



The Relationship Between Internal and External Psychosocial Factors and Depression Levels Among Adolescents in Banyumas Regency

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ABSTRACT

Introduction: Banyumas Regency, with its diverse rural and urban characteristics, is a strategic location to study this condition because of the socio-economic differences, access to education, and family parenting patterns that can influence the level of adolescent depression. This study aims to analyze the relationship between internal and external factors and depression levels in adolescents. Therefore, the study draws on data from both rural and urban settings, offering a comprehensive understanding without conducting rural–urban comparisons.

Methods: This study was a quantitative study with a cross-sectional design between social support, emotional autonomy, self-efficacy, parenting patterns, and parental attachment with adolescent depression level in Banyumas Regency. The study population was all junior high school students in Banyumas Regency, with a sample determined using the Slovin formula of 307 respondents and proportional random sampling techniques. Data were analyzed using the Chi-Square test and ordinal logistic regression to examine the relationship between the independent and dependent variables.

Results: Emotional autonomy, self-efficacy, and social support were significantly associated with depression levels (p value < 0.05). Adolescents with lower self-efficacy (AOR = 1.90; 95% CI: 1.23–2.91) and inadequate social support (AOR = 1.71; 95% CI: 1.08–2.7) had higher odds of elevated depressive symptoms, indicating that high self-efficacy and adequate social support act as protective factors. Emotional autonomy showed an association in bivariate analysis but was not independently significant after adjusting for age and gender. Depression levels did not have any significant relationship with parenting patterns and parental attachment. Men adolescents were less likely to have high depressive symptoms than females.

Conclusion: Self-efficacy and sufficient social support level are protective factors against depression in the adolescents. Depression among adolescents may be prevented, using intervention programs in schools and families that improve self-efficacy, problem-focused coping, and social support.

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INTRODUCTION

The adolescence is a sensitive period that entails biological, psychological, and social developments. At this stage, adolescents are prone to different psychiatric problems like depression, anxiety, stress, and low self-efficacy. The poor mental health does not only affect the emotional well-being but also affects the reproductive health behaviors of the adolescents. Over 15% of teenagers all over the world show depression signs, and the figure is trending to rise every year (1). Depression in teenagers has been on the rise in different countries, Indonesia being one of them. A recent study by the 2018 Basic Health Research (RISKESDAS) found that about 6.1% of the Indonesian population suffer emotional mental disorders which have depressional and anxiety symptoms, and adolescents are one of the most susceptible groups. This is caused by an intricate interplay of both internal and external conditions, which impact adversely on the psychological health of adolescents (2).

There are also internal influences like self-efficacy, emotional autonomy, which are some of the major psychological resources capable of keeping adolescents out of depression. The capacity to cope in a more adaptive way and reduce the susceptibility to stress and depressions have been linked to self-efficacy as a belief by an individual that he/she is able to cope with challenges. Teenagers who have experienced increased self efficacy would also exhibit greater resilience and optimism in the event of adversity. Similarly, emotional autonomy could facilitate healthier emotional regulation in that the adolescents are empowered to handle distress by using the help of others less so as to lower the likelihood of depression (3). Concurrently, external characteristics especially social support by the family, peers and the environment around the adolescent are significantly useful in mental health because they help in stress buffering, enhance resilience and sense of belonging. The findings of multiple studies have always shown that adolescents who have a greater perceived social support have a lower susceptibility to depression (4-6).

In addition to the overall social support, there have been identified such family processes like parenting behaviors and parental attachment as essential determinants of the mental health of adolescents. The patterns of parenting determine the level of emotional climate in the family and the development of self-regulation, self-coping, and a sense of security in adolescents. At the same time, parental attachment demonstrates the level of emotional attachment and trust between teenage group and parents, which may act as a protective factor against depression through facilitating emotional safety and minimizing psychological discomfort (7,8). When adolescents grow up in a supportive and responsive parenting environment that is emotionally engaged, it is more probable that these youths gain an ability to establish a stable emotional regulation, whereas inconsistent and cruel parenting and insecure attachment can make adolescents more vulnerable to depressive symptoms (9-11). It is imperative to empower the concept of these family-based determinants, as adolescence is an alternative period where the influence of the parents still interacts with peer as well as environmental exposures.

Even though the conceptual applicability of internal psychological resources and external psychosocial factors have been reported before, there is still inconsistency in the evidence base. Most of the studies concentrate in single domains rather than studying the same variables concurrently and only on external support thus not giving a clear insight into the combined effects of these dynamics on adolescent depression. In addition, although adolescents are usually characterized in terms of the diversity of residential settings, past studies tend to state rural urban living as a relative issue with oscillating results in various environments (12). To limit these shortcomings, the current study will add to the literature of adolescent mental health by studying the link between the internal and external variables and the level of depression based on pooled adolescent sample, which involves both rural and urban instances. Instead of the rural urban comparisons, the proposed study will help to find major determinants of depression in a heterogeneous residential environment, which will provide a more applicable piece of evidence to screen adolescent mental health and the feasibility to intervene, in particular, in the environments where social and environmental factors vary significantly. The rural and urban elements of the Banyumas Regency also give a pertinent reference point to derive localized empirical evidence to support enhancement of mental health programs among adolescents (13).

METHOD

This paper is quantitative research drawing a cross-sectional design that will establish the interdependence of social support, emotional autonomy, self-efficacy, parenting styles, and parental attachment with the depression level of adolescents in rural and urban Banyumas Regency. In this research, the background of the research was a rural urban setting that was used to narrate the study context. Nevertheless, no stratified sampling or comparative

studies between the rural and urban regions are used in the study. In line with this, the rural urban setting is displayed merely on a background basis to place the study setting in context, and not as an analysis variable or point of comparison. The study can employ the cross-sectional method to conduct a test which can determine the relationship between independent variables and the dependent variables. All the junior high school students in the Banyumas Regency formed the study population with a sample that was calculated using the Slovin formula of 307 respondents and the proportional random sampling processes.

The dependent variable in this study was the level of depression in adolescents. The independent variables in this study included social support, emotional autonomy, self-efficacy, parenting patterns and parental attachment. The research instruments were standardized questionnaires, including the DASS-42 to measure depression, the Multidimensional Scale of Perceived Social Support (MSPSS) for social support, and a modified and validated questionnaire scale to measure emotional autonomy, self-efficacy, parenting patterns, and parental attachment. To ensure the rigor and accuracy of the measurement process, this study provides comprehensive psychometric information for all instruments used. The reliability of each instrument was evaluated using Cronbach’s alpha coefficient 0.955, indicating high reliability. All modified instruments demonstrated acceptable internal consistency, with Cronbach’s alpha values All items were measured using a Likert scale ranging from 1 (strongly disagree) to 4 (strongly agree). Total scores for each construct were calculated by summing item responses and subsequently categorized based on predetermined cut off points derived from the distribution of scores and supported by previous literature. Validity and reliability tests were conducted on 30 respondents at a school in Banyumas Regency.

Data were analyzed in three stages. Univariate analysis was performed to describe the frequency distribution of each variable. Bivariate analysis using the Chi-Square test was conducted to assess the association between independent and dependent variables. Variables with p-values < 0.25 in bivariate analysis were subsequently included in a multivariate ordinal logistic regression model to determine adjusted effects on the dependent variable. Adjusted odds ratios (AORs) with 95% confidence intervals were reported. The proportional odds assumption was assessed using the test of parallel lines. This study was approved by the Health Research Ethics Committee of Faculty of Health Sciences Universitas Jenderal Soedirman (Approval Number: 1913/EC/KEPK/VIII/2025). All participants, including parents or guardians for participants under 18, provided informed consent prior to participating in the study.

RESULTS

Respondent characteristics

The age distribution shows that most respondents were early adolescents aged 13 years (33.6%) and 14 years (34.5%), indicating that the findings of this study predominantly reflect the psychological and emotional conditions of individuals in this developmental stage. Early adolescence is characterized by heightened emotional sensitivity and ongoing social adjustment, which may influence the levels of emotional well-being and vulnerability to depressive symptoms examined in this study. Based on the bar chart of the distribution of respondents' gender, it is known that the majority of respondents were female, 182 people (59.3%), while male respondents numbered 125 people (40.7%). This shows that the number of female respondents is greater than the number of male respondents. Therefore, the result in this study may more strongly represent the experiences of female adolescents. This difference in distribution is important to note, because gender factors can influence vulnerability to psychological problems, including depression and emotional well-being.

Table 1. Distribution of Respondents Characteristics

Respondent’s characteristics	Frequency (f)	Percentage (%)
Age		
1. 11 years	1	0.3
2. 12 years	56	18.2
3. 13 years	103	33.6
4. 14 years	106	34.5
5. 15 years	34	11.1
6. 16 years	7	2.3
Total	307	100

Gender		
1. Male	125	40.7
2. Female	182	59.3
Total	307	100

The Level of Depression Adolescent

According to the findings of the research, the dissemination of depression all over the 307 respondents demonstrated that only 23.8 percent of the adolescents were under normal condition, with other parts experiencing depressions at varying levels, of mild (13.4%), moderate (23.1%), severe (16.9%), and very severe (22.8%). A high percentage of the respondents (76.2) indicated a high level of depressive symptoms with moderate and very severe being the most common. Although DASS-42 is a screening instrument and does not show clinical diagnosis, the resolutions suggest that there is a high burden on mental health among adolescents in Banyumas Regency. Such a high prevalence depicts the possible role of psychosocial stressors, especially during early adolescence, and predetermines the necessity of specific interventions targeting internal and external protective variables

Table 2. Distribution of Depression Levels

Depression Levels	Frequency (f)	Percentage (%)
Normal	73	23.8%
Mild	41	13.4%
Moderate	71	23.1%
Severe	52	16.9%
Extremely Severe	70	22.8%
Total	307	100%

Internal Factors and External Factors

According to the distribution results, respondents with high emotional autonomy (51.1%) were slightly more than the ones with low emotional autonomy (48.9%). This slight variation suggests that a large percentage of teenagers have not obtained emotional independence as yet, which could be a consequence of a continuation of emotional maturation in adolescence. The results of table 3 show that most of the respondents were good self-efficacy (54.7%), as compared to poor self-efficacy (45.3%). This means that majority of the teenagers are sure that they can handle challenges or solve problems. Moreover, the majority of respondents (65.1%) assessed their parents' parenting style as good, while 34.9% felt their parenting style was inadequate. Similarly, the majority of respondents (55.4%) had a good parental attachment, while 44.6% of respondents indicated a poor parental attachment. The table further shows that the majority of respondents (57.0%) felt good social support, while 43.0% felt their social support was inadequate. This indicates that most adolescents receive support from family, friends, or their social environment. However, the relatively large proportion in the "lack of support" category also indicates that there are still groups of respondents who are vulnerable because they feel they do not receive enough social support.

Table 3. Frequency Distribution of Internal and External Factors

Emotional Independence	Frequency	%
High	157	51.1%
Low	150	48.9%
Total	307	100%
Self-Efficacy	Frequency	%
Good	168	54.7%
Poorly	139	45.3%
Total	307	100%
Parenting Patterns	Frequency	%
Poorly	107	34.9%
Good	200	65.1%
Total	307	100%

Parental Attachment	Frequency	%
Good	170	55.4%
Poorly	137	44.6%
Total	307	100%
Social Support	Frequency	%
Good	175	57.0%
Poorly	132	43.0%
Total	307	100%

Relationship Patterns of Internal and External Factors on the Level Of Depression in Adolescents

Table 4 indicates that emotional autonomy, self-efficacy, and social support are significantly associated with the level of depression among adolescents in Banyumas Regency. These findings suggest that adolescents’ internal psychological resources and perceived support systems play an important role in shaping their vulnerability to depressive symptoms, regardless of residential setting. In contrast, parenting style and parental attachment were not significantly associated with depression levels. This may indicate that, during adolescence, individual factors such as emotional autonomy and self-beliefs, as well as support from peers and the broader social environment, have a more direct influence on depressive symptoms than family-related factors. It is also possible that the influence of parenting and attachment is indirect or mediated by other psychological variables examined in this study.

Table 4. The Results of The Chi-Square Test

No	Independent Variable	Significance Value pearson chi-square	Relationship
1	Emotional autonomy	0.015	Yes
2	Self-efficacy	0.002	Yes
3	Parenting patterns	0.954	No
4	Parental Attachment	0.675	No
5	Social support	0.001	Yes

Multivariate Analysis of Factors Associated with Depression Levels Among Adolescents

In multivariate ordinal logistic regression analysis (Table 5), self-efficacy and social support remained independently associated with depression levels after adjustment for age and gender. Adolescents with poor self-efficacy had 1.90 times higher odds (AOR = 1.90; 95% CI: 1.23–2.91) of being in higher depression categories compared to those with good self-efficacy, indicating that high self-efficacy is protective against depression. On the same note, poor social support among adolescents increased their likelihood of high levels of depression by 1.71 times (AOR = 1.71; 95% CI: 1.08–2.72), indicating the protective role of equal social support. Male adolescents were less likely to have high levels of depression (AOR = 0.41; 95% CI: 0.27–0.63) than females. Depression levels were not independently related to the emotional autonomy, parenting patterns, and parental attachment

Table 5. Multivariate Ordinal Logistic Regression Analysis of Factors Associated with Depression Levels Among Adolescents

Variable	AOR	95% CI	p-value
Emotional autonomy (low vs high)	0.71	0.46 – 1.10	0.127
Self-efficacy (poor vs good)	1.90	1.23 – 2.91	0.004*
Social support (poor vs good)	1.71	1.08 – 2.72	0.023*
Gender (male vs female)	0.41	0.27 – 0.63	0.000*

Variable	AOR	95% CI	p-value
Age 11 vs 16 years	0.06	0.00 – 3.05	0.163
Age 12 vs 16 years	0.17	0.04 – 0.75	0.019*
Age 13 vs 16 years	0.18	0.04 – 0.78	0.021*
Age 14 vs 16 years	0.19	0.04 – 0.83	0.027*
Age 15 vs 16 years	0.31	0.07 – 1.44	0.133

DISCUSSION

Given the observational nature of this study, the associations observed should be interpreted indicative of protective relationships rather than causal effects. The findings of this study indicate that self-efficacy and social support are significant protective factors against depression levels in adolescents, even after controlling for gender and age. According to Bandura's control cognitive theory (Bandura 1977), self-efficacy is the belief in one's ability to perform pathways to self-efficacy (Bandura 1998, 2021). First, self-efficacy is built through overcoming obstacles and experiencing success, success that depends on one's own actions or contributions. Second, seeing similar others overcome obstacles and achieve their goals can also influence self-efficacy. Third, self-efficacy can be enhanced through social persuasion, where others convince a person that they are competent. External factors such as the amount of social support have also been shown to lead to individuals having lower levels of depression or anxiety (Cohen and Wills, 1985).

Logistic regression analysis showed that poor self-efficacy nearly doubled the odds of depression (AOR 1.9). This means that adolescents' confidence in their ability to face challenges is crucial. Self-efficacy is the belief in one's ability to achieve goals or overcome difficulties. High self-efficacy is associated with resilience, active coping strategies, and motivation—all of which are associated with reduced depressive symptoms. Empirical studies have shown that self-efficacy mediates the relationship between stressors and depression (17). Self-efficacy acts as a protective node in the symptom network; the relationship between self-efficacy and depression is complex and bidirectional (18). Self-efficacy has consistently been negatively associated with adolescent depression; high self-efficacy predicts the use of problem-focused coping strategies and reduces feelings of helplessness associated with depression. Longitudinal studies and new mediation models suggest self-efficacy may act as a mediator between family/community factors and depressive symptoms (19). Self-efficacy mediates the relationship between social support and depression in adolescents in a chain mediation model. Evidence from longitudinal and intervention studies in diverse settings suggests that self-efficacy enhancement programs can reduce the risk of depression, and work better when combined with strengthening social support (20). Authoritative parenting style is associated with higher self-esteem and lower depression (21).

This study revealed that adolescents with low social support had increased odds of depression (AOR 1.71). This confirms the role of social support as a buffer against mental health problems. Social support is categorized as emotional support, instrumental support as well as informational support provided by family, peers, school, and community. According to buffering theory, social support helps to reduce the effect of stressors on mental health; the quality of the support sources is usually more valuable than the number of support sources. The importance of online support as an auxiliary tool is also mentioned in recent evidence especially in the case of isolated teens. The family and peer support is a very strong guard against depression. Cross cultural research indicates that family support is more effective among the younger adolescents whereas peer support is more effective among the older adolescents. The perceived social support protects against depression (22-24). The cross-cultural research, most of which has been done in high- and middle-income states, is that family support could have more importance in younger adolescents, whereas peer support becomes significant with age. These patterns need to be interpreted with care to determine how far it can be generalized to the current situation of the study (20, 25, 26).

Boys are less likely to suffer depression as compared to girls (AOR 0.41). This can be dictated by the biological factors including hormonal variations and puberty age. Teenagers are more vulnerable to mental issues when they are 11-14 years old, particularly, girls (27). Females are more ruminated, more worried and more depressed and anxious than males (28). The results have strong practical consequences: the interventions of depression prevention in adolescents are to be effective and benefit through comprehensive development of self-efficacy in adolescents, which is to be facilitated by the supportive social environment (specifically, with the greater vulnerability of adolescent girls).

The results that showed no single relationship between parenting style, parental attachment, and emotional autonomy on the levels of depression after self-efficacy and social support were part of the model, can be attributed to two overriding viewpoints. First, the influence of family context on adolescents' depression is increasingly understood to be indirect and mediated. Recent meta-analysis consistently shows that the benefits of good parenting and secure attachment will build adolescent's emotional regulation capacity and psychological competence, which in this study is represented by the construct of self-efficacy. Second, the insignificance of emotional independence reflects the complexity of this aspect, particularly in adolescents. From a developmental perspective, adolescence marks a characteristic shift in which self-efficacy and social support factors become more proximal and direct predictors of mental health, as described in contemporary models of adolescent development. Therefore, these findings do not deny the importance of family, but rather clarify that a supportive family serves as a crucial foundation for building psychosocial resources such as self-efficacy and social support which then act as direct protection against adolescent depression.

Limitations and Cautions

This study used a cross-sectional method which only takes measurements once, therefore the method cannot describe changes in behavior, attitudes, or mental conditions of individuals over time.

Recommendations for Future Research

Create a longitudinal research design on the level of depression in adolescents that is able to describe the time sequence including the pattern of relationships.

CONCLUSION

The findings of this study indicate the influence of self-efficacy, social support, age and gender as protective factors against adolescent depression. Meanwhile, parenting pattern, attachment, and emotional independence were not significantly related. Effective depression prevention interventions for adolescents must comprehensively build self-efficacy while facilitating a supportive social environment. Intervention programs in schools and families that enhance self-efficacy, problem-focused coping, and social support may reduce the risk of adolescent depression with particular attention to the higher vulnerability experienced by adolescent girls.

AUTHOR'S CONTRIBUTION STATEMENT

Each author made an equal contribution to the study's idea and design.

CONFLICTS OF INTEREST

This study does not contain any conflicts of interest.

DECLARATION OF GENERATIVE AI AND AI-ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

The author uses Grammarly to help check writing and grammar while writing the manuscript.

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