

## THE RELATIONSHIP BETWEEN FAMILY COMMUNICATION PATTERNS AND THE INCIDENCE OF DEPRESSION IN ADOLESCENTS

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### Abstract

*Mental health problems are very likely to occur in people who are adolescents. Poor communication between parents and adolescents can cause mental health problems, namely depression in adolescents. This study aims to determine the relationship between family communication patterns and depression of adolescents. This study used a quantitative research method with a cross sectional approach. The research sample was adolescents at SMA 8 Pekanbaru, as many as 308 people who were recruited using a stratified random sampling technique. The measurement tools used were Revised Family Communication Pattern (RFCP) and Children Depression Inventory (CDI). The statistical analysis used the chi square test. The results showed the most of respondents were female (56.8%), the most of respondents were 16 years old (40.9%), the most of respondents' family communication pattern were consensual (61.0%) and the most of respondents had depressive symptoms (50.6%). Based on the chi square test, it was concluded that  $p$  value = 0.003 ( $<0.05$ ) means that there is a relationship between family communication patterns and depression of adolescents. Based on the results of the study, it is hoped that the school can actively facilitate ways to solve mental health problems, prevention strategies and appropriate treatment to overcome depression in adolescents and to the community can know the well family communication patterns so as to prevent mental health problems, especially depression in adolescents.*

**Keywords :** *adolescent, family communication pattern, depression.*

### Introduction

Health should not only be seen physically, but also from a spiritual, mental and spiritual perspective. Mental health is very important to become someone who is useful and able to socialize with the surrounding life. Mental health is defined as a state where a person is able to experience physical, social, mental and spiritual development. In this state, a person is aware of his/her abilities, able to cope with stress, can work productively and is able to contribute positively to their community.<sup>1</sup>

The most common mental health problems occur in individuals entering late childhood and adolescence.<sup>2</sup> This is proven by data from *the World Health Organization* which shows that 970 million people or 1 in 8 people live with mental

disorders worldwide such as As many as 280 million people suffer from depression and 23 million of them are children and adolescents <sup>3</sup>. Every year, more than 700 thousand people die from suicide. One of the leading causes of death among people aged 15 to 29 years is suicide <sup>4</sup>.

The percentage of depression in Indonesia is 6.1% of mental health problems in Indonesia. Data on the prevalence of depression in the population aged  $\geq 15$  years according to Province, Central Sulawesi Province has the highest proportion of depression 3 at 12.3%. Meanwhile, according to its characteristics, 6.2% of people in the 15 to 24 year old age group experience depression, more often in women at 7.4% compared to men at 4.7% and in urban areas tend to experience higher depression at 6.3% compared to 5.8% of depression cases in rural areas. Riau Province ranks 12th with depression at 6.6% and Pekanbaru City has a proportion of depression at 4.55% <sup>5</sup>.

Based on previous research, the problem of depression disorder in adolescents is characterized by a feeling of restlessness and anxiety that results in sleep disorders, decreased concentration and difficulty sleeping. This also causes difficulty in participating in learning activities and socializing with peers at school <sup>6</sup>. Poor communication between parents and teenagers can lead to mental health problems, namely depression in teenagers. As in one of the previous studies that stated that teenagers can experience more stress, greater study load, high expectations from parents and weaker parent-teen bonds, all of these factors increase their chances of experiencing depression <sup>7</sup>.

Parents should make teenagers feel safe, valued and heard when communicating with them. Parents who used to make demands now become companions. Parents who used to give A-Z instructions to teenagers should start talking to teenagers like friends <sup>8,9</sup>. Study which was previously conducted showed that from 216 teenagers aged 15 to 18 years, it was found that there was a difference in the degree of depression between teenagers who had good relationships with their parents and teenagers who had bad relationships with their parents <sup>10,11</sup>.

A preliminary study was conducted by researchers on 10 teenagers at SMA Negeri 8 Pekanbaru by giving open questions about family communication patterns in the teenagers and distributing questionnaires to assess the level of depression

experienced. The results of the preliminary study found that 2 people did not have symptoms of depression and 8 people had symptoms of depression and various communication patterns between parents and teenagers were found, namely pluralistic, protective, *laissez-faire* and consensual communication patterns. So from the explanation above and with the absence of research on family communication patterns with the incidence of depression in teenagers, researchers are interested in conducting research on "The Relationship between Family Communication Patterns and the Incidence of Depression in Teenagers".

## **Method**

This research method is a quantitative research method using an observational-analytic research design with a *cross-sectional* design . The population in this study were all teenagers at SMA Negeri 8 Pekanbaru, totaling 1,345 people. The sampling technique used in this study is *stratified random sampling*. and using the Slovin formula with a 5% error rate to calculate the overall sample size of the study . The sample size in this study was 308 people with the number of samples in each stratum, namely in class X totaling 99 people, class XI totaling 109 people, class XII IPA totaling 25 people and class XII IPS totaling 75 people. Sample selection requires inclusion and exclusion criteria from the population which must be stated clearly and logically.

The type of instrument used in this study is by using a questionnaire. The instrument used is a questionnaire consisting of 3 parts where the first part contains questions related to the characteristics of the respondents, the second part contains statements related to family communication patterns . and the third part of the statement related to depression . The questionnaire used in part two was *the Revised Family Communication Pattern (RFCP)* which had been used in previous studies with a *Cronbach's Alpha value* of 0.684. The number of statements in the second part of the questionnaire was 26 statements with a value of 3 for "agree", 2 for "uncertain" and 1 for "disagree". As for The third part contains a depression questionnaire , namely *the Children Depression Inventory (CDI)* to measure symptoms of depression in children and adolescents (aged 7-19 years). which has been used in previous studies with a *Cronbach's Alpha value* of 0.7135. The

statements in this section consist of 27 statements with a score of 0 indicating minimal symptoms, a score of 1 indicating moderate symptoms and a score of 2 indicating major symptoms.

Data analysis in this study is a univariate analysis conducted to determine the characteristics of respondents, a description of family communication patterns and a description of the incidence of depression in adolescents and a bivariate analysis conducted to determine whether there is a relationship between family communication patterns and the incidence of depression in adolescents using the *Chi-square* statistical test . This study has been declared ethically feasible with Decree Number 860 / UN19.5.1.8 / KEPK.FKp / 2023.

## Results

### 1. Respondent Characteristics

**Table 1**  
**Distribution of Respondent Characteristics**

Respondent Characteristics	Frequency (f)	Percentage (%)
<b>Gender</b>		
Woman	173	56.8
Man	133	43.2
<b>Age</b>		
15 years	53	17.2
16 years	126	40.9
17 years	103	33.4
18 years	26	8.4
<b>Total</b>	<b>308</b>	<b>100</b>

Based on table 1 above, it was found that the gender of the majority of respondents was female, namely 175 respondents (56.8%) and more respondents were 16 years old, namely 126 respondents (40.9%).

### 2. Family Communication Patterns Overview

**Table 2**  
**Distribution of Family Communication Patterns**

Communication Patterns	Frequency (f)	Percentage (%)
<i>Laissez faire</i>	25	8.1
Consensual	188	61.0
Pluralistic	53	17.2
Protective	42	13.6
<b>Total</b>	<b>308</b>	<b>100</b>

Based on the table 2 above, it was obtained that the most respondents' family communication pattern was the consensual communication pattern,

which was 188 respondents (61.0%). While the *laissez-faire* family communication pattern was 25 respondents (8.1%), the pluralistic family communication pattern was 53 respondents (17.2%) and the protective family communication pattern was 42 respondents (13.6%) .

### 3. Overview of Depression in Adolescents

**Table 3**  
**Distribution of Depression Incidents in Adolescents**

Depression Incidence in Adolescents	Frequency (f)	Percentage (%)
Have no symptoms	152	49.4
Having symptoms	156	50.6
<b>Total</b>	<b>308</b>	<b>100</b>

Based on table 3 above, it was found that there were more respondents who had symptoms of depression, namely 156 respondents (50.6%) and respondents who did not have symptoms of depression, namely 152 respondents (49.4%).

### 4. The Relationship between Family Communication Patterns and the Incidence of Depression in Adolescents

**Table 4**  
**The Relationship between Family Communication Patterns and the Incidence of Depression in Adolescents**

Family Communication Patterns	Depression Incident				Total	<i>P value</i>
	No Symptoms		Having Symptoms			
	f	%	F	%		
<i>Laissez faire</i>	8	32.0	17	68.0	25	100
Consensual	96	51.1	92	48.9	188	100
Pluralistic	19	35.8	34	64.2	53	100
Protective	29	69.0	13	31.0	42	100
<b>Total</b>	<b>152</b>	<b>49.4</b>	<b>156</b>	<b>50.6</b>	<b>308</b>	<b>100</b>

Based on table 4 above, the results of the analysis of the relationship between family communication patterns and the incidence of depression in adolescents are obtained. The results of the analysis show that the most common family communication pattern is a consensual communication pattern, namely 188 respondents with no symptoms of depression, namely 96 respondents (51.1%). The results of the Pearson *chi-square test* with a 4x2 table obtained a *p value*  $<\alpha$ , namely 0.003  $<0.05$  so that  $H_0$  is rejected and  $H_a$  is accepted, it can be concluded that there is a relationship between family communication patterns and the incidence of depression in adolescents.

## **Discussion**

### **1. Respondent Characteristics**

The results of this study showed that more respondents were female, namely 175 people (56.8%). Factors such as hormonal and physiological changes that are different from men can be the cause of a higher tendency for women to experience depression. Women are more likely to use feelings when experiencing pressure or situational factors that cause stress, are more sensitive to interpersonal relationships and tend to solve problems in an emotional way<sup>12</sup>. The results of this study are in line with previous research that found that the percentage of female adolescents identified as having symptoms of depression was higher than male adolescents, which was caused by several things such as differences in gender characteristics, differences in the way male and female adolescents design solutions to problems, and the existence of events or incidents that were considered stressful for male and female adolescents<sup>13</sup>.

In addition, there are significant differences in the way men and women respond to negative emotions, such as women tend to ruminate more on situations, often blame themselves or magnify their sadness in response to the situation they are experiencing<sup>10</sup>. This is also in line with previous research that gender can influence adolescent emotional problems, one of which is depression by looking at the way problems are resolved between male and female adolescents<sup>14,15</sup>.

The results of this study also showed that more respondents were aged 16 years, namely 126 people (40.9%). During this period, emotional changes occur rapidly and adolescents who have difficulty adapting to these changes may experience problems such as feelings of inadequacy, meaninglessness and pessimism because they may have difficulty in solving their personal problems<sup>16</sup>. The results of this study are in line with previous studies that show that 16-year-old adolescents have seen physical development and at that age emotional development changes. Problems in fulfilling adolescent needs more often cause overwhelming emotions. Adolescents experience many changes that require them to adapt<sup>17</sup>.

## 2. Family Communication Patterns Overview

The results of this study indicate that the most common family communication pattern of respondents is a consensual communication pattern, which is 188 people (61.0%). This communication pattern likes to talk to each other, but parents still hold authority in the family<sup>18</sup>. The consensual communication pattern has a high *conversation orientation dimension* where children can talk freely to their parents so that they can create space for children<sup>19</sup>. However, the consensual communication pattern also has a high *conformity orientation communication dimension* which tends to cause symptoms of depression. Because children must follow and obey their parents, it can be an obstacle to the creation of self-identity, emotional development and self-concept in adolescents. Pressure from the family can contribute to the inability to communicate so that children tend to be silent regarding the psychological problems they experience<sup>20</sup>.

previous studies that consensual patterns with high *conversation orientation dimensions* and high *conformity orientation* have a relationship with depression. This study states that families can be both a sedative and a source of depression because families with high *conformity orientation* can put more pressure on adolescents so that adolescents cannot act according to their wishes compared to allowing adolescents to be independent<sup>21</sup>.

Meanwhile, the communication pattern that is considered a good coping strategy is a pluralistic communication pattern<sup>22</sup>. This finding is supported by the results of previous research that the best communication pattern is two-way communication between children and parents. This allows children to feel that their opinions are accepted and appreciated, and parents can continue to guide, guard and supervise children optimally. The pluralistic pattern is more open communication, so that parents often talk to their children<sup>23</sup>.

## 3. Overview of Depression in Adolescents

The results of this study showed that more respondents, namely teenagers, had symptoms of depression, namely 156 people (50.6%). Problems that often arise in adolescents involve conflict with parents and a tendency to engage in

risky behavior, which in turn can cause health problems, both in terms of physical and mental health <sup>24</sup>.

The results of this study are in line with previous studies that respondents in this study were identified as having symptoms of depression by showing feelings of sadness that last a long time, a desire to withdraw from social activities or isolate themselves, lack of concentration in class, decreased appetite or overeating, problems with eating patterns, problems with sleep patterns and often feeling tired. This study explains that adolescence can be considered a vulnerable period for depression, which is triggered by academic demands, social pressure and pressure from the family environment. <sup>12</sup>.

#### **4. The Relationship between Family Communication Patterns and the Incidence of Depression in Adolescents**

The results of this study indicate that 17 respondents (68%) with a *laissez-faire family communication pattern* have symptoms of depression, 96 respondents (51.1%) with a consensual family communication pattern do not have symptoms of depression, 34 respondents (64.2%) with a pluralistic family communication pattern have symptoms of depression and 29 respondents (69.0%) with a protective communication pattern do not have symptoms of depression. The results of this study indicate that the analysis of the Pearson *chi-square test* between the variables of family communication patterns and depression variables in adolescents obtained a p value  $< \alpha$ , namely  $0.003 < 0.05$  so that  $H_0$  is rejected and  $H_a$  is accepted, it can be concluded that there is a relationship between family communication patterns and the incidence of depression in adolescents.

The quality of relationships with parents can be a risk factor for depression in adolescents <sup>11</sup>. Adolescents need attention and a supportive environment. Effective communication between adolescents and parents has a key role in preventing negative impacts, such as depression in adolescents <sup>12</sup>. The results of this study are in line with previous studies that have shown that family communication with depression has a significant relationship. Families who experience ineffective communication cause them to be unable to teach

teenagers the basics of communication. In addition, teenagers tend to experience communication disorders that can lead to depression if they do not have a good social environment and support for communication <sup>25</sup>.

Adolescents who are able to maintain positive relationships with their parents tend to enjoy optimal physical and mental health. In contrast, adolescents who frequently experience conflict with their parents and receive little support are at risk of engaging in risky behaviors such as drug use, alcohol consumption and smoking. They may also experience difficulties associated with depressive symptoms <sup>26</sup>. The results of research that has been carried out previously showed that positive parent-adolescent communication patterns were negatively associated with depressive symptoms in adolescents. This study suggests that attachment between adolescents and their parents can be maintained through positive communication. This will help adolescents actively cope with stress and reduce their chances of experiencing depression <sup>7</sup>.

The results of this study also showed that more respondents with *laissez-faire* and pluralistic family communication patterns had symptoms of depression, while for consensual and protective family communication patterns, more respondents did not have symptoms of depression. These findings are inconsistent with the literature stating that pluralistic communication patterns are considered good coping strategies <sup>27</sup>. Pluralistic communication patterns have a high *conversation orientation dimension* with a family communication environment that encourages all family members to participate freely in discussions on various topics and also has a low *conformity orientation dimension* that usually suppresses the individuality of family members <sup>21</sup>.

The inconsistent results with the literature in this study may be influenced by other causes that trigger the occurrence of depression in adolescents. One of them is in the school environment that can trigger depression in adolescents, namely competition between students, excessive expectations from teachers and parents towards children and the quality of education received <sup>28</sup>. The

results of previous research show that one of the factors that can cause depression is depressed teachers and peers in the school environment<sup>29</sup>.

In addition, bullying factors *can* also trigger depression in adolescents<sup>10</sup>. The results of previously conducted research show that there is a correlation *bullying* with depression. *Bullying* by peers can be a stressor for teenagers. Therefore, it is important for adolescents to have a high level of self-confidence so that they are more resistant to negative influences from their peers<sup>30</sup>.

### **Conclusion**

Based on the results of the study conducted on 308 respondents aged 15-18 years at SMA Negeri 8 Pekanbaru, it can be concluded that the gender of the respondents is mostly female as many as 175 respondents (56.8%) and more respondents aged 16 years as many as 126 respondents (40.9%). The results of the study showed that the description of the most common family communication pattern is a consensual family communication pattern as many as 188 respondents (61.0%) and the description of the most common depression incidents is having symptoms of depression as many as 156 respondents (50.6%). Based on the results of statistical tests related to the relationship between family communication patterns and the incidence of depression in adolescents, the p value  $< \alpha$  is obtained, namely  $0.003 < 0.05$  so that  $H_0$  is rejected and  $H_a$  is accepted, implying that there is a relationship between family communication patterns and the incidence of depression in adolescents.

The limitation of this study is that the researcher only conducted research and analysis of family communication patterns from the perspective of the research respondents, namely adolescents, and did not involve parents in the study. Other researchers who will continue this research should develop the research by also conducting research and analysis related to family communication patterns from the perspective of the parents of the respondents.

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