	3	4,4
Junior High School	0	0	2	5,9	2	2,9
Senior High School	11	32,4	20	58,8	31	45,6
College	21	61,8	11	32,4	32	47,1
Family Type						
Nuclear Family	20	58,8	17	50,0	37	54,4
Extended Family	6	17,6	7	20,6	13	19,1
Single parent	4	11,8	4	11,8	8	11,8
Others	4	11,8	6	17,6	10	14,7
Father's occupation						
Employed	29	85,3	30	88,2	59	86,8
Unemployed	5	14,7	4	11,8	9	13,2
Mother's occupation						
Employed	13	38,2	19	44,1	32	52,9
Unemployed	21	61,8	15	55,9	36	47,1

Table 2. Differences in Depression Before and After Intervention between the Intervention and Control Groups (n=68)

Group	Mean	t	SD	p-value*
Intervention				
- Pre-test	17,91	8,434	7,128	<0,0001
- Post-test	12,88		5,296	
Control				
- Pre-test	19,29	0	6,974	1,000
- Post-test	19,29		6,987	

*p value < 0,05

Table 3. The Influence of Self Help Group Based Health Education on Depression (n=68)

Group	Mean	SD	p-value*
Intervention	12,88	5,296	<0,0001
Control	19,29	6,987	

*p value < 0,05

capacity through discussions with peers (Fitriani et al., 2019). Self-help groups help adolescents to increase their participation in managing their health conditions so as to improve health care outcomes (Caturini & Sulistyowati, 2018).

Nurses can promote self-help groups as a nursing intervention for clients who are at risk for experiencing psychosocial problems. The results of previous studies stated that nurses have the potential to provide information about self-help groups to help patients to join groups that suit their needs (Wulandari & Setyowati, 2015). Nurses can also integrate self-help groups into patient care schedules (Yunita et al., 2020). The role of school nurses in dealing with mental health problems in schools is very important. School nurses can facilitate students to build relationships with classmates and teachers, provide counseling, and refer students to mental health professionals if needed (Qolina et al., 2017).

The effects of self-help group-based health education were positive to reduce depression of adolescent (p -value <0.0001). Health education or health education is one of the nursing interventions listed in the Indonesian nursing intervention standards. Four times the self-help group-based health education strategy given to adolescents had a positive impact on reduce depression. Things to watch out for are the teens' privacy and the recommended amount in one group.

Conclusion

This study demonstrated that self-help group-based health education significantly reduces depression among adolescents. The intervention effectively provided adolescents with the necessary skills to identify and manage depression. Participants from SMA Muhammadiyah 1 Pekanbaru (intervention group) and SMK Muhammadiyah 2 Pekanbaru (control group) were involved in structured sessions that promoted understanding and problem-solving related to depression. The significant reduction in depression scores in the intervention group highlights the importance of peer support and structured health education in managing adolescent depression. Given the high prevalence of depression in adolescents, as indicated by previous studies, this approach can be a valuable preventive measure. The findings suggest that integrating self-help groups into adolescent mental health programs can foster resilience, improve coping mechanisms, and enhance overall mental well-being. Schools and healthcare providers should consider adopting similar strategies to address the psychosocial needs of adolescents effectively.

Author contributions

J.W., S.E.P., T.B.S., R.A., A.N. conceptualized, conducted field works, analyzed data, wrote the original draft, reviewed, and edited the paper. All authors read and approved the paper for publication.

Acknowledgment

The authors thanked to the Department.

Competing financial interests

The authors have no conflict of interest.

References

- Abdullah, A. A. (2020). Pemberian self help groups terhadap tingkat stres pada warga binaan pemasyarakatan di lembaga pemasyarakatan. *Journal of Health Science Duta Gama (JIKes)*, 1–17. Retrieved from <https://www.e-journal.stikesdutaagama.ac.id/index.php/e-journal/article/download/476/186/>
- Andriani, W., Subandowo, M., Karyono, H., & Gunawan, W. (2021). Learning loss dalam pembelajaran daring di masa pandemi corona. *Seminar Nasional Teknologi Pembelajaran*. 1(1). 484-501. Retrieved from <https://www.snastep.com/proceeding/index.php/snastep/article/view/63>.
- BKKBN. (2021). Remaja, ingat pahami kesehatan reproduksi agar masa depan cerah dan cegah penyakit menular seksual kesehatan reproduksi agar masa depan cerah dan cegah penyakit menular seksual. Retrieved from <https://www.bkkbn.go.id/berita-remaja-ingat-pahami-kesehatan-reproduksi-agar-masa-depan-cerah-dan-cegah-penyakit-menular-seksualh-kesehatan-reproduksi-agar-masa-depan-cerah-dan-cegah-penyakit-menular-seksual>
- Benson, P., & Bundick, M. (2020). Erikson and Adolescent Development: Contemporary Views on an Enduring Legacy. *Journal of Child and Youth Care Work*, 25, 195–205. doi: 10.5195/jcycw.2015.81
- Caturini, S. E., & Sulistyowati, D. (2018). Pemberdayaan pasien dengan pendekatan self help group terhadap perubahan mekanisme coping pada pasien gangguan jiwa skizoprenia di RSJD dr Arif Z Surakarta. *Jurnal Terpadu Kesehatan*, Volume 8, 01–129.
- Chen, F., et al. (2020). Depression and anxiety among adolescents during COVID-19: A cross-sectional study. *Brain, Behavior, and Immunity*, 88, pp 36-38
- Desi, D., Felita, A., & Kinasih, A. (2020). Gejala depresi pada remaja di Sekolah Menengah Atas. *Care: Jurnal Ilmiah Ilmu Kesehatan*, 8(1), 30. Retrieved from <https://doi.org/10.33366/Jc.V8i1.1144>
- Dharma, K. K. (2021). *Metodologi Penelitian Keperawatan*. Jakarta Timur: Trans Info Media
- Dianovinina, K. (2018). Depresi pada remaja: gejala dan permasalahannya. *Journal Psikogenesis*, 6(1), 69–78. <https://doi.org/10.24854/jps.v6i1.634>
- Erikson, E. and Erikson, J. (1998). *The life cycle completed*. New York: W. W. Norton & Company.
- Halldorsdottir, T., et al. (2021). Adolescent well-being amid the COVID-19 pandemic: Are girls struggling more than boys?. *Journal of Child Psychology and Psychiatry Advances*, 1 (2), pp 8-9
- Haryanto, Wahyuningsih, H. D., & Nandiroh, S. (2015). Sistem deteksi gangguan depresi pada anak-anak dan remaja. *Jurnal Ilmiah Teknik Industri*, 14(2), 142–152.
- Herawati, A., & Syarif, A., R. (2019). Study of Islam. *Prajna Vihara*, 20 (2):32-47. Retrieved from <https://philpapers.org/archive/HERSOI.pdf>

- Herke, M., Knochelmann, A., & Richter, M. (2020). Health and well-being of adolescents in different family structures in Germany and the importance of family climate. *International Journal Environmental Research Public Health*, 17, 6470. doi:10.3390/ijerph17186470
- Hidayat, N. A. P., Setyoningrum, R. A., & Setiawati, Y. (2022). Analysis of adolescent depression risk factors during the third year of COVID-19 pandemic in Surabaya. *IJRP*, 115(1), 409-416; doi:10.47119/IJRP10011511220224351
- Indarto, F. W. (2017). Depresi pada anak. Retrieved from <http://www.idajogja.or.id/depresipada-anak/>
- Kapetanovic, S., Gurdal, S., Ander, B., & Sorbring, E. (2021). Reported changes in adolescent psychosocial functioning during the COVID-19 outbreak. *Adolescents*, 1(1), pp 10-20
- Kardiatur, T., Bhakti, W. K., Ariyanti, S., & Wahyuni, T. (2019). Penyuluhan kesehatan tentang kesehatan jiwa usia muda (remaja) pendekatan keluarga dan agama sebagai preventif psychosocial trauma. *Celebes Abdimas* 1(2), 90–95. doi: 10.37541/celebesabdimas.v1i2.213
- Kedang, E. F. S., Nurina, R. L., & Manafe, D. R. T. (2020). Analisis faktor resiko yang mempengaruhi kejadian depresi pada mahasiswa Fakultas Kedokteran Universitas Nusa Cendana. *Cendana Medical Journal*, 8(2), 87-95
- Kusumadewi, S., & Wahyuningsih, H. (2020). Model sistem pendukung keputusan kelompok untuk penilaian gangguan depresi, kecemasan dan stress berdasarkan DASS-42 group decision support system model for assessment of depression, anxiety and stress disorders based on DASS-42. *Jurnal Teknologi Informasi dan Ilmu Komputer*, 7(2), 219–228. Retrieved from <https://doi.org/10.25126/Jtiik.202071052>
- Magson, N., et al. (2020). Risk and protective factors for prospective changes in adolescent mental health during the COVID-19 pandemic. *Journal of Youth and Adolescence*, 50(1), pp 44-57
- Mandasari, L., & Tobing, D. L. (2020). Tingkat depresi dengan ide bunuh diri pada remaja. *Indonesian Journal of Health Development*, 2(1), 1–7. Retrieved from <https://ijhd.upnvj.ac.id/index.php/ijhd/article/view/33>
- Nurtanti, S., & Handayani, S. (2021). Analisis tingkat depresi, ansietas dan stres saat menghadapi penilaian akhir semester pada siswi SMK Muhammadiyah. *Jurnal Ilmu Keperawatan Jiwa*, 4, 351–360.
- Pertiwi, S. T., Moeliono, M. F., & Kendhawati, L. (2021). Depresi, kecemasan, dan stres remaja selama pandemi COVID-19. *Jurnal Al-Azhar Indonesia Seri Humaniora*, 6(2), 72. Retrieved from <https://doi.org/10.36722/sh.v6i2.497>
- Prasatiawan, H. (2016). Cyber counseling assisted with Facebook to reduce online game addiction. *GUIDENA: Jurnal Ilmu Pendidikan, Psikologi, Bimbingan dan Konseling*, 6(1), 28. Retrieved from <https://doi.org/10.24127/gdn.v6i1.409>
- Purnomo, & Suciati. (2017). Pengaruh self help group terhadap mekanisme coping focused problem coping pada siswa SMK di Kediri. *Jurnal Penelitian Sekolah Tinggi Ilmu Kesehatan Nahdlatul Ulama Tuban*, 2(2), 42–48.
- Qolina, E., Hamid, A. Y. S., & Wardani, I. Y. (2017). Pengaruh psikoedukasi keluarga terhadap ansietas dan depresi keluarga yang mempunyai anak dengan autisme di Sekolah Khusus Autis Harapan Utama Ananda Depok. *Jurnal JKFT*, 2(2), 90. Retrieved from <https://doi.org/10.31000/jkft.v2i1.696>
- Rahmatia, N. L. (2022). Hubungan karakteristik dan pola asuh orangtua dengan tingkat kejadian depresi pada remaja selama masa pandemi COVID-19 di SMA Negeri 11 Makassar. Skripsi (dipublikasikan).
- Rahmawati, L., Arneliwati, & Elita, V. (2015). Hubungan dukungan keluarga dengan tingkat depresi remaja di Lembaga Pemasarakatan. *Jurnal Online Mahasiswa (JOM)*, 2(2), 1221–1230.
- Saputri, A. C., Sajidan., Rinanto, Y., Afandi, & Prasetyanti, N. M. (2019). Improving students' critical thinking skills in cell-metabolism learning using stimulating higher order thinking skills model. *International Journal of Instruction*, 12(1), 327-342. Retrieved from <https://files.eric.ed.gov/fulltext/EJ1201357.pdf>
- Shukla M, Ahmad S, Singh JV, Shukla NK, & Shukla R. (2019). Factors associated with depression among school-going adolescent girls in a district of Northern India: A Cross-sectional Study. *Indian J Psychol Med*. 2019 Jan-Feb; 41(1): 46–53.
- WHO. (2015). World health statistics 2015. Retrieved from <https://www.who.int/docs/default-source/gho-documents/world-health-statistic-reports/world-health-statistics-2015.pdf>
- Wulandari, P., & Setyowati. (2015). Penerapan Model keperawatan need for help wiedenbach dan self care orem pada asuhan keperawatan ibu hamil dengan kontraksi dini. Retrieved from <http://ejournal.umm.ac.id/index.php/Keperawatan/Article/View/2346>, 5(2), 173–177.
- Yasipin, Rianti, S. A., & Hidayat, N. (2020). Peran agama dalam membentuk kesehatan mental remaja. *Jurnal Manthiq*, 5(1), 25–31.
- Yu, X., et al. (2022). Social support and family functioning during adolescence: a two-wave cross-lagged study. *Int J Environ Res Public Health*. 2022 May; 19(10): 6327. doi: 10.3390/ijerph19106327
- Yunita, R., Isnawati, I. A., & Addiarto, W. (2020). Buku ajar psikoterapi self help group pada keluarga pasien skizofrenia (Vol. 21, Issue 1). Retrieved from <http://journal.um-surabaya.ac.id/index.php/JKM/Article/View/2203>
- Zhou, S., et al. (2020). Prevalence and socio-demographic correlates of psychological health problems in Chinese adolescents during the outbreak of COVID-19. *European Child & Adolescent Psychiatry*, 29(6), pp 749-758