



PSYCHOLOGICAL DIFFERENCES OF ECONOMICALLY DEPRIVED ADOLESCENTS IN URBAN AND RURAL AREAS

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ABSTRACT

Poverty is one of the causes of mental health problems for adolescents. Poverty can affect mental health indirectly through the environment and family upbringing. The area where adolescents live also contributes to the cause of mental problems. Poor adolescents in the wrong place to live can worsen mental conditions. Differences in residence also affect the differences in psychological problems experienced by adolescents. Psychological problems encourage suicide if not handled quickly. Two teenagers took their lives in village Brebes Regency due to economic deprivation. Objective: This study aim to determine the differences in psychological problems of depression, anxiety, and stress of adolescents with extreme poor families living in urban and rural areas. Method: This research is a comparative quantitative research. The type of research used is survey. This study used the DASS-21 questionnaire which was distributed offline. The population of this study were all poor adolescents in Prapag Kidul Village and Pasarbatang Village. Samples were taken using proportional random sampling. The total sample used in this study was 172 poor adolescents with details of 92 poor adolescents in rural areas and 80 poor adolescents in urban areas. Data were analyzed using descriptive and inferential Mann Whitney statistics. This study has received approval from the ethics commission with No. 128/KE.03/SK/12/2023. Results: The study revealed significant differences between depression, anxiety, and stress conditions of extreme poor adolescents in rural and urban areas with p values of depression 0.047, anxiety 0.01, and stress <0.01 respectively. Conclusions: Rural areas have more poor adolescents with psychological conditions of depression, anxiety, and stress than urban areas.

Keywords: anxiety; depression; poor teenagers; stress; urban and rural

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INTRODUCTION

Poverty is one of the problems suffered from time to time by Indonesia (Arifin, 2020). Indonesia in 2022 was ranked as the sixth poorest country in Southeast Asia with 25.90 million poor people (Badan Pusat Statistik Indonesia, 2018; Iip M Aditya, 2023). Nationally, Central Java is ranked third among the poor with 3,791,500 poor people. According to UNICEF, Central Java is nationally ranked second in the prevalence of poor children with 90% of the population being adolescents (UNICEF, 2020). Brebes Regency is ranked 1st in the number of poor people in Central Java from 2020 to 2021 with an average number of 304,796 thousand poor people and expenditure of only IDR 1,029,955, - / family / month (Badan Pusat Statistik Kabupaten Brebes, 2023a).

The impact of poverty on children's psychological problems does not affect directly but through mediation between poverty, family processes, parental behavior, school environment, parental mental health, peers, and community environment as intermediate variables (Kurniati Danu et al., 2021; Li et al., 2019). Parents without income will experience stress and resort to violence (Andini, 2019). They also have high authority over children through critical and physical discipline (Santrock, 2016). Based on the opinion of Mackenbach et al., adolescents with a low economy tend to have a poor quality of life that impacts their health and future (Krisnayanti, Amellia, Rina Rahmatika, 2018).

Residence can affect depression, anxiety, and stress. Research results on psychological problems are inconsistent as to which place of residence is more at risk (Ji-an Jeong, Sun A Kim, Jun Ho Yang, 2023). In cities, stress and lack of social support are often considered as risk factors for depression while in rural areas, factors such as lack of material resources and low socioeconomic status of the population are generally considered as contributing factors (Li et al., 2019). Poor adolescents in villages experience limited access to health and education while poor adolescents in cities experience the challenges of urbanization and globalization and more intense social competition (Ihsan, 2022). The situation of the poor in the village is worse than the poor in the city so that depression is significantly higher in the village population due to differences in population characteristics (Probst et al., 2006). In rural communities, the individualistic dimension is higher than in urban communities (Noviawati & Narendri, 2017).

Poor adolescents in cities and villages experience social challenges because they are poor, so they become victims of peer bullying (Rachmawati, 2022). Adolescents in rural environments will hide and keep their problems to themselves because they do not have the courage to talk to their parents (Khusaini & Muvera, 2020). Poor adolescents are always in a poor social and physical environment due to low economic and status, this negative environment is related to the causes of depression in adolescents (Li et al., 2019). Children from families living in poverty are on average 3 times more likely to suffer from psychiatric conditions, including internalizing disorders such as stress, depression, anxiety, and behavioral disorders (Ivana Jakovljevic, MD Ashley P. Miller, MDCM, FRCPC Barbara Fitzgerald, MD, 2016). When mental problems in adolescents are detected late, suicide can occur in the sufferer. Suicide cases occurred in a 15-year-old male teenager, a 20-year-old female in Brebes Regency due to economic conditions and occurred in an 18-year-old teenager because he was bullied for being poor by his peers (Helen, 2022; panturapost, 2018; Rachmawati, 2022).

Prapag Kidul is the top ten village with the most extreme poor adolescents in Brebes and Pasarbatang is the first ranked urban area village with the most poor adolescents. There are 101 adolescents with poverty in Prapag Kidul Village and 98 adolescents with poverty in Pasar Batang Village. From the above explanation, the researcher intends to find out the comparison of psychological conditions of economically deprived adolescents in rural and urban areas. This research will identify the psychological problems experienced by economically disadvantaged adolescents in urban and rural areas, and find out whether where you live can influence psychological conditions so that there are significant differences between the psychological problems experienced in urban and rural areas. It is hoped that this research can increase understanding of the psychological problems faced by teenagers.

METHOD

This type of research is inferential quantitative using Mann Whitney t-test data analysis using JASP version 25. The t-test was conducted to determine the significance of depression, stress,

and anxiety conditions of adolescents with poverty in urban and rural areas. The research questionnaire was distributed through direct survey method and cross-sectional online survey. The population in this study were adolescents with extreme poor families in Prapag Kidul totaling 101 adolescents and Pasar Batang Village with 98 extreme poor adolescents. The sample obtained based on the Slovin formula was 81 respondents for Prapag Kidul Village and 79 for Pasar Batang Village so that the minimum sample used in this study was 160 respondents. The sampling took into account the distribution of extreme poor adolescents based on the neighborhoods of each region, so the sample was taken by proportional random sampling. The data obtained has passed the stages of processing, testing, and presentation in tabular form. The instrument used in the study is DASS-21 which has been tested for validity and reliability. The validity test value of each instrument is 0.49 for the lowest value and 0.71 for the highest value. The reliability test value was 0.93 which was processed with Cronbach's Alpha so that the questionnaire was a validated standardized instrument. This study has received approval from the ethics commission with No.128/KE.03/SK/12/2023.

RESULTS

Table 1.
Respondent characteristics (n=172)

Respondent characteristics	f	%
Gender		
Male	64	37
Female	108	63
Total	172	100
Age		
11-16 years	67	39
17-21 years old	105	61
Total	172	100
Deciles		
1	89	52
2	45	26
3	38	22
4	0	0
Total	172	100
Parental education		
>SD	15	9
SD	62	36
SMP	58	34
SMA	37	22
Diploma/Bachelor	0	0

Table 1 describes the demographic data of research respondents based on gender, age range, decile, and area of residence of respondents. Respondents in this study were mostly female (63%). The age range of respondents in this study was mostly in the age of 17-21 years (61%). DTKS refers to the Integrated Social Welfare Data (DTKS). DTKS is a system used to integrate and organize social welfare data in Indonesia. Deciles are a poverty measurement tool in DTKS based on surveys conducted by the Ministry of Social Affairs. Deciles 1 to 4 represent the lower economic groups in Indonesia. Most of the respondents in the study were in DTKS decile 1 (52%) and the fewest respondents were in DTKS decile 4 (0%). Respondents mostly resided in rural areas (53%). The education of parents of poor adolescents is dominated by elementary school education at 36% and the least is 0% for education levels above diploma and bachelor's degree.

Table 2.
Psychological Conditions of Poor Adolescents in Urban and Rural Areas (n=172)

Descriptions	f	%
Urban		
depression		
normal	42	53
lightweight	11	14
medium	13	16
weight	4	5
very heavy	10	13
total	80	100
anxiety		
normal	35	44
lightweight	12	15
medium	16	20
weight	3	4
very heavy	14	18
total	80	100
stress		
normal	61	76
lightweight	3	4
medium	6	8
weight	7	9
very heavy	3	4
total	80	100
Rural		
depression		
normal	31	34
lightweight	8	9
medium	26	28
weight	15	16
very heavy	12	13
total	92	100
anxiety		
normal	21	23
lightweight	10	11
medium	20	22
weight	18	20
very heavy	23	25
total	92	100
stress		
normal	42	46
lightweight	19	21
medium	16	17
weight	11	12
very heavy	4	4
total	92	100

Table 2 presents the mental state of adolescents with extreme poverty in urban areas, including levels of depression, anxiety, and stress. Most of the poor adolescents in the city experienced normal depression (53%) and the least experienced major depression (5%). Most of the poor adolescents experienced normal anxiety (44%) and the least experienced severe anxiety (4%). The stress condition experienced by poor adolescents in the city was mostly normal stress (76%) and the least severe stress (4%). Poor adolescents in the village experienced depression in the normal range as many as 35 respondents (38%) and the least in the mild range as many as 8 respondents (9%). Anxiety experienced by poor adolescents in the village was mostly in the range of very severe anxiety (25%) and the least was in mild

anxiety (21%). The stress condition experienced by poor adolescents in the village was mostly normal stress (46%) and the least was very severe stress (4%).

Table 3.
Mann Whitney Test Results (n=172)

Differences	p	Mean		Median		Min		Max		STD
		rural	urban	rural	urban	rural	urban	rural	urban	
Depression of poor adolescents in cities and villages	0.047	7.489	5.963	7.00 0	4.00 0	0.00 0	0.00 0	20.00	21.00	5.282 ± 4.848
Anxiety of poor adolescents in cities and villages	0.001	7.348	5.475	7.00 0	4.50 0	0.00 0	0.00 0	19.00	20.00	4.623 ± 4.314
Stress of poor adolescents in cities and villages	<0.001	8.543	6.063	8.00 0	5.00 0	0.00 0	0.00 0	19.00	19.00	4.104 ± 4.235

Table 3 presents the results of the Mann-Whitney comparative test between the depression conditions of poor adolescents in villages and cities with a p value of 0.047 or <0.05. The test was conducted by looking for the significance of differences in depression of poor adolescents in villages and cities. The p value of 0.011 means that there is a significant difference between the depression conditions of poor adolescents in villages and cities. The descriptive statistical results of the test of differences in the level of depression of adolescents in villages and cities show that the median value of depression of poor adolescents in villages is higher than the median value of poor adolescents in cities, it can be concluded that poor adolescents in villages experience more depression. The table explains the results of the Mann-Whitney comparative test between the anxiety conditions of poor adolescents in villages and cities with a p value of 0.001 or <0.05. The results of the p value can be interpreted that there is a significant difference between the anxiety conditions of poor adolescents in villages and cities. Descriptive statistical test of the difference in the level of anxiety of poor adolescents in villages and cities shows that the media difference in the level of anxiety of poor adolescents in villages is higher than the level of anxiety of adolescents in cities, it can be concluded that the level of anxiety of poor adolescents in villages is greater than the anxiety of poor adolescents in cities.

The table explains the results of the Mann-Whitney comparative test between the stress conditions of poor adolescents in villages and cities with a p value of <0.001 or <0.05. The p value means that there is a significant difference between the stress conditions of poor adolescents in villages and cities. The statistical description of the difference in stress of poor adolescents in villages and cities shows a difference in the median value of rural areas which is greater than the median value of urban areas, it can be concluded that the level of stress suffered by poor adolescents in villages is greater than the level of stress of poor adolescents in cities.

DISCUSSION

Poverty is one of the factors that cause psychological problems experienced by adolescents. The difference in residence between urban and rural areas is also a factor in the different psychological conditions experienced by adolescents (Ji-an Jeong, Sun A Kim, Jun Ho Yang, 2023). Based on the results of the study, the conditions of stress, anxiety, and depression of adolescents with poverty in rural areas have significant differences with poor adolescents in

urban areas ($p=0.047$, $p=0.001$, $p<0.001$). Based on the Mann-Whitney test, there were 13 poor adolescent respondents in the village who experienced very severe depression while poor adolescents in the city amounted to 10 respondents. The results of this study are also in line with Melani's research which explained that 76% of adolescents in the village experienced depression while only 38.7% of adolescents in the city experienced depression (Melani, 2012). Research conducted by Veranita et al., (2021) strengthens the results of this research, teenagers in district areas have a tendency to have psychological problems compared to teenagers who live in cities with a RR and 95% CI of 1.14 (1.04-1.26), and 1.18 (1.08-1.30).

This also occurred at the level of anxiety and stress, the number of poor adolescents with very severe anxiety in the village amounted to 23 respondents, very severe anxiety of poor adolescents in the city amounted to 14 respondents, very severe stress of poor adolescents in the village amounted to 4 respondents, and very severe stress of poor adolescents in the city amounted to 3 respondents. High anxiety and stress among economically disadvantaged teenagers in villages is also triggered by learning and teaching activities at their schools. This is supported by research conducted by Daniel & Vicente (2020) with a total of 284 participants showed significantly higher scores in parasympathetic modulation with learning scores in rural students compared to urban students, who showed significantly higher scores in anxiety. Thus, school location can influence students' physical stress and anxiety status. Different results were shown by research by Eka Yulianti et al (2019) which stated that school-age children in villages experienced an anxiety level of 56.7% while school-age children in cities experienced 76.7% anxiety (Yuliyanti et al., 2019). The difference in results is due to the poverty indicator in the study while the conflicting results use the menarche indicator.

The high rate of depression in poor adolescents in rural areas can be influenced by the environment. According to the Ministry of Health, one of the external causes of mental health problems is environmental conditions that include access to mental health services (Alek Gugi Gustaman, 2023). The availability of health facilities in the City is much better than in the Regency in the indicators of the number of hospitals (public and private), total available beds, and the ratio of beds compared to the total population (Musyibarok in Herawati & Bakhri, 2019, p. 18). The lack of affordable mental health facilities, such as clinics or psychologists, makes it difficult for poor adolescents in rural areas to get the care they need to overcome their mental problems. According to the Central Bureau of Statistics of Brebes Regency, there are no mental health clinics in rural areas of Brebes (Badan Pusat Statistik Kabupaten Brebes, 2023b). Second, economic conditions are a factor that can affect depression (Najwalillah, 2023, p. 137). The income of rural people in Brebes is only 11,000 rupiah per day (Kristi D Utami, 2022). Other factors are also mentioned by Tannous (Saputri & Nurrahima, 2020, p. 51). such as the pressure experienced every day, family conflicts, and the school environment.

Lack of access to social activities and lack of opportunities to socialize with peers can increase feelings of isolation, which is a major factor for increasing depression in adolescents. The difference between rural and urban poor adolescents is also evident in terms of social infrastructure and networks. In urban areas, despite being poor, there is better access to health and education services. In addition, poor adolescents in urban areas have greater educational and employment opportunities than poor adolescents in rural areas. This creates differences in access to resources and social support, which in turn affects depression rates between the two groups.

The incidence of depression in rural adolescents is strongly influenced by social factors in their environment, such as peers and the poverty line (Melani, 2012). Rural communities are more socially connected than urban communities (Stanhope & Lancaster, 2015). They tend to get along in any situation in contrast to the individualistic urban society (Suparmin, 2012). When experiencing problems, adolescents in rural areas will keep it to themselves and not dare to tell their parents. Parents' education in the city is dominated by university degrees, while in the village parents' education is dominated by elementary and junior high school (Ardhanti, 2022). Parents' education level is associated with stress in children (Asilah & Hastuti, 2014). Indonesia has a high ranking of parental depression with more than 700 thousand parents experiencing depression, concentrating on people with low economic status (Riskasdas, 2019).

This study also revealed that poor adolescents who attended school in the village came from families with lower socioeconomic status, had parents with a level of education of 12 years or less with details of 15 not graduating from elementary school, 62 parents were only able to attend elementary school, 58 parents at the junior high school level, and 37 parents at the high school level. Parental education has a longitudinal effect on child depression (Bhina Patria, 2022). The economy forces parents to work harder and less supportive of children's activities (Eka Widi Susanti, Adelina Hasyim, 2019). Family support has a relationship with anxiety so that children in villages are more prone to anxiety than children in cities (Santo & Alfian, 2021). This phenomenon further supports and stressors higher levels of anxiety and stress in rural areas compared to urban areas. In addition to mental health problems, this condition also causes behavioral problems in adolescents. Oscar Lewis said about the culture of poverty that is passed down from one generation to the next, namely, there is a common form of social relations in a poor family with its neighbors. A dominant characteristic of a culture of poverty is a tendency to despair, apathy and helplessness (Suwartiningsih, 2023).

Poverty in adolescents affects chronic stress, chronic stress experienced by adolescents due to extreme poverty will have an impact on brain development so that it can cause cognitive impairment and long-term effects on adolescents (Faudillah et al., 2023; Mutianingsih et al., 2022). This contributes to the child's adult phase such as failure to achieve a quality life or success (Fam Matter, 2012). Adolescents living in poverty have low access to education and social support that are useful for improving adolescent health. Poverty is associated with low levels of academic achievement and educational attainment among children. Poor adolescents totaling 121 respondents (71 urban and 50 rural) felt that they had no future because after graduation they had to find a job. According to Rahmat (Tanzil & Ekaria, 2023) economically disadvantaged children are at greater risk of not continuing school.

Depression is a psychological problem that occurs mostly in adolescence to adulthood caused by the surrounding environment with psychological manifestations such as depressed mood, loss of interest, and decreased energy (Kurniati Danu et al., 2021). Lovibond (1995) describes in detail the process of failure to adapt to the environment giving rise to features of depression such as dysphoria, hopelessness, devaluation of life, self-deprecation (85 respondents, 54 rural and 31 urban), lack of interest or involvement (77 respondents, 52 rural and 25 urban), anhedonia, and inertia. adolescents with poverty also feel autonomic arousal, skeletal muscle effects, situational anxiety (82 respondents, 58 rural and 24 urban), and subjective experience of anxious affect (100 respondents, 76 rural and 24 urban). They also find it difficult when it comes to relaxing (139 respondents, 73 rural and 66 urban), irritability (97 respondents, 68 rural and 29 urban), irritability (124 respondents, 72 rural and 52 urban), and impatience.

This impatience occurs because poor adolescents are unable to accept interruptions when doing their daily activities (116 respondents, 61 rural and 54 urban). Adolescents feel that poverty will not lead to a good future so they feel very worthless. They become more difficult in regulating their emotions so that they are easily offended and easily angered by trivial matters related to discussions that lead to the family economy. They also consider themselves worthless because of their economic deprivation. Symptoms of depression can be a barrier to increasing physical activity such as being alone or not wanting to be active in social interactions in their environment (Rahmy & Muslimahayati, 2021, p. 37).

The results of this study also show differences regarding the number of poor adolescents who experience psychological problems (depression, anxiety and stress) above the normal threshold, most of which occur in poor adolescents who live in villages. The numbers are detailed, namely, depression occurred in 61 poor adolescents in the village and 38 poor adolescents in the city, anxiety occurred in 71 poor adolescents in the village and 45 poor adolescents in the city, stress occurred in 50 poor adolescents in the village and 19 poor adolescents in the city. On average, each psychological sub-problem is dominated by the condition of poor adolescents in the village with superior differences of 1.526, 1.873, and 2.480. This proves that the psychological condition of poor adolescents in villages is worse than poor adolescents in cities.

CONCLUSION

There are significant differences in psychological problems between urban and rural poor adolescents. These differences include higher stress levels in rural areas, higher anxiety in rural areas, and higher depression among poor adolescents in rural areas than urban areas. The results of this study are expected to help the government in forming an alert village in improving community-based mental health.

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