



RISK OF EMOTIONAL DISORDERS TOWARD SUICIDE INTENTIONS OF ADOLESCENTS IN KUPANG CITY.

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Abstract

Adolescence is a transitional period between childhood and adulthood. At this time, adolescents experience the development of reaching physical, mental, social and emotional maturity. Emotional disorder is a condition that indicates that an individual experience an emotional change that can continue to develop into a pathological condition so that it needs to be anticipated to maintain mental health. Depression often occurs at the age of 15 to 24 years. Depression in adolescents is caused by the inability of adolescents to express negative feelings to others. In the research conducted at SMA Negeri 3 and SMA Negeri 4 the results have been obtained and some conclusions are drawn as follows: There is a significant relationship between Stress and Suicide Intention in SMA Negeri 3 and SMA Negeri 4, There is no meaningful relationship between Anxiety and Suicidal Intention in high school students moreover in SMA Negeri 3 and SMA Negeri 4, There is no significant relationship between Depression and Suicide Intention in SMA Negeri 3 and SMA Negeri 4, There is a significant relationship between Physical Disorders and Suicide Intention in SMA Negeri 3 and SMA Negeri 4, There is a significant relationship between telling a personal problem with Suicide Intention in SMA Negeri 3 and SMA Negeri 4, There is a significant relationship between having a history of suicide friends with Suicide Intention in SMA Negeri 3 and SMA Negeri 4..

Keywords: Emotional disorder, Depression, Intention, Suicide, adolescents

Introduction: Adolescence is a transitional period between childhood and adulthood. At this time, adolescents experience the development of reaching physical, mental, social and emotional maturity. Teenagers are in the transition period between childhood and adulthood, adolescent status is somewhat blurred, both for themselves and for the environment. Adolescence usually has great energy, increased emotions, while self-control is not perfect (Hurlock, 1992)

Teenagers are a critical period of child development into adulthood, at this time there is rapid hormonal, physical, psychological and social development. The transition period in adolescence cannot be said as a child and also cannot be said as an adult. Teenagers want to try lots of new things that can prove themselves as adults, sometimes this is what makes them try various things including alcohol consumption, drugs, having a boyfriend or girlfriend, sexual behavior, having a peer group, and disagreeing with parents (Batubara, JR, Adolescent Development, Sari Pediatri; 2010). Various changes that occur in self and behavior of adolescents often trigger conflicts between adolescents with themselves (internal conflicts), and conflicts with the surrounding environment (external conflicts). If this conflict is not resolved properly it will have a negative impact on the development of adolescents in the future, especially on the maturation of their character and often triggers mental disorders.

Emotional disturbance is a condition that indicates an individual experiences an emotional change which, if it continues, can develop into a pathological state, so it is necessary to anticipate to maintain people's mental health. Other terms for mental emotional disorders are psychological distress and emotional distress. Emotional

disorders can be a variety of symptoms, including anxiety. One form of stress that can cause mental disorders in addition to anxiety and depression (Hawari, 1999). Depression is a syndrome characterized by a number of clinical symptoms whose manifestations can be different in each individual (Amir, 2007).

Many previous studies have concerned with the psychological factors of adolescent suicide. Research Ibrahim et al. (2014) in Malaysia it was found that there was a significant relationship between psychological factors namely depression, anxiety and stress with the idea of suicide. Another study by Colleen, M et al. (2011) in the United States suggested limited emotionality was three times more likely to report serious suicidal ideas. Psychological factors are an important part of teenage suicide.

Depression often occurs at the age of 15 to 24 years. The Anxiety and Depression Association of America writes that depression 18% of the 40 million population occurs at the age of 18 years and above (Kaplan & Sadock, 2015). In the United States the prevalence of depression is estimated to be around 2.8% at ages under 13 years and 5.6% at ages 13-18 years (Janeet al.2006). Based on Rikesdast 2013 the prevalence in Indonesia shows 6% for people aged 15 years and over or around 14 million people.

Depression is a natural disorder that is characterized by feelings of sadness and excessive grief and prolonged (Muhith, 2015). According to Yosep (2009), depression is a type of emotional or emotional disturbance accompanied by psychological components (distress, depressed, sad, hopeless, and unhappy) and somatic components (anorexia, constipation, blood pressure and decreased pulse rate) . In 2010, the World Health Organization (WHO)

reported a suicide rate in Indonesia reaching 1.8 per 100,000 people. In 2012 it increased to 4.3 per 100,000 people or around 10,000 per year (Beritasatu, 2014). According to Kusumawardani (2014) suicide is a major cause of teenage death in Indonesia. Suicide occurs because of a sense of hopelessness that is associated with depressive disorder, which occurs because of an untreated adolescent emotional problem.

Before suicide occurs, there are signs to watch out for. Non-verbal communication is more often a threat to suicide, the idea of suicide can be reported alone or reported to others (Stuart, 2013). According to Townsend (2011) a person can exhibit behavior or verbally commit suicide. The results of the study of Ribeiro et al. (2016) found that suicide attempts (47.80%) were followed by death (40.50%) and suicide ideas (11.60%). It is therefore important to pay attention and recognize the signs of adolescent suicide. One million people in the world are estimated to die of suicide every year. If averaged, then every 40 minutes a case of suicide occurs in the world.

Recently, teenage suicides have enlivened the news coverage of various mass media, including the case: Fidelia Fatima (21) was found hanging by herself at a small shop (*kios*) on Shopping Center Road, RT 18 RW 06, Fatululi Sub-District, Oebobo Sub-District, Kupang City, Friday (22 / 9/2017). Fidelia's body was found hanging using a clothes line. Johanes Jelaha alias Yohan, a grade 3 student, majoring at hospitality at Ruteng Swakarsa Vocational School committed suicide in a jackfruit tree next to his home in Kampung Nekang, Watu Village, Langke Rembong District, Manggarai, Wednesday (1/25/2017). Junior high school student of SMP Negeri Satu Atap East of Ile Ape, Lembata Regency, Felisianus Keko (16),

almost ended his life by drinking grass-killing drugs. The victim carried out the action because he was unable to bear the shame of his teacher's humiliation, while studying Bahasa Indonesia.

Based on the above background, the researcher wants to examine the description of adolescent emotional disturbances to the risk of suicide of SMA Negeri 3 and SMA Negeri 4 Kupang City.

Methods:

This study uses a non-experimental type of research with a quantitative approach. The cross sectional study design is the measurement of the dependent variable and the independent variable.

In this study to find out Emotional Disorders (Anxiety, Stress and Depression), as an independent variable and suicide intentions in adolescents as the dependent variable.

This research activity is located in SMA Negeri 3 dan SMA Negeri 4 in Kupang City from June to August. The instrument in this study was a closed questionnaire with a scale of 0 -3 with each item corresponding to the variable. Depression, Anxiety and Stress Scale is to assess the severity of the core symptoms of depression, anxiety and stress. DASS can be grouped into three scales: Depression (DASS-D), Anxiety (DASS-A), and Stress (DASS-S). The Depression Scale includes items that measure symptoms that are usually associated with mood (eg, sad or worthless). Instruments for suicide intentions consist of Yes and No statements.

The data processing is carried out in this study when the questionnaire has been collected entirely. The questionnaire was processed using the stages of editing, coding, scoring processing and cleaning (Hastono, 2007; Notoatmojo, 2010). The editing process is done by checking the questionnaire that has been filled out by students

to assess the completeness of the answers and answers. Coding is done by giving a special code to each respondent and the answer chosen. Scoring is done by giving a value to the answers of each independent variable and the dependent variable. Processing is done by processing data on a computer program. Cleaning is done by re-checking the correctness of data that has been entered into the computer. The next step is data analysis.

Results and Discussion:

According to the Indonesian Ministry of Health (2009) adolescence is divided into two groups namely early adolescence 12-16 years and late adolescence 17-25 years. In this study the most age is in early adolescence where adolescents begin to focus on decision making both at home or at school. Teenagers begin to show how to think logically, so they often ask for authority and standards in the community and at school. The results of this study are the same as Nur Amalia's research on the analysis of the relationship between suicide intention factors and suicidal ideation among adolescents in the city of Indragiri Hulu in 2016 with the highest proportion being early adolescents.

Students who had mild stress 243 (68.1%) were more than students who were severely stressed 27 (7.6%). Students who were not stressed were 87 (24.4%). Atkinson (2000) suggests that stress refers to events that are felt to endanger a person's physical and psychological well-being. This situation is called the cause of stress and the individual's reaction to this stressful situation is called the stress response. Stress is a depressed state, both physically and psychologically (Chaplin, 1999).

Students who had mild Depression reached 292 (81.8%) and the number was more than students who had 43 severe depression (12.0%). There were 22 students who were not depressed (6.2%). High anxiety was found in 33 (9.2) students, moderate anxiety in 322 (90.2) students and students who were not anxious were 2 people (0.6). students who experienced physical disorders as many as 143 (40.1%) and did not experience physical disorders 214 (59.9%). Students who have suicide intentions are 15 people (4.2%) and students who do not have suicide intentions are 342 students (95.8)

Students who experienced severe stress had suicide intentions of 9 (33.3%) and did not have suicide intentions of 18 students (66.7%). Students who experienced mild stress and had suicidal intentions were 6 students (2.5%) while those who experienced mild stress without suicidal intent were 237 (97.5%). Students who were not stressed had no suicidal intent as many as 87 (100%).

Based on the results of calculations using a computerized system with *the chi square test* obtained a significant level of $p = 0,000$ with a value of $\alpha = 0.05$, therefore it can be concluded that students who experience stress have suicidal intentions have a significant influence.

Unresolved problems will cause stress. A number of studies report that stress and a stressful life are highly related events which then increase suicidal ideation (Zhang et al. 2011, You et al. 2014).

Students who experienced severe depression were 3 (7.0%) and did not have 40 suicidal intentions (93.0). Students experiencing moderate depression had suicide intentions of 12 (4.1) and did not have suicide intentions of 280 (95.9).

Students who did not Depression did not have suicide intentions of 22 (95.8).

Based on the results of calculations using a computerized system with *the chi square test* obtained a significant level of $p = 0.551$ with a value of $\alpha = 0.05$, therefore it can be concluded students who experience Depression do not have suicidal ideation, there is no significant influence.

Students experiencing high anxiety had suicidal ideation as much as 1 (3.0%) and did not have suicide intentions 32 (97.0%). Students who were experiencing moderate anxiety (14.4%) had suicidal ideation and did not have suicidal intent as many as 308 (95.7%). Students who were not anxious did not have suicide intentions of 2 (100%).

Based on the results of calculations using a computerized system with *the chi square test* obtained a significant level of $p = 0.1000$ with a value of $\alpha = 0.05$, therefore it can be concluded that students who experience anxiety do not have suicidal ideation, there is no significant influence

Students experiencing physical disorders have suicide intentions of 14 (9.8%) and do not have suicide intentions 129 (90.2%). Students who did not experience physical impairment 1 (0.5%) had suicidal ideation and as many as 308 (95.7%) did not have suicidal ideation.

Based on the results of calculations using a computerized system with *the chi square test* obtained a significant level of $p = 0,000$ with a value of $\alpha = 0.05$, therefore it can be concluded that students who experience physical disorders have suicide intentions, there is a significant influence.

Papalia & Olds (in Jahja, 2012) explains that physical development is changes in the body,

brain, sensory capacity, and motor skills. Piaget (in Papalia & Olds 2001, in Jahja, 2012) added that changes in the body are characterized by height and weight gain, bone and muscle growth, and maturity of sexual organs and reproductive functions. Teenage bodies begin to switch from the body of a child into an adult body whose characteristics are maturity. Changes in the physical structure of the brain are more perfect for increasing cognitive abilities.

When a person experiences stress there are two main aspects of the impact caused by the stress that occurs, namely physical aspects and psychological aspects (Sarafino, 1998), namely: Physical aspects that affect the decline in a person's condition at the time of stress so that the person experiences pain in his organs , such as headaches, digestive disorders.

The logistic regression test results show the effect of stress on suicide intentions, p value 0,000 is smaller than alpha 0.05 so there is a significant influence of stress on student suicide intentions. Exp B value 28.013, shows the intention of stress occurs suicide students 28,013 times compared to students not experiencing stress. Logistic Regression Test Results for physical disorders indicate the influence of physical disturbance on suicide intentions, p value 0.001 is smaller than alpha 0.05 so there is a significant influence of physical disturbance on students' suicide intentions. Exp value 2.758, shows the intention of physical disruption occurred suicide students 2,758 times compared to students who did not experience physical disorders.

Logistic Regression Test Results to narrate personal problems indicate the influence of narrating personal problems on suicidal intentions, p value 0.001 is smaller than alpha

0.05 so it shows there is a significant effect of narrating personal problems on students' suicide intentions. Exp value of 3,408, shows personal problems telling of the occurrence of suicide students 3,408 times compared to students who do not narrate personal problems.

Logistic Regression Test Results for a history of suicide friends showed the influence of a history of suicide friends on suicide intentions, p value 0.001 is smaller than alpha 0.05 so there is a significant influence of suicide friends history on students' suicide intentions. Exp value of 0.097, indicating having a history of suicide friends against a suicide occurrence of students 0.097, times that of students who do not have a history of suicide friends.

The relationship between parents and adolescents can affect suicidal behavior, where there is family dysfunction and a history of teenage suicide. For example, adolescents can be prevented from committing suicide by caring and forming new relationships with teenagers (Stuart, 2013). The history of family members with suicidal behavior in which suicide intentions in adolescent boys are significantly associated with the history of the death of a father who committed suicide. In contrast, suicide intentions in adolescent girls were significantly associated with a history of suicide mothers (Cheng. J, et al.2013). Reducing the number of intention factors significantly reduces the intention of suicide attempts in subsequent offspring (Christiansen. E. et.al 2011).

According to Richard (2010) stress factor is a process that assesses an event as something that is threatening, or dangerous and the individual responds to the event on a physiological, emotional, cognitive and behavioral level.

Based on the calculation of Logistic regression through Statistical Product and Service Solutions (SPSS), the regression model is obtained as follows:

$$P = \frac{1}{1 + e^{-(-3,333 (s) + 1,015 (gf) + 1,226 (mp) - 2,338 (rtbd))}}$$

The probability of stress factors and physical disorders simultaneously affecting student suicide intentions

Suicidal intention is intent to injure oneself which can be life threatening. Suicide is a psychiatric emergency because it is a behavior to end his life. Suicidal behavior is caused due to high and prolonged stress where the individual fails to carry out the coping mechanism used in overcoming the problem. Some of the reasons individuals end life are failure to adapt, so they cannot deal with stress, feeling isolated, can occur due to loss of interpersonal relationships / failure to make meaningful relationships, feelings of anger / hostility, suicide can be a punishment on oneself, a way to end despair (Stuart, 2006).

Factors of suicide intentions in adolescents in Stuart (2013) include: psychological factors, family factors, environmental factors, biological factors, previous suicidal behavior and sexual orientation.

Conclusions and Suggestions:

In the research conducted at SMA Negeri 3 and SMA Negeri 4 the results have been procured and some conclusions drawn as follows;

1. There is a significant relationship between Stress and Suicide Intention in SMA Negeri 3 and SMA Negeri 4

2. There is no meaningful relationship between Anxiety and Suicide Intention in SMA Negeri 3 and SMA Negeri 4
3. There was no meaningful relationship between Depression and Suicide Intention in SMA Negeri 3 dan SMA Negeri 4
4. There is a significant relationship between Physical Disorders and Suicide Intentions in SMA Negeri 3 and SMA Negeri 4
5. There is a significant relationship between narrating personal problems with Suicide Intentions in SMA Negeri 3 and SMA Negeri 4
6. There is a significant relationship between having a history of suicide friends with Suicide Intentions in SMA Negeri 3 and SMA Negeri 4

Implication

In the study of adolescent emotional disturbances about suicide intentions in SMA Negeri 3 and SMA Negeri 4 Kota Kupang still had to get special attention. In this study there were more 15 years old adolescents (27.5%). At this age adolescents are at a transitional stage between childhood and adulthood, so that at this time

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adolescent emotions are not stable. Teenagers have different emotional appearance characteristics when compared with childhood and with adults. Emotional adolescents are often high and negative and are easier to emerge. This situation is more due to problems in meeting their needs and the environment that prevents the fulfillment of these needs (Hurlock, 1980).

Suggestions

Based on the above conclusions, the researcher conveys the following suggestions:

1. Theoretical Suggestions

Researchers further conducted research on physical disturbance and body image of Suicidal Intentions

2. Practical advice

- 1) For teachers in SMA Negeri 3 and SMA Negeri 4 to always motivate and educate students while in the school environment
- 2) For parents to always give time for students after school.

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