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Depression and associated factors among children of prisoners in Bandar Lampung Prison, Indonesia

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Abstract

Background: Depression can be caused by several factors, such as genetics, psychosocial, personality, psychodynamics, failure, and cognitive. Another factor in the occurrence of depression in children is the lack of positive reinforcement and family support.

Purpose: To explain the factors that influence depression in children who are convicts at class II special penitentiary for children in Bandar Lampung.

Method: Quantitative cross sectional on 75 samples selected through the technique simple random sampling. The research used a questionnaire that was given directly to respondents. Data were analyzed univariate and bivariate with chi square.

Results: Statistical test with chi square between age and the occurrence of depression were obtained p-value = 0.539 (p-value > $\alpha = 0.05$), for family support with the occurrence of depression obtained p-value = 0.001 (p-value < $\alpha = 0.05$), with value Odds Ratio (OR) of 20,769 indicates that respondents who did not receive family support had a 20.8 times risk of experiencing mild-significant depression compared to respondents who received family support, while the length of sentence with the occurrence of depression was obtained p-value = 1.000 (p-value > $\alpha = 0.05$), and mechanism coping with the occurrence of depression is obtained p value = 0.014 (p-value < $\alpha = 0.05$), with value Odds Ratio (OR) of 5,000 indicates a mechanism respondent coping maladaptive have a 5 times risk of experiencing mild-significant depression compared to mechanical respondents coping it's adaptive.

Conclusion: There is no relationship between age and length of sentence and the occurrence of depression and there is a relationship between family support and mechanisms coping with the occurrence of depression in convicts at class II special penitentiary for children in Bandar Lampung.

Keywords: Convicts; Depression; Special Penitentiary for Children.

INTRODUCTION

Depression is the number 4 disease in the world which can cause the sufferer or person to die. Indonesian citizens aged over 15 years experience depression with a prevalence of 6.1% of the entire population in 33 provinces in Indonesia (Ministry of Health of the Republic of Indonesia, 2017).

According to Review of General Psychiatry, The epidemiology of lifetime depression shows a prevalence of 7-12% for men and 20-25% for women. The reasons for the difference in prevalence

rates between men and women cannot be explained much, but biological and socio-cultural factors also influence it. Depression can be divided into two, namely, episode depression and recurrent depression. Depressive episodes are divided into three degrees of severity, namely, mild episodes, moderate episodes, and severe episodes (can be with or without psychotic symptoms) (Ministry of Health of the Republic of Indonesia, 2015; Mayasari, 2013).

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Depression in childhood is often difficult to detect, because at pre-school age the super ego has not yet developed, so children have difficulty telling about their experiences and expressing their feelings whether they currently feel angry, sad, disappointed and hopeless. Symptoms of depression that arise are actually in the form of crying for help towards parents, but because of behavior. The negativity that is attached often makes parents, teachers and adults upset, children hope to get help but often receive punishment, which of course makes their depression worse and has an impact on the child's growth and development (Pratiwi, & Rusinani, 2020).

It is estimated that 15% of children in Indonesia experience depression, but this condition is poorly understood by the environment, because children find it difficult to express their feelings, and more and more emotional and behavioral disorders appear. According to DSM-IV-TR, the prominent symptoms of childhood depression are: irritability (anger). Depression in children can continue into adolescence and is often associated with alcohol and substance abuse, behavioral disorders, committing crimes such as murder, theft, and misuse of sharp weapons (Munson, 2013; Mayasari, 2013).

Depression can be caused by several factors, such as genetics, psychosocial, personality, psychodynamics, failure, and cognitive. Another factor in the occurrence of depression in children is the lack of positive reinforcement and family support (Saam & Wahyuni, 2012).

The suicide rate is higher at a young age, children and teenagers who are depressed will increase the risk of committing suicide because they feel depressed, around 800,000 people die from suicide per year in the world. Meanwhile, school-aged children are a vulnerable group who have a high risk of experiencing psychosocial problems (World Health Organization, 2019).

Psychosocial problems, in Guidelines for the classification and diagnosis of mental disorders in Indonesia (*PPGDJ III*) are categorized in axis IV which consists of problems with primary support group or family, problems with the social environment, problems with education, employment, housing, the economy, problems with access to health services, problems related to law/crime. Children who have legal/criminal problems will be given guidance at the Special Children's Correctional

Institution, the child will serve the length of sentence according to the judge's decision (Mayasari, 2013).

The prevalence of depression in prisoners is 75.4%, prisoners experience depression with a depression rate of 24.6%, prisoners are not depressed (minimal depression), mild depression is 28.7%, moderate depression is 38.5% and severe depression is 8.2% (Karnovinanda & Suciati, 2014). Meanwhile, according to research results in Malaysia, it shows that compared to imprisoned adults, imprisoned children have a much higher prevalence of disease, mental health and substance dependence, other studies show that the prevalence of psychological damage is very high at 10%-15% prisoners, child detention conditions and the most common mental disorders are depression, narcotics addiction and unstable emotional symptoms due to perceived trauma (Ahmad & Mazlan, 2014).

Based on the results of a literature study, 5 articles were analyzed, explaining that depression is influenced by several factors, including marital status, ethnicity, gender and age, not having a good attitude towards oneself and others, violence and discrimination, lack of privacy, new experiences in correctional centers, poor health, length of imprisonment, responsibility for children, history of alcohol and smoking, family support and activity programs in prison. The five articles show that depression in prisoners is influenced by sociodemographic, psychosocial, biological, environmental factors and recidivism status (Hidayati, Nurhalimah, Alam, Kharisma, & Arunita, 2021).

The Lampung Regional Police's Directorate of General Criminal Investigation noted that 53 children have become perpetrators of criminal acts since the beginning of 2022. The number of cases involving children in conflict with the law varies. From theft, abuse, immorality, etc. For the period January March 2022, there were 53 children in conflict with the law. The largest number of perpetrators were in the Bandar Lampung Police jurisdiction with 12 cases and the East Lampung Police with 11 cases. Even though the number 53 is still under hundreds, an average of 53 children in conflict with the law every 3 months can be said that almost every day there are children who commit crimes in Lampung (Sardio, 2022).

Children who are in conflict with the law have a

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special place called the Special Children's Correctional Institution, which functions to foster and educate correctional students (Law Number 3 of 1997 concerning Juvenile Justice). One of the Special Children's Correctional Institutions (*LPKA*), is *LPKA* Class II Bandar Lampung, which functions as a place to provide guidance to children of correctional institutions. Through this guidance, it is hoped that children will receive guidance as a form of legal protection and then be able to return to the social environment and socialize with other people in a normal and reasonable manner (Zonarni, 2021; Eriza, 2018).

Based on a pre-survey and interviews with medical officers that I conducted at the Bandar Lampung Class II Special Children's Correctional Institution, the diseases that convicts often experience are skin diseases, because the facilities are inadequate so that children sometimes do not pay attention to personal hygiene and environment. Apart from skin diseases, convicts who are serving their sentences sometimes go to the health unit and meet with doctors and nurses, just to talk about the feelings they are experiencing.

RESEARCH METHOD

This research uses quantitative methods, research data is in the form of numbers which will be measured using statistics as a calculation test tool, related to the problem being studied to produce a conclusion. In this research, the data collection tool (instrument) used was a questionnaire.

The population in this study were 97 children who

received guidance at class II special penitentiary for children in Bandar Lampung. In this study, researchers took a sample of 78 convicts at class II special penitentiary for children in Bandar Lampung, but in its implementation only 75 convicts were studied because 3 of them not willing to be a respondent in the research.

The age variable is categorized into early adolescence (10-13 years), middle adolescence (14-17 years), and late adolescence (18-24 years); family support is supportive if the score is \geq (average: 67), and is not supportive if the score is $<$ (average: 67); length of sentence: Short, if the length of the sentence is \leq 2 years and long, if the length of the sentence is $>$ 2 years; adaptive coping if the score is \geq (average: 193) and maladaptive coping if the score is $<$ (average: 193); and for the depression variable, it is categorized as no depression if the score is (<13), mild depression if the score is (13-19), and significant depression if the score is (>19).

In this research, bivariate analysis was carried out on each independent variable on the dependent variable. All variables tested are categorical, so the analysis used is the Chi Square statistical test with $\alpha=0.05$. If the test results show $p \leq 0.05$ then the relationship between variables is meaningful (significant). Meanwhile, if the test results show $p > 0.05$ then the relationship between variables is not significant.

This research has received ethical approval from the Health Research Ethical Commission Faculty of Medicine University of Lampung with number: 2220/UN26.18/PP.05.02.00/2023.

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RESEARCH RESULTS

Table 1. Characteristic of Respondents (N=75)

Variable	Results
Age (n/%)	
(Mean±SD)(Range)(Year)	(17.97±7.473)(15-24)
Early Adolescence	0/0
Middle Adolescence	51/68
Late Adolescence	24/32
Family Support (n/%)	
Supportive	44/58.7
Not Supportive	31/41.3
Length of Sentence (n/%)	
≤ 2 years	51/68
> 2 years	24/32
Coping Strategies (n/%)	
Adaptive	39/52
Maladaptive	36/48
Depression Level (n/%)	
Mild Depression	20/26.7
Moderate Depression	6/8.0
Severe Depression	49/65.3

From table 1 above, it is known that most of the respondents were in their middle teens, namely 68% with a mean and standard deviation (17.97 ± 7.473) and a range between 15 -24 years. The majority received family support as much as 58.7%, with a sentence length of ≤ 2 years as much as 68%, had adaptive coping as much as 52% and experienced severe depression as much as 65.3%.

Table 2. Relationship Between Factors Affecting Depression with The Incidence of Depression (N=75)

Variable	Depression			p-value	OR 95% CI
	Mild (n=20)	Moderate (n=6)	Severe (n=49)		
Age (n/%)					
Middle Adolescence	3/15	1/16.7	7/14.3	0.987	-
Late Adolescence	17/85	5/83.3	42/85.7		
Family Support (n/%)				0.000	20,769 (2,592-166.417)
Supportive	19/95	5/83.3	20/40.8		
Not Supportive	1/5	1/16.7	29/59.2		
Length of Sentence (n/%)				0.837	-
≤ 2 years	13/65	3/50	34/69.4		
> 2 years	7/35	3/50	15/30.6		
Coping Strategies (n/%)				0.001	5,000 (1,471-16,993)
Adaptive	16/80	5/83.3	18/36.7		
Maladaptive	4/20	1/16.7	31/63.3		

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From table 2, it is known that the number of respondents in middle adolescence was more severe, namely 14-17 years, as many as 42 people (85.7%). The results of statistical tests using Chi Square obtained p-value = 0.987 (p-value > α = 0.05), which means there is no relationship between age and the incidence of depression in residents assisted at class II special penitentiary for children in Bandar Lampung.

In cases of severe depression, there were more respondents who did not receive family support, namely 29 people (59.2%). The results of statistical tests using Chi Square obtained p value = 0.000 (p-value < α = 0.05), which means there is a relationship between family support and the occurrence of depression. Then an Odds Ratio (OR) value of 20.769 was obtained, which means that respondents who did not receive family support had a 20.769 times risk of experiencing severe depression compared to respondents who received family support.

In severe depression, more respondents had short sentences (\leq 2 years), namely 34 people (69.4%). The results of statistical tests using Chi Square obtained p-value = 0.837 (p-value > α = 0.05), which means there is no relationship between the length of the sentence and the incidence of depression.

In severe depression, respondents who had more maladaptive coping mechanisms were 31 people (63.3%). The results of statistical tests using Chi Square obtained p-value = 0.001 (p-value < α = 0.05), which means there is a relationship between coping mechanisms and the incidence of depression. Then an Odds Ratio (OR) value of 5,000 was obtained, which means that respondents whose coping mechanisms were maladaptive had 5 times the risk of experiencing major depression compared to respondents whose coping mechanisms were adaptive.

DISCUSSION

Age

Based on the research results, it is known that in severe depression there were more respondents in middle teenage age: 14-17 years, 42 people (85.7%). The results of statistical tests using Chi Square obtained p-value = 0.987 (p-value > α = 0.05) which means that there is no relationship

between age and the occurrence of depression in convicts at class II special penitentiary for children in Bandar Lampung.

Age is closely related to developmental stages (Hurlock, 2009). This is in accordance with research (Kamarulzaman & Jodi, 2018; Unver, Yuçe, Bayram, & Bilgel, 2013), but not in accordance with Bedaso's research that depression can be overcome by inmates actively participating in productive activities in prison such as job guidance training (Bedaso, Kediro, & Yeneabat, 2018). In carrying out these developmental tasks, inmates face conflicts related to responsibility towards themselves and others. The inability of inmates to adapt and solve life problems causes depression (Pinese, Furegato, & Santos, 2010).

Family Support

Based on the research results, it is known that depression means that there are more respondents who do not receive family support, 29 people (59.2%). The results of statistical tests using Chi Square obtained p-value = 0.000 (p-value < α = 0.05) which means that there is a relationship between family support and the occurrence of depression. Then an Odds Ratio (OR) value of 20,769 was obtained, which means that respondents who did not receive family support had a 20,769 times risk of experiencing mild-significant depression compared to respondents who received family support.

Family is a container consisting of two or more individuals who are brought together in a relationship of marriage or adoption, then family can also be interpreted as a small unit within the scope of society which consists of the father as the head of the family, the mother and also the children as family members, where in this case the family is positioned as the leading group in maintaining the mental health of the people who are members of the family (Wiratri, 2018).

In this case, family support is related to the level of depression that prisoners experience and feel while they are serving their sentence in a correctional institution. This family support provides motivation and stimulus for prisoners to remain enthusiastic in going through the tough and difficult times they experience in prison and survive and be able to adapt to all their personal weaknesses and

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be confident that they are capable of going through it all.

This family support is very helpful in minimizing depressive disorders experienced by prisoners. Because in this case the family support given by family members to prisoners will have an impact on them so that they do not feel alone in facing their problems. Because there is someone who provides attention, love and affection, as well as solutions to every problem and complaint they have while in prison (Al Faruq & Jarodi, 2023).

The results of previous research stated that there was a relationship between the Family Support variable and the Depression variable in female prisoners at the Bogor Class IIA Correctional Institution. The relationship between these two variables is negative with a result of -0.843, so in this case it means there is a strong negative relationship between the Family Support variable and the Depression variable. Negative means that if the Family Support variable increases, the level of depression that occurs in female prisoners will decrease and vice versa (Al Faruq & Jarodi, 2023).

Length of Sentence

Based on the research results, it is known that in cases of severe depression, more respondents received short sentences (≤ 2 years), namely 34 people (69.4%). The results of statistical tests using Chi Square obtained $p\text{-value} = 0.837$ ($p\text{-value} > \alpha = 0.05$), which means there is no relationship between the length of the sentence and the incidence of depression.

The length of the sentence that children serve in Special Children's Correctional Institutions certainly requires adjustments which can cause a child to become stressed. Stress can come from age, physical, psychological or social conditions and other factors (Nasir & Muhith, 2011). The sentence served by children of convicts can motivate children to become better or, conversely, make children stressed or even depressed.

These non-significant results can be caused by many factors that influence stress levels. The stress that occurs in prisoners is influenced by several factors, namely age, length of sentence, personality, family, social level and environment. In addition, the psychological effects of punishment differ from one individual to another. Another factor that influences

there being no difference in the test is the activities given to prisoners. In particular, prisoner development is aimed at ensuring that during and after completing their sentence, prisoners can: Successfully re-establish their self-esteem and self-confidence and be optimistic about their future; Successfully obtain knowledge, minimum skills to be able to live independently and participate in national development activities; Successfully become a law-abiding human being which is reflected in his/her attitude and behavior which is orderly and disciplined and able to foster social solidarity; Successfully has a soul and enthusiasm for the nation and state.

Guidance activities provided to prisoners at class II special penitentiary for children in Bandar Lampung based on the results of research interviews include: Religious education, in fostering religious awareness, inmates are trained to get closer to God, with the hope of increasing the inmates' faith and devotion to God Almighty so that after leaving prison, the inmates can implement their religious knowledge in their daily lives and train the inmates to become even better human beings so that later they can be accepted again by society. Building National and State Awareness Building national and state awareness is carried out by training prisoners to become citizens who play an active role in development and can live properly as good and responsible citizens, because increasing national and state awareness will automatically increase their active role as citizen. Legal awareness training is carried out to make prisoners aware of the mistakes they have made so that when they are released they do not repeat the same mistakes. Intellectual development is needed to increase the insight of prisoners so that they are not left behind by people outside prison.

The results of this research are in line with research in Samarinda where the results of the analysis of the relationship between length of sentence and stress levels in prisoners using the Spearman rank test showed that the results of the Spearman rank test obtained a significant value of 0.225 (Anggraini & Kurniasari, 2020).

Coping Strategies

Based on the research results, it is known that in severe depression more respondents experienced maladaptive coping mechanisms, namely 31 people

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(63.3%). The results of statistical tests using Chi Square obtained p -value = 0.001 (p -value $< \alpha$ = 0.05), which means there is a relationship between coping mechanisms and the incidence of depression. Then an Odds Ratio (OR) value of 5,000 was obtained, which means that respondents whose coping mechanisms were maladaptive had 5 times the risk of experiencing severe depression compared to mechanical respondents whose coping mechanisms were adaptive.

Coping mechanisms are the ways individuals use to solve problems, adapt to change, and respond to threatening situations. Coping is an individual's response to situations that threaten him, both physically and psychologically. Coping mechanisms are divided into two, namely Adaptive coping mechanisms, namely coping that supports integration functions, growth, learning and achieving goals, while maladaptive coping mechanisms are coping that inhibit integration functions, interfere with growth, reduce autonomy and tend to dominate the environment. Individuals tend to use adaptive coping mechanisms in situations that can be overcome and individuals use maladaptive coping mechanisms in situations that are difficult and beyond the individual's abilities. The use of coping mechanisms. Continuous maladaptive behavior also has a further impact, namely that it can cause depression (Keliat, 2011).

Refers to research that has been carried out by individuals who use the mechanism coping maladaptive are individuals who do not have confidence in a positive outlook, are not skilled in solving the problems they receive and cannot receive social support from other people. So people who use mechanisms coping maladaptive easily experience depression in the face of depression that comes to them, because individuals have mechanisms coping maladaptive they are unable to take advantage of the advantages they have.

Depression is a common and frequently encountered mental disorder. In DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, fourth edition), depression is classified as a mood disorder. Depression attacks women more often than men (Idrus, 2007). Depression is a mental illness that attacks a person's entire life, both physical and mental, feelings and thoughts. Therefore, depression also affects a person's eating and sleeping patterns

(Santoso, & Ismail, 2009; Yunere, Sari, & Tusadiah, 2018).

According to analysis from researchers, the risk of depression can be caused by several factors, including the environment and drugs. A person whose family is known to suffer from severe depression has a greater risk of suffering from a depressive disorder than the general population. Depression is usually influenced by distorted cognition. The individual's mindset of viewing oneself, experiences and the environment negatively results in the individual feeling weak, rejected by the environment and feeling useless, this can cause the individual to be depressed.

This is also in accordance with research conducted at Kanagarian Muaro Pati which stated that 68.8% of families who had maladaptive mechanisms had high levels of stress, 31.2% had low levels of stress, while families with adaptive coping mechanisms had 92.9% levels of low stress and 7.1% high. In this study, the p value = 0.002 ($p < 0.05$), meaning that H_a is significant, namely that there is a relationship between family coping mechanisms and stress levels after the flood disaster (Wandra, 2016).

Coping strategies in inmates contribute to the tendency to become depressed when facing stressful events. Depression can arise due to a lack of social support for someone who has symptoms of depression. Reduced social support can weaken the ability to cope with problems and make you more vulnerable to depression. In accordance with research at the Women's Correctional Institution, it shows that the average level of depression has decreased statistically significantly, where the p value is smaller than the alpha value ($0.022 < 0.05$). Thus, it can be concluded that there is an influence of self-help groups on reducing levels of depression in former drug users (Sari, Adi, & Andriany, 2018).

Coping mechanisms are efforts that include intraphysical actions and efforts to manage environmental and internal demands and conflicts that can burden the individual. Coping mechanisms are divided into two, namely adaptive and maladaptive. Adaptive coping mechanisms are things that support integration functions. It is hoped that this adaptive coping mechanism will be able to reduce the risk of depression in post-disaster victims. On the other hand, maladaptive coping mechanisms

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are things that hinder the integration function.

Individuals tend to use adaptive coping mechanisms in situations that can be overcome and individuals use maladaptive coping mechanisms in situations that are difficult and beyond the individual's abilities. Continuous use of maladaptive coping mechanisms also has further impacts, namely it can cause depression. According to researchers' assumptions, individuals who use maladaptive coping mechanisms are individuals who do not have confidence in a positive outlook, are not skilled in solving the problems they receive and cannot receive social support from other people. So that people who use maladaptive coping mechanisms easily experience depression when facing depression that comes to them, because individuals who have maladaptive coping mechanisms are unable to take advantage of the advantages they have.

CONCLUSION

There is no relationship between age and length of sentence and the occurrence of depression with a $p\text{-value} > \alpha = 0.05$. There is a relationship between family support and the occurrence of depression, an Odds Ratio (OR) value of 20.769 was obtained, which means that respondents who did not receive family support had a risk of 20.769 times experiencing mild-significant depression compared to respondents who received family support. And there is a relationship between coping mechanisms and the occurrence of depression, with an Odds Ratio (OR) value of 5,000, which means that respondents whose coping mechanisms are adaptive have a 5 times risk of experiencing mild-significant depression compared to respondents whose coping mechanisms are adaptive.

REFERENCES

Ahmad, A., & Mazlan, N. H. (2014). Stress and depression: a comparison study between men and women inmates in Peninsular Malaysia. *International Journal of Humanities and Social Science*, 4(2), 153-160.

Al Faruq, M. K., & Jarodi, O. (2023). Hubungan dukungan keluarga dengan tingkat depresi narapidana perempuan di lembaga

pemasyarakatan kelas II Bogor. *Jurnal Komunikasi Hukum (JKH)*, 9(1), 302-313.

Anggraini, S., & Kurniasari, L. (2020). Hubungan Masa Hukuman dengan Tingkat Stres pada Narapidana di Lapas Perempuan Kelas II A Samarinda. *Borneo Studies and Research*, 2(1), 365-370.

Bedaso, A., Kediro, G., & Yeneabat, T. (2018). Factors associated with depression among prisoners in southern Ethiopia: a cross-sectional study. *BMC research notes*, 11, 1-6.

Eriza, D. (2018). Peranan Petugas LPKA (Lembaga Pembinaan Khusus Anak) KLAS II Bandar Lampung dalam Pembinaan Anak Didik Tindak Pidana Kriminal (Doctoral dissertation, UIN Raden Intan Lampung).

Hidayati, N. O., Nurhalimah, H., Alam, I., Kharisma, P. A., & Arunita, Y. (2021). Faktor-Faktor yang Memengaruhi Depresi pada Narapidana. *Jurnal Keperawatan Jiwa*, 9(3), 549-558.

Hurlock, E. B. (2009). *Psikologi perkembangan*. Jakarta: Erlangga.

Idrus, M. F. (2007). Depresi pada penyakit parkinson. *Cermin Dunia Kedokteran*, 34(3).

Kamarulzaman, W., & Jodi, K. H. M. (2018). A review of mental illness among adolescents in Malaysia. *International Journal of Education*, 3(20), 73-82.

Karnovinanda, R., & Suciati, T. (2014). Prevalensi depresi pada narapidana di Lembaga Pemasyarakatan Anak. *Majalah Kedokteran Sriwijaya*, 46(4).

Keliat, B. A. (2011). *Keperawatan kesehatan jiwa komunitas*. Jakarta: Egcc.

Mayasari, N. N. (2013). Gambaran Umum Depresi. *Bali: SMF Psikiatri Fakultas Kedokteran Universitas Udayana/Rumah Sakit Umum Pusat Sanglah Denpasar*, 2(11), 2-4.

Ministry of Health of the Republic of Indonesia.

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- (2015). Keputusan Menteri Kesehatan Republik Indonesia Nomor: HK.02.02/MENKES/73/2015 tentang Pedoman nasional pelayanan kedokteran jiwa. Accessed from: https://yankes.kemkes.go.id/unduh/fileunduhan_1610338183_499563.pdf
- Ministry of Health of the Republic of Indonesia. (2017). Hari kesehatan sedunia 2017, fokus cegah depresi. Accessed from: <https://sehatnegeriku.kemkes.go.id/baca/rilis-media/20170406/1320380/hari-kesehatan-sedunia-2017-fokus-cegah-depresi/>.
- Munson, C. (2013). *The Mental Health Diagnostic Desk Reference: Visual Guides and More for Learning to Use the Diagnostic and Statistical Manual (DSM-IV-TR)*, Second. Routledge.
- Nasir, A., & Muhith, A. (2011). *Dasar-dasar keperawatan jiwa: pengantar dan teori*. Jakarta: Salemba Medika, 4-94.
- Pinese, C. S., Furegato, A. R., & Santos, J. L. (2010). Demographic and clinical predictors of depressive symptoms among incarcerated women. *Annals of General Psychiatry*, 9(1), 1-7.
- Pratiwi, K., & Rusinani, D. (2020). *Buku Ajar Psikologi Perkembangan Dalam Siklus Hidup Wanita*. Deepublish.
- Saam, Z., & Wahyuni, S. (2012). *Psikologi keperawatan*. Jakarta: Rajawali Pers.
- Santoso, H., & Ismail, H. (2009). *Memahami krisis lanjut usia*. BPK Gunung Mulia.
- Sardio, B. I. (2022). *53 Anak di Lampung Jadi Pelaku Kriminalitas Sejak Awal 2022, Ini Kata Akademisi*. Accessed from: <https://kumparan.com/lampunggeh/53-anak-di-lampung-jadi-pelaku-kriminalitas-sejak-awal-2022-ini-kata-akademisi-1xjso0IBbC4/full>
- Sari, I. W. S., Adi, M. S., & Andriany, M. (2018). Pengaruh Self-Help Groups Terhadap Penurunan Depresi Pada Mantan Pemakai Narkoba Di Lembaga Pemasyarakatan Perempuan. *Journal of Health Sciences*, 11(2), 151-158.
- Unver, Y., Yuce, M., Bayram, N., & Bilgel, N. (2013). Prevalence of depression, anxiety, stress, and anger in Turkish prisoners. *Journal of forensic sciences*, 58(5), 1210-1218.
- Wiratri, A. (2018). Menilik ulang arti keluarga pada masyarakat Indonesia. *Jurnal Kependudukan Indonesia*, 13(1), 15-26.
- World Health Organization. (2019). *World Suicide Prevention Day*. Retrieved 28 May 2023, from: <https://www.who.int/campaigns/world-suicide-prevention-day>
- Yunere, F., Sari, Y. P., & Tusadiah, H. (2018). Hubungan Mekanisme Koping Dengan Resiko Terjadinya Depresi Pada Korban Pasca Bencana Kebakaran Toko Di Pasar Atas Kota Bukittinggi Tahun 2018. *Jurnal Kesehatan Perintis*, 5(1), 80-86.
- Zonarni, N. A. (2021). *Pola Pembinaan Narapidana Anak Pada Lembaga Pembinaan Khusus Anak (LPKA) Klas II Kota Pekanbaru* (Doctoral dissertation, Universitas Islam Riau).

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