

Interpersonal Skills and Symptoms of Early Adolescent Depression: A Cross-sectional Analysis of the Role of Parents

Dewi Nur Anita, Anggriyani Wahyu Pinandari*, Siswanto Agus Wilopo
Universitas Gadjah Mada, Indonesia
Email: dewinuranita262@gmail.com*

ABSTRACT

The influence of parents on early adolescent depression symptoms requires active communication, where parents provide positive emotional encouragement to adolescents aged 10–14 years. This study aimed to identify risk factors related to parental interpersonal communication and early depression symptoms, considering socio-ecological factors. Using secondary data from *GEAS-Indonesia* 2018, a cross-sectional observational study was conducted with 3,441 seventh-grade junior high students aged 10–14 who met inclusion criteria. Multivariable logistic regression calculated odds ratios (OR) with 95% confidence intervals (CI). Parent-adolescent interpersonal communication was not significantly related to depressive symptoms overall. However, poor parental communication significantly increased the likelihood of depression symptoms in female adolescents from Denpasar with a history of more than five *Adverse Childhood Experiences* (ACEs). Factors associated with depressive symptoms included male adolescents [OR: 0.92; 95% CI: 0.98–1.09], adolescents residing in Bandar Lampung [OR: 1.61; 95% CI: 1.33–1.94] and Denpasar [OR: 1.60; 95% CI: 1.34–1.91], adolescents with many male friends [OR: 1.71; 95% CI: 1.37–2.13], ACEs [OR: 3.59; 95% CI: 2.89–4.52], and bullying victims [OR: 1.24; 95% CI: 1.05–1.47]. Recommendations include developing appreciative communication skills for teenagers, especially females in Denpasar, and strengthening programs such as the Youth Development Group (*Kelompok Bermain Muda [KBM]*), the “Roots” Program, and the *Family Hope Program*, particularly in Bandar Lampung and Denpasar.

Keywords: *symptoms of depression, parent-child relationship, communication, interpersonal, early adolescents.*

This article is licensed under [CC BY-SA 4.0](https://creativecommons.org/licenses/by-sa/4.0/) 

INTRODUCTION

Indonesia is expected to enter a golden age in 2024, presenting both challenges and opportunities due to a demographic bonus resulting from secular trend changes, with the proportion of the young reproductive-age population becoming the largest (BKKBN, 2020; Darman, 2017). Adolescence is a critical developmental period, distinct from childhood and young adulthood, typically divided into early, middle, and late stages (Blum, Astone, Decker, & Mouli, 2015; Sawyer et al., 2012). Early adolescents (10–14 years) experience dramatic transitions involving brain development, cognitive abilities, puberty, social interactions, and sexuality (Blum, Mmari, & Moreau, 2017).

Globally, 10%–20% of children and adolescents face mental health problems, accounting for 16% of the global burden of disease and injury, yet most cases remain undetected and untreated (Kieling & Rohde, 2012; WHO, 2020). Increased interpersonal stress places adolescents at risk for disorders such as anxiety, eating disorders, depression, and social anxiety (Rapee et al., 2019). Adolescent depression is influenced by individual and family factors, with poor parent–child relationships contributing to 29.2% of cases, which can lead to psychological stress and mental health issues persisting into adulthood (Berg, Kiviruusu, Karvonen, Rahkonen, & Huurre, 2017; Pinto et al., 2014; Ren et al., 2019).

This research responds to the urgent need to address rising adolescent depression and its long-term consequences. Poor adolescent mental health can lead to chronic adult psychological problems, negatively affecting productivity and societal well-being (Ren et al., 2019). Given Indonesia's demographic bonus, protecting young people's mental health is vital for the nation's future. Moreover, Indonesia's cultural and regional diversity necessitates localized studies to develop targeted interventions. Previous studies show family dynamics, especially parental communication, significantly impact adolescent mental health (Afrilia, Arifina, & Rumah, 2020; Triana, Keliat, & Sulistiowati, 2019), while *Adverse Childhood Experiences* (ACEs) and bullying are strong predictors of depression (Kalmakis & Chandler, 2014; Lösel, Ttofi, & Theodorakis, 2012). However, these studies often focus on Western populations or overlook interactions between communication patterns and socio-ecological factors in non-Western contexts like Indonesia.

The magnitude of parental influence on early adolescent depression symptoms requires active communication where parents provide positive emotional support. Family plays a crucial role in adolescents' emotional well-being. Using baseline data from the 2018 Global Early Adolescent Study (*GEAS*), this study explores the correlation between parent–adolescent communication and early depression symptoms in Indonesia. It examines how gender and regional differences, such as between Denpasar and Bandar Lampung, moderate this relationship. Additionally, it assesses the combined effects of ACEs, bullying, and peer relationships on depressive symptoms, offering a comprehensive view of adolescent mental health. This research's novelty lies in focusing on Indonesia's unique socio-cultural context and integrating multiple ecological factors. The findings will inform policymakers and educators about fostering positive parent–adolescent communication to prevent depression, emphasizing the need for gender- and region-specific programs such as the “*Roots*” Program and Youth Development Groups (*Kelompok Bermain Muda [KBM]*). Ultimately, the study aims to support Indonesia's future generation during this pivotal demographic transition.

METHOD

This cross-sectional observational study used the secondary data from the 2018 GEAS wave 1. The research was conducted in the city of Yogyakarta, Indonesia and started in August 2021-May 2022. The population in this study included all students aged 10-14 years old who were enrolled in grade 7 in 2018-2019 in 18 selected junior secondary schools (SMP) in three cities in Indonesia, namely Semarang (Java), Bandar Lampung (Sumatra), and Denpasar (Bali).

Respondents in the GEAS gwho met the inclusion criteria were namely being cared for by the main caregivers, who are their parents. The exclusion criteria for this study were teenagers who were missing in the study, answering not knowing or refusing questions on question items regarding depression, having male and female friends, intensity of meeting friends, bullying in adverse childhood experiences (ACEs), and social media. The sample size of GEAS that was successfully invited and agreed to participate totaled 5,283. Considering the inclusion and exclusion criteria based on Figure 1, the sample population analyzed involved 3,441 people. This secondary research received ethical approval from the Medical and Health Research Ethics Committee of the Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada (FK- KMK UGM), Yogyakarta, Indonesia.

Symptoms of depression in early adolescence were obtained from six question items where all of the items had answer choices of strongly agree, slightly agree, neutral, slightly disagree, and strongly disagree. Respondents who answered correctly on the questions would be given a score of 1, and those who answered incorrectly were given a score of 0. The total score of depressive symptoms was obtained from the sum of all the answers to the six question items. For the final analysis, the total score was divided into two categories, namely no: if the total score < mean; and yes: if the total score > mean.

The independent variable in this study was parental interpersonal communication. External variables involved were friends with peers, ACEs, bullying, drug use (drinking alcohol, smoking, and marijuana/other illegal drugs), social media, school environment, neighborhood, age, gender, and region of residence.

The analysis used GEAS-Indonesia data in the 2018 wave 1 which were available in the form of STATA 16 program input, obtained from the Center for Reproductive Health, FK-KMK UGM. Data analysis was processed with the help of STATA version 16 (Stata Corp., College Station, TX). Bivariable analysis used chi-square tests, while multivariable analysis used multiple logistic regression with 95% confidence interval (CI) and significance level of p-value <0.05.

RESULTS AND DISCUSSION

The characteristics of socio-demographic respondents

Based on the sociodemographic characteristics of the adolescents who became respondents in Table 1, it shows that most of the youth in grade 7 at the Junior High School (SMP) level are 10-12 years old. Of the 18 schools that were included in the GEAS survey in three residential locations, according to gender, the largest distribution of respondents was in the city of Denpasar (1,328). Meanwhile, the city of Semarang received smaller results (936) than other cities. This is because at the time of taking the survey, parents asked to be dismissed and the school agreed to requests from parents as guardians of students.

According to the individual characteristics of adolescents, the analysis shows that most adolescents do not experience symptoms of depression (55.9%) and adolescents who experience symptoms (44.1%). It can be seen by gender, the highest distribution is in female adolescents who do not experience symptoms of 1,113 people (59.6%) and 810 boys (51.5%). There are interesting findings from the results of this analysis, it appears that there is a tendency for male adolescents to have a greater distribution (48.5%) to experience symptoms than girls (40.4%).

Based on interpersonal relationships with parents, teenage boys have poor communication with parents (57.1%). This parent-child relationship can be seen from the aspects of speaking comfort, closeness, caring, and control from parents. Adolescent boys and girls spread across the three research cities feel uncomfortable talking to their parents about the problems they are experiencing, and feel that they are less close to their parents, only reaching 1%. Parental care is also very less felt and in adolescent boys and girls who reported that there were no parents who cared about what they thought and felt (1%-2%). Parents only tend to interact or know about daily activities (60%-69%) and the grades of their children's subjects at school (23%-39%).

Interpersonal factors in the family that get unpleasant behavior are bad experiences in childhood (ACEs). The majority of adolescents reported having a history of ACEs 1-3 times and most of them were women (51.3%). The other closest environment, namely peers, reported that the majority of adolescents were friends with the same gender. Boys are more friends with boys (56.5%) and vice versa for girls (54.8%). The use of social media which is quite a lot done by teenagers, can be seen in the intensity in socializing which occurs more via online using text or talking directly using the telephone or computer in adolescent girls (51.7%), while the majority of males meet face-to-face. and online (43%).

Based on the individual factors of adolescents who behave at risk, namely the presence of bullying cases, the majority of which reported being neither victims nor perpetrators in males (40.2%) while females (50.2%). However, based on these findings, it was found that those who reported being victims of bullying were quite a lot and the highest was in women (38.4%). While those who reported being bullies were very few with an average (2.2%). Meanwhile, adolescents who reported consuming alcohol (6%), smoking (16.4%) and consuming other addictive substances (3.4%) were mostly male with a very small percentage compared to those who did not consume.

Factors influencing parental communication with depressive symptoms in early adolescence

Based on the OR value before considering other external variables (unadjusted OR) that adolescents who have a poor relationship with interpersonal communication between parents-adolescents are 39% more likely to experience symptoms of depression than those who have good relationships with parent. Factors that are likely to experience symptoms of depression are intensity in socializing with friends, history of ACEs, cases of bullying, risky behavior (alcohol consumption, smoking, using marijuana), feeling threatened in the school environment and neighbors. Meanwhile, those who are not significantly related to symptoms of depression are adolescents who have female friends and who have social media accounts.

The results of multivariable analysis using the five models found that model 4 is a parsimonious model, this is because model 4 has the smallest AIC value of 4401.1 compared to other models. After analyzing the dependent variable, the main independent variable and other external variables simultaneously, it was found that there was a change in the significance and coefficient of the main independent variable, it was found that there was no significant opportunity to experience symptoms of depression and found a confounding variable, namely ACEs which affected the relationship of the main independent variable to the dependent variable.

Ecological factors that have a significant potential for depressive symptoms include the gender of male adolescents, the research area (Bandar Lampung & Denpasar), adolescents who have many male friends, ACEs, and adolescents who are victims of bullying. Stratification analysis was carried out based on the parsimonious model on variables that had a significant effect while still taking into account parent-child communication on depressive symptoms according to gender and area of residence. There are differences in parent-adolescent communication with depression symptoms.

These finding states that only adolescent girls in the city of Denpasar communicate poorly with their parents and have a significant chance of experiencing symptoms of depression

[OR: 1.4; 95% CI: 1.01-1.95]. Meanwhile, parental communication with adolescent boys in the three research cities did not tend to have a significant effect on experiencing depressive symptoms after considering other factors. The difference in the value of the meaning of parental communication is due to the influence of ACEs which act as a nuisance factor. By considering the ACEs factor lowering the probability value and the level of significance of parent-child communication, there is no significant chance of depressive symptoms. This is because teenagers can still communicate well with their parents if they experience ACEs 1-3 times. Meanwhile, adolescents can establish poor communication with their parents if they have a history of more frequent ACEs (4-5 times or more). If according to the category of history of ACEs, it is found that adolescents who communicate poorly with their parents have a significant chance of experiencing symptoms of depression if they have a history of ACEs more than 5 times compared to adolescents who experience fewer ACEs.

In general, the findings of the study were that male adolescents had a greater proportion (50.3%) experiencing depressive symptoms than girls. Based on GEAS findings, boys are more likely to report experiencing symptoms of depression than girls with 38% of them being so unhappy that they can't sleep at night (S. A. Wilopo, Choiriyah, I., Pinandari, A. W., Setiawan, A., Nugroho, A., P, G. D. & Astrini, Y. P. , 2019). While existing literature studies state that adolescent girls are twice as likely to experience symptoms of depression (Pease & Pease, 2016). This is based on when teenage boys when dealing with a problem tend not to be open and able to control their emotions, so that the findings of teenage boys who experience symptoms of depression are not many (Norcross et al., 2013; Pease & Pease, 2016).

Adolescents with depression symptoms are influenced by emotional changes and parents play an important role in shaping character and behavior in the immediate family environment by building communication and mutual trust with children (Afrilia, Arifina, & Rumah, 2020; Triana, Keliat, & Sulistiowati, 2019). These findings explain that adolescents who communicate poorly do not have a significant chance of depressive symptoms. However, based on stratification by gender and research area, poor parent-adolescent communication has a significant effect on experiencing symptoms of depression in adolescent girls in Denpasar City. This is due to the diversity of non- native cultures that exist in the area.

Denpasar City has a cultural-religious background, the majority is Hindu and the influence of globalization is as a tourism city and contacts with non-native cultures. The influence of local cultural values and global culture including print, electronic and social media is formed on Balinese society as a tourism city that has a more modern life (Suwardani, 2015; S. A. Wilopo, Choiriyah, I., Pinandari, A. W., Setiawan, A., Nugroho, A., P, G. D. & Astrini, Y. P. , 2019). This cultural- religious diversity finds interesting stories and conditions in each region so that these findings cannot be generalized for all regions in Indonesia.

Based on the perspective of adolescent boys and girls in this finding, parents as primary caregivers very rarely communicate about their internal problems to their parents, feel less close to parents, and care less. While the daily activities of teenagers are more controlled by their parents. Control or parental control with cultural diversity in the Asian region is positively correlated with changes in children's emotions and happiness (Louie, Oh, & Lau, 2013). Meanwhile, to build good communication involves affinity (interest), respect (respect), immediacy (closeness), and control (control) (Nurdin, 2020).

Literature studies explain that parents who carry out their roles and functions well can improve individual and psychological well-being of adolescents in dealing with problems (KavehFarsani, Kelishadi, & Beshlideh, 2020; Romero-Abrio et al., 2019; Thomas & Liu, 2017). Adolescents who are not familiar with their parents are 3.7 times more likely to increase symptoms of depression (Emilda, Machira, & Wahab, 2016). These findings show that women's communication patterns are more open, different from men, so that there are not many male adolescents who experience symptoms of depression (Norcross et al., 2013; Pease & Pease, 2016). This finding proves that male adolescents are more likely to have poor communication with their parents. The difference from this pattern illustrates that parents tend to be authoritarian and patrilineal to their children (Citra, 2018; Muttaqin & Ekowarni, 2016). This implies that there are more teenage boys who experience symptoms of depression (S. A. Wilopo, Choiriyah, I., Pinandari, A. W., Setiawan, A., Nugroho, A., P, G. D. & Astrini, Y. P. , 2019).

In the formation of adolescent identity with patrilineal treatment, it has implications for unpleasant behavior carried out by parents, namely the presence of ACEs. The findings of the study indicate that there is a significantly higher chance of up to 5 times greater in adolescent boys who have a history of ACEs 4-5 times or more in the city of Semarang. Meanwhile, the two cities of Bandar Lampung and Denpasar have the same opportunities. This is supported by the 2018 GEAS report, 21% of adolescents have experienced five or more ACEs and this percentage is higher among male adolescents 27% compared to 16% female adolescents (S. A. Wilopo, Choiriyah, I., Pinandari, A. W., Setiawan, A., Nugroho, A., P, G. D. & Astrini, Y. P. , 2019).

The results of Dianovinina (2018), also prove that teenagers who are depressed get violence from their parents (64%). The large potential for ACEs to experience depressive symptoms causes a modification effect and the implications for parental communication are not significant. Adverse childhood experiences cause trauma due to their family or environment (Teonata, 2021). Parents can have a positive impact on the development of depressive symptoms among early adolescents by providing solutions to existing problems (Ioffe, Pittman, Kochanova, & Pabis, 2020; Waller, Silk, Stone, & Dahl, 2014). Actions experienced by adolescents can be in the form of a sense of neglect from parents, feelings of being unloved, getting physically or emotionally abused or witnessing violence in the family that can harm adolescents physically, mentally and emotionally (Kalmakis & Chandler, 2014).

Based on the characteristics in the three research cities, there are differences in the way of communicating with parents with the number of male friends of the same age. In the analysis of the distribution of characteristics of adolescent boys and girls, there is a pattern of making friends with the same sex. However, after considering the area of residence, women have a great chance of making friends with men. This also has an impact on adolescent girls to have a relationship in interacting with parents who are not good. Effective relationships between adolescents and parents require openness, empathy, support, a positive attitude, and equality (Hurlock, 2014). Adolescents are not open with their parents because they feel worried and do not feel comfortable when talking about their friendship with the opposite sex (S. A. Wilopo, Ratnaningsih, I. T. O., Pinandari, A. W., Nugroho, A., Mulyadi, A. W. E. & Puspitasari, K., 2017).

The closest relationship of adolescents in interacting other than parents is with peers within the scope of friendship which according to Asizah (2015), explains that adolescents establish relationships and interactions with people other than parents such as the school environment and the community to make friends with their peers. Like the findings from Kusumaningsih (2013), adolescent interpersonal communication is significantly related to adolescent adjustment to the surrounding environment. However, this finding proved that there was no significant relationship in adolescents with the intensity of meeting friends in person or through social media to experience symptoms of depression.

Most teenagers meet face-to-face with their friends once or twice a week and some claim to meet every day (S. A. Wilopo, Choiriyah, I., Pinandari, A. W., Setiawan, A., Nugroho, A., P, G. D. & Astrini, Y. P., 2019). According to Dianovinina (2018), strengthening that low social skills will cause a teenager to not have close friends, it is not uncommon for teenagers to experience rejection from peers. After considering other factors, the intensity of making friends does not have a significant effect.

Several literature studies say that parental interest can communicate openly and have a positive impact on the development of depressive symptoms among adolescents (Ioffe et al., 2020). Caring parents are those who try their best to meet the needs of their children (Holcomb, Latham, & Fernandez-Baca, 2015). Meanwhile, closeness in the family is important to increase harmony, happiness, and family health (Shen et al., 2017). Research Birkeland, Breivik, and Wold (2014), reinforces that adolescents who do not have closeness with their parents increase the risk of doing negative things.

One of the factors that encourage adolescents to carry out risky behavior is the support and influence of peers (Nurhayati & Fajar, 2017; Pangestu, Cahyo, & Kusumawati, 2017). On the other hand, peer influence is one of the main sources of interaction besides parents and trying to explore themselves independently to get information (Meuwese, Cillessen, & Güroğlu, 2017). The risk behavior in question is the influence of unhealthy and health-disrupting relationships such as smoking, consumption of alcoholic beverages and risky sexual behavior (Hidayangsih, 2014; Silmi, 2019). However, after considering other factors, it had no direct effect on experiencing depressive symptoms in those users. Very little distribution was found in those who reported engaging in risky behavior, which could influence the relationship. Meanwhile, in the literature study, it is stated that a person will cause depression by consuming illegal drugs such as marijuana/marijuana, heroin/putauw, cocaine, ecstasy, and meth/shabu-shabu (Lubis NL, 2019).

Considering other factors, drug use did not have a significant relationship with depressive symptoms. This is related to the GEAS findings showing the percentage of adolescents who reported using drugs, alcohol (3%), smoking (8%), using drugs (2%). Research conducted by Reza (2016), states that the role of parents in overcoming the consumption of illegal drugs by establishing caring interactions can form self-defense from negative actions such as hurting yourself.

The cultivation of values to form effective interpersonal communication between parents and adolescents still tends to be low in achieving adolescent self-identity with family social support and adaptation support with their surroundings (Irianto, Aimon, Nirwana, & Prasetya, 2018). This can explain from these findings which found that the school environment and neighbors did not have a direct effect on experiencing symptoms of depression. More teenagers

were found who felt not threatened or felt pressured in their immediate environment. Pressure and discomfort at school will shape behavior and health in school-age children (Kleszczewska, Mazur, & Siedlecka, 2019). Meanwhile, the GEAS findings explain that adolescents have a significant relationship in their living environment with feelings of insecurity or threat, up to 21% of adolescents claiming to have carried sharp weapons for protection (S. A. Wilopo, Choiriyah, I., Pinandari, A. W., Setiawan, A., Nugroho, A., P, G. D. & Astrini, Y. P. , 2019). This is related to a bad living environment that creates feelings of insecurity and discomfort so that it can cause a person to become stressed, anxious, feeling panicked and depressed (Dharmayanti, Tjandrarini, Hidayangsih, & Nainggolan, 2018).

Other depressed feelings due to acts of violence experienced by adolescents can occur in the surrounding environment (Laurenzi et al., 2020). Van Droogenbroeck, Spruyt, and Keppens (2018), revealed that psychological stress with gender differences can easily cause anxiety and depression in adolescent girls. These findings indicate that cases of bullying in adolescents have the same chance of becoming victims in the city of Semarang, both male and female adolescents. Meanwhile, teenagers who have the opportunity to be perpetrators occur in the city of Denpasar. From the 2019 GEAS-Indonesia report study, it was found that 16% had been victims of physical violence by peers, 11% had experienced verbal violence by, and 12% had been perpetrators of verbal and physical violence against their peers during the last 6 months. Based on research conducted by Lösel, Ttofi, and Theodorakis (2012), showed that there was a relationship between bullying behavior experienced by victims and depression in later life.

The perpetrators of bullying cases spread across the three research cities, where boys reported being perpetrators in the city of Denpasar, while girls reported being perpetrators in the cities of Badar, Lampung and Semarang. The characteristics and diversity of the research area have equal opportunities to become victims and perpetrators of violence both verbally and physically (S. A. Wilopo, Choiriyah, I., Pinandari, A. W., Setiawan, A., Nugroho, A., P, G. D. & Astrini, Y. P., 2019). Bullying or threatening and committing acts of violence such as slapping, hitting or physically hurting many men in the city of Semarang. Aggressiveness and bullying between peers in boys tend to be involved in these risky behaviors compared to adolescent girls (S. A. Wilopo, Choiriyah, I., Pinandari, A. W., Setiawan, A., Nugroho, A., P, G. D. & Astrini, Y. P., 2019). The existence of cases of bullying or risky behavior that interferes with adolescents can reduce the relationship that occurs in the family between parents and children. This can lead to social dysfunction and emotional management such as frequent rejection, excessive fear and feelings of inadequacy in carrying out activities in the environment (Nowak, Gaweda, Jelonek, & Janas-Kozik, 2013)

CONCLUSION

This study concluded that overall, poor communication between adolescents and their parents does not significantly affect the presence of depression symptoms compared to good communication; however, specific ecological factors—including being male, residing in Bandar Lampung or Denpasar, having many male friends, a history of *Adverse Childhood Experiences* (ACEs), and experiencing bullying—are associated with early adolescent depression symptoms. Notably, poor parental communication significantly increases the risk of depression symptoms in adolescent girls in Denpasar, especially those with a history of more than five ACEs. Based on these findings, it is recommended to develop appreciative

communication skills among adolescents, particularly girls in Denpasar, and to strengthen targeted mental health programs such as the Youth Development Group (*Kelompok Bermain Muda [KBM]*), the “*Roots*” Program, and the *Family Hope Program* (PKH) in Bandar Lampung and Denpasar. Future research should explore longitudinal impacts of these interventions and investigate the mechanisms by which regional and gender differences influence the relationship between parental communication and adolescent depression within Indonesia’s diverse socio-cultural contexts.

REFERENCES

- Afrilia, A. M., Arifina, A. S., & Rumah, P. P. (2020). *Buku ajar komunikasi interpersonal*. Pustaka Rumah C1nta.
- Asizah. (2015). *Children disruptive behavior well-being: Pentingnya hubungan anak*. Psychology Forum UMM.
- Berg, N., Kiviruusu, O., Karvonen, S., Rahkonen, O., & Huurre, T. (2017). Pathways from problems in adolescent family relationships to midlife mental health via early adulthood disadvantages—a 26-year longitudinal study. *PLOS ONE*, 12(5), e0178136. <https://doi.org/10.1371/journal.pone.0178136>
- Birkeland, M. S., Breivik, K., & Wold, B. (2014). Peer acceptance protects global self-esteem from negative effects of low closeness to parents during adolescence and early adulthood. *Journal of Youth and Adolescence*, 43(1), 70–80.
- BKKBN. (2020). *Bonus demografi, peluang atau tantangan menuju Indonesia emas 2045*. Jakarta: BKKBN.
- Blum, R. W., Astone, N. M., Decker, M. R., & Mouli, V. C. (2015). A conceptual framework for early adolescence: A platform for research. *International Journal of Adolescent Medicine and Health*, 26(3), 321–331.
- Blum, R. W., Mmari, K., & Moreau, C. (2017). It begins at 10: How gender expectations shape early adolescence around the world. *Journal of Adolescent Health*, 61(4), S3–S4.
- Citra, Y. (2018). *Hubungan antara persepsi terhadap pola asuh otoriter orang tua dengan perilaku menjalin persahabatan pada remaja* [Skripsi tidak diterbitkan, Universitas Islam Riau].
- Darman, R. A. (2017). Mempersiapkan generasi emas Indonesia tahun 2045 melalui pendidikan berkualitas. *Edik Informatika*, 3(2), 73–87.
- Dharmayanti, I., Tjandrarini, D. H., Hidayangsih, P. S., & Nainggolan, O. (2018). Pengaruh kondisi kesehatan lingkungan dan sosial ekonomi terhadap kesehatan mental di Indonesia. *Jurnal Ekologi Kesehatan*, 17(2), 64–74.
- Dianovinina, K. (2018). Depresi pada remaja: Gejala dan permasalahannya. *Journal Psikogenesis*, 6(1), 69–78.
- Emilda, F., Machira, C., & Wahab, A. (2016). Keakraban orang tua-remaja dan depresi remaja SMA di Kota Yogyakarta. *Berita Kedokteran Masyarakat*, 32(10), 379–384.
- Holcomb, J., Latham, K., & Fernandez-Baca, D. (2015). Who cares for the kids? Caregiving and parenting in Disney films. *Journal of Family Issues*, 36(14), 1957–1981.
- Hurlock, E. B. (2014). *Psikologi perkembangan: Suatu pendekatan sepanjang rentang kehidupan* (Edisi ke-5).

- Ioffe, M., Pittman, L. D., Kochanova, K., & Pabis, J. M. (2020). Parent–adolescent communication influences on anxious and depressive symptoms in early adolescence. *Journal of Youth and Adolescence*, 49(8), 1716–1730.
- Irianto, A., Aimon, H., Nirwana, H., & Prasetya, A. T. (2018). Komunikasi interpersonal antara orang tua dan anak remaja serta identitas diri remaja. *Populasi*, 26(1), 16–25.
- Kalmakis, K. A., & Chandler, G. E. (2014). Adverse childhood experiences: Towards a clear conceptual meaning. *Journal of Advanced Nursing*, 70(7), 1489–1501.
- KavehFarsani, Z., Kelishadi, R., & Beshlideh, K. (2020). Study of the effect of family communication and function, and satisfaction with body image, on psychological well-being of obese girls. *Child and Adolescent Psychiatry and Mental Health*, 14, 1–10.
- Kieling, C., & Rohde, L. A. (2012). Child and adolescent mental health research across the globe. *Journal of the American Academy of Child and Adolescent Psychiatry*, 51(9), 945–947.
- Kusumaningsih, M. R. (2013). Hubungan antara komunikasi interpersonal dengan penyesuaian diri pada siswa remaja. *Character: Jurnal Penelitian Psikologi*, 2(1).
- Lösel, F., Ttofi, M. M., & Theodorakis, N. (2012). School bullying, depression and offending behaviour later in life: An updated systematic review of longitudinal studies. *International Journal of Developmental Science*, 11(1–2), 2–16.
- Louie, J. Y., Oh, B. J., & Lau, A. S. (2013). Cultural differences in the links between parental control and children’s emotional expressivity. *Cultural Diversity and Ethnic Minority Psychology*, 19(4), 424–432.
- Lubis, N. L. (2019). *Depresi: Tinjauan psikologi*. Kencana.
- Meuwese, R., Cillessen, A. H., & Güroğlu, B. (2017). Friends in high places: Peer status as predictor of friendship quality. *Social Development*, 26(3), 503–519.
- Norcross, J. C., Campbell, L. F., Grohol, J. M., Santrock, J. W., Selagea, F., & Sommer, R. (2013). *Self-help that works: Resources to improve emotional health and strengthen relationships*. Oxford University Press.
- Nurdin, A. (2020). *Teori komunikasi interpersonal disertai contoh fenomena praktis*.
- Pease, A., & Pease, B. (2016). *Why men don't listen & women can't read maps: How to spot the differences in the way men & women think*. Gramedia Pustaka Utama.
- Pinto, A. C. S., Luna, I. T., Silva, A. A., Pinheiro, P. N. C., Braga, V. A. B., & Souza, Â. M. A. (2014). Risk factors associated with mental health issues in adolescents: An integrative review. *Revista da Escola de Enfermagem da USP*, 48, 555–564.
- Rapee, R. M., Oar, E. L., Johnco, C. J., Forbes, M. K., Fardouly, J., Magson, N. R., & Richardson, C. E. (2019). Adolescent development and risk for the onset of social-emotional disorders: A review and conceptual model. *Behaviour Research and Therapy*, 123, 103501.
- Ren, Z., Zhou, G., Wang, Q., Xiong, W., Ma, J., He, M., ... Gong, P. (2019). Associations of family relationships and negative life events with depressive symptoms among Chinese adolescents: A cross-sectional study. *PLOS ONE*, 14(7), e0219939.
- Reza, I. F. (2016). Peran orang tua dalam penanggulangan penyalahgunaan narkoba pada generasi muda. *Psikis: Jurnal Psikologi Islami*, 2(1).
- Romero-Abrio, A., Martínez-Ferrer, B., Musitu-Ferrer, D., León-Moreno, C., Villarreal-González, M. E., & Callejas-Jerónimo, J. E. (2019). Family communication problems,

- psychosocial adjustment and cyberbullying. *International Journal of Environmental Research and Public Health*, 16(13), 2417.
- Suwardani, N. P. (2015). Pewarisan nilai-nilai kearifan lokal untuk memproteksi masyarakat Bali dari dampak negatif globalisasi. *Jurnal Kajian Bali*, 5(2), 247–264.
- Teonata, A. (2021). Mengenal tentang Adverse Childhood Experience (pengalaman masa kecil yang merugikan). Dalam *Bunga Rampai Keluarga Tangguh 2* (hlm. 29).
- Triana, R., Keliat, B. A., & Sulistiowati, N. M. D. (2019). The relationship between self-esteem, family relationships and social support as the protective factors and adolescent mental health. *Humanities & Social Sciences Reviews*, 7(1), 41–47.
- Van Droogenbroeck, F., Spruyt, B., & Keppens, G. (2018). Gender differences in mental health problems among adolescents and the role of social support. *BMC Psychiatry*, 18, 1–9.
- Wilopo, S. A., Choiriyah, I., Pinandari, A. W., Setiawan, A., Nugroho, A., P. G. D., & Astrini, Y. P. (2019). *Kesehatan remaja awal di Indonesia: Temuan dari GEAS-Indonesia 2019*. Yogyakarta: Pusat Kesehatan Reproduksi FK-KMK UGM.
- Wilopo, S. A., Ratnaningsih, I. T. O., Pinandari, A. W., Nugroho, A., Mulyadi, A. W. E., & Puspitasari, K. (2017). *Studi kualitatif kesehatan reproduksi remaja di Indonesia*. Yogyakarta: FK-KMK UGM.
- World Health Organization. (2020). *Adolescent mental health*. <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>