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INTERNATIONAL CONFERENCE on Child and Adolescent Mental Health

*"Promoting Children's Health, Development and Well-being:
Integrating Cultural Diversity"*

5-7 November 2015



Faculty of Psychology
State Islamic University Syarif Hidayatullah Jakarta



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INTRODUCTION TO THE THEME OF THE CONFERENCE

Nowadays there is a general understanding that the early years of a child's life are fundamentally important to provide future health (physical and mental), development and wellbeing. In these periods children needs support from families, schools, and communities. A positive start in life may help children reach their full potential, while a poor start may increase the chances of adverse results. Therefore, providing secured environment and systems with high-quality services, and minimizing the factors that adversely influence the health of children play an importance role in influencing child health and wellbeing. For the same reason, creating the circumstances that enhance good health, development and wellbeing has been recognized as high priority and primary goal of policy making in many countries.

In contrast to the above description, many children in Indonesia are still far from being well. As the fourth largest children population in the world, Indonesia still has significant number of children who considerably have worse health, poorer developmental and learning outcomes, and decreased wellbeing compare with the others.

Many children in Indonesia live in unfortunate circumstances. There is a high number of children whose parents are divorced. Others live with parents that have poor mental health. Those children are subject to experiencing violence at home and schools. Additionally, although the prevalence of mortality among children under five years age have reduced in limited progress since 2000, yet the stunting and wasting are still the major serious health problems. Drug abuse, cigarette smoke, HIV/AIDS are other major national problems among children. Lack of financial resources, limited number of schools in remote areas and a small number of teachers add the gloomy problems faced by school-aged Indonesian children. With regard to mental health, the prevalence of children suffer from mental health problems is relatively high in Indonesia. Many children with mental health problems have no access to get medical treatment. Some of them receive no treatment at all or are confined in the inhumane conditions, and others become victims of violence, bound or shackled by family members who have limited knowledge or money for their treatment.

In fact, Indonesia has capacity to solve these problems. The country has diverse cultures, ethnics, religions and languages. With her richness in diversity, Indonesia has local cultural values and practices that can promote child health, development and wellbeing.

Hence, the Faculty of Psychology of Syarif Hidayatullah State Islamic University Jakarta, Indonesia is inviting scholars, academics, researchers, and NGO members to join the International Conference on Child and Adolescent Mental Health: Promoting Children's Health, Development and Wellbeing: Integrating Cultural Diversity. The conference is held from the 5 to 7 November, 2015.

Mohamad Avicenna, M.H.Sc.Psy
Steering Committee Chair



WELCOME MESSAGE

BY DEAN FACULTY OF PSYCHOLOGY, SYARIF HIDAYATULLAH JAKARTA

Assalamualaikum Wr Wb

Dear Colleagues and friends

It gives me great pleasure to see a large gathering of scholars in International Conference on Child and Adolescent Mental Health. As a Dean of Faculty of Psychology, I would like to express my gratitude and a warm welcoming to our plenary and featured speakers, as well as the presenters, especially those who are coming from overseas.

This year, Faculty of Psychology is celebrating its 20th Anniversary. As our effort to be recognized in national context and in the worldwide as well, we conduct some events such as International Conference, Symposium, psycho fair, sport and art competition.

The interest of the child and adolescent mental health is clear and became importance issue in every country in the world. In addition to this, the conference has attracted many participants. We will listen oral presentations and see poster presentations as well. The subjects range from issues of mental health, learning and development, risk factors, safety and security, service and interventions and others topic related with psychology of children and adolescent. I am sure that the selected topics will provide you with a wealth of information, insights and many opportunities for discussions.

I would like to give high appreciation and many thanks to the conference organizing committee for un-tiring efforts to make this conference as one of the memorable one.

Once again I would like to thank you all for coming. Your experience, expertise and readiness to share your knowledge and ideas are highly valuable and needed. I wish to all of us fruitful discussions, interesting findings and observations.

I fully hope that this conference will be beneficial for the development child and adolescent mental health, and I wish you all a very pleasant to stay here in Jakarta. Thank you and enjoy the conference.

Prof. Dr. Abdul Mujib, M.Ag.,M.Si

Dean Faculty of Psychology,
Syarif Hidayatullah State Islamic University Jakarta



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SELF ACCEPTANCE AND TEENAGE DEPRESSION IN ORPHANAGE

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INTRODUCTION

Depression is a disorder feeling with psychological component, such as sadness, grief, worthlessness, fail, loss of interest, hopelessness, pessimism, regret which is pathologic and somatic component, for example: anorexia, constipation, skin moist (cold), blood pressure and pulse decrease slightly (Maramis, 2005). Depression is not only dangerous for mental health, but also it's dangerous for physical health. The common depression symptoms are in the form of mental illness, drug addiction, sleep disorders, skin disorders, stomach disorders and blood pressure, colds, migraine [is a painful headache that may occurs on one side of the head and is commonly with symptoms like nausea and visual disturbances], a number of bone diseases, kidney imbalances, respiratory difficulties, allergies, heart attacks, and brain swelling. Of course, depression is not only the causes of all of this, but it has been scientifically proven those are usually caused by psychological.

Depression disorders are often encountered in public life. The prevalence of depression in women's life 10% - 25% and 5%-12% in men's life. Although depression is more common in females, suicide is more common in men, especially young men and old age (Amir, 2005). Depressive disorders can also occur in children and adolescents. Rates of depression in children and adolescents, often occurs in children and adolescents who are not fulfilled his rights as a child or the ones who are facing physical and psychological problems. Empirical facts show that children and adolescents who live in orphanages, prisons, are hospitalized, street children, and children whose parents having divorce, they tend to feel depressed. (Fitrikasari, 2003).

Based on the description above, the youth development should receive their rights and the needs for the sustainability of development task. However, not all teenagers are lucky to get it. Some teens are forced to live in the orphanage for one reason. Orphanage as social welfare organization, has a responsibility to provide social welfare services on neglected children and carry out service replacement, or child-custody both physical need, psychological and social need. In order, they get appropriate and adequate opportunities to develop their personalities in accordance with the next generation the ideals of the nation, as individuals will participate actively in the field of national development. (SNPLKSA, MINISTRY OF SOCIAL RI : 2011). In accordance with the objectives, orphanages are expected to provide services, nurturing, and being a place where the orphanage live and growth until they can live independently.

However, the result of the research showed that teenagers who live in orphanage are the teenagers tends to depressed. Rahman et al., (2012) found that 342 teenagers who lived in orphanage, Bangladesh, 40.35% have emotional disorder and 26.9% of them have behavioral



disorder. Meanwhile, Fitrikasari and Joseph (2003) has shown that the tendency of teenagers orphanage is 36.9%. This may happen because that teenagers who lived in orphanage are not fully get the rights in their development. While other teenagers get the right from their family, the teenagers in orphanage have lost their rights, so they rely on the protection and affection from the management of the orphanage. They separated with their family because of a reason, such as being orphans, fatherless or even an orphan and there wasn't a willingness from their relatives to take care of them. Finally orphanage is expected the minimize the depression that may happen in their development.

In accordance with this case, one thing that may affect depression is self-acceptance. Self acceptance is defined as a situation where people have a confidence on his characteristic, having ability and willing to live with the situation (Hurlock: 1973). Self-acceptance is the effort or capability to gain well-beings and self-harmony either with one-self or the environment (Calhoun and Acocella: 1990). Individuals who do not have good self-acceptance, so feeling of disappointment, sadness, discontent and loss of spirit will arise. Individuals who have good self-acceptance can be overcome or control the problems it faces and is able to adjust (Hurlock: 1973). Potocka, et al., (2009) found that self-acceptance is a resource for one's confidence as stated in the social reality. Hall, et al., (2009) found that self-acceptance is also likely to negatively affect self esteem. Potocka, et al., (2009) showed that even certain skin diseases as manifestations of stress, anxiety, and depression associated with self-acceptance. Patients who are under a particular therapy will be difficult to recover and are more likely to become depressed if you can not accept personal conditions (Potocka, et al: 2009).

Based on the statements above, this research is intended to explore the effect of self-acceptance to the degree of depression in adolescents living in orphanages. Ignoring an effort to try to understand about self-acceptance is tantamount to kill a generation of young people who are psychologically healthy and balanced (Powell, 1995). This research is important to find additional parenting teenagers in an orphanage, because teenagers who lived in the orphanage also has the right to development which is expected to maintain its survival in the future.

Research Problem

Limitation of the research is the correlation between the variables studied, namely acceptance of ourselves as independent variables and the level of depression as independent variables. Based on this, the problem in this research is whether there is a significant effect on the level of acceptance of depression in adolescents living in orphanages?

THEORITICAL FRAMEWORK

Depression

Depression is a psychological disorder with a decline in mood (mood), optimism, motivation and concentration and deep sorrow to blame themselves caused by the development of illogical thinking and dominate cognitive patterns (Beck, 1985; Horowitz & Garber, 2006). It will lead to suffering in one or more functions that are important in human life such as; behavioral, psychological, biological, and human relations with the social environment



(Hawton et al., 1993; Horowitz & Garber, 2006). Similarly, Davidson et al., (2004) said depression is an emotional condition that is usually characterized by extreme sadness, feelings of guilt and does not mean, withdraw from others, and can not sleep, loss of appetite, sexual desire, and interest and pleasure in activities wont to do.

Individuals who suffer from depression can be seen from the symptoms. Theory and research results so far agreed essentially that the symptoms of depression can be a symptom of a style of thinking (cognitive), in terms of feelings and physical symptoms that are seen in both psychomotor and psychosomatic (Beck, 1985; Wilkinson, 1992; De Clerq, 1994; APA, 2003; Garnefsky et al, 2002; Bilkser et al, 2006). For some experts, the above symptoms are often called primary symptoms. There is also a secondary symptom that is often found in conjunction with the primary symptom, although secondary symptoms do not always occur in every patient with depression. Symptoms usually a secondary relationship problems, job problems, behavioral problems, anxiety and somatic complaints (De Wit in De Clerq, 1994; Greenberger & Padesky, 1995). Beck (1985) provides an explanation of the symptoms or manifestations that often indicated when a person experiences depression as follows:

- a. Emotional manifestations, including changes in mood or behavior is a direct result of the emotional state such as mood decline, no longer feel satisfaction, more frequent crying, loss of response and excitement.
- b. Cognitive manifestations, including negative expectations, blame and self-criticism, can not make decisions, distortions "body image" or the notion that he is not interesting.
- c. Motivational manifestations, including declining interest and motivation toward the activity, there is the urge to withdraw from an activity, rather than being passive and there is a tendency to rely. Loss of motivation is also associated with a desire to get away from responsibilities and difficulties to be faced.
- d. Vegetative-physical manifestations, such as loss of appetite, sleep disturbances, simple feel tired, and no sexual desire (libido).

Related to how depression can appear to be a nuisance to individuals, Retnowati (2008) suggests that it is because there are factors that push the medium with the incident. These factors are 1) personal resources in the form of negative thought patterns, low self-esteem, and low self-control patterns to stressors. 2) Social resources such as social support and also 3) how adaptive coping strategies of each individual. Lubis (2009) said that the factors that influence the occurrence of depression is divided into two, namely physical and psychological factors. Physical factors include genetics, brain chemistry and body composition, age, gender, lifestyle, physical illness, drugs and lack of sunlight. The psychological factors include personality factors such as negative self-concept, wrong mindset, pessimistic, introverted personality, loss factor / frustration, self-esteem, stress, family environment and the effects caused by long-term illness.

Depression can be categorized into three types, namely mild depression, depression, somatic and non-somatic depression (Silverstein and Blumenthal, 1997; Silverstein and Lynch, 1998; Silverstein, 2002). A person is said to suffer from mild depression when depression had low intensity (shown in the results of measurements with depression scale). Somatic depression occurs when a person experiences depression with high intensity and accompanied by somatic symptoms, such as appetite disorders, sleep disorders, and fatigue.

Pure depression (nonsomatik) occurs when a person experiences symptoms of depression with high intensity without somatic symptoms or physical complaints average depressive episode can be diagnosed within two weeks. In this research, the categorization of depression will be based on data obtained from measurements using Beck depression scale (Beck Depression Inventory).

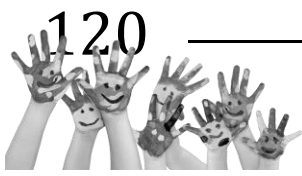
Self-Acceptance

One of the success factors of a person to adapt the situation and the environment is determined by the willingness of individuals to accept the situation himself. Santrock (2002) defines self-acceptance as a consciousness to accept ourselves as we are, but it does not mean a person takes for granted the condition itself without effort to develop themselves further. While Cronbach (2003) describes the characteristics of self-acceptance is more in to some extent, which explains why people act as they do. With the situation in which an individual has a positive assessment of himself, accept and recognize all the advantages and all the limitations that exist in themselves without shame or guilt against nature itself.

Supratiknya (2005) states that self-acceptance is a high appreciation of themselves or not cynical about yourself. Self-acceptance is related to the willingness to open up or express thoughts, feelings and reactions to others and acceptance of others. Chaplin (2006) found that self-acceptance is the attitude that basically satisfied with yourself, qualities and talents of its own, as well as recognition of the limitations of its own. It can be concluded that self-acceptance is the ability to accept the condition themselves for honest and open and not shy and hesitant to admit their weaknesses and strengths in yourself and in front of others.

Related to it, learn to accept yourself is not an easy thing. Many people have difficulty in accepting the shortcomings of himself, and most of them can not achieve optimum reception. Looking at individual self-paced make yourself difficult process and problems of life. As disclosed Powell (1995) that self-acceptance can be regarded as the root cause of why a person can not perform optimally, less bold and confident to compete with others, and feel free to make decisions. The problem is not because they do not have the advantage and something they can count on, show and be proud of compared to other people. Do not believe in the ability and the advantages of self becomes the main cause. Upon receiving the perceived facts in each situation, individual means giving yourself the opportunity to be fully aware of the nature of the choices and actions, thereby developing themselves do not experience barriers or obstacles that means (Nataniel, 1999).

Self-acceptance does not mean someone blindly accept the conditions themselves without trying to develop themselves further, self-accepting people means having to recognize where and how he is now, and have a desire to develop themselves further. Based on the opinion of some experts concluded that aspects of self-acceptance, among other has a feeling equal to others, outward self, opinionated, self-aware and able to accept the limitations of human nature itself, feeling happy, satisfied and their appreciation (Hurlock, 1990).





Self-Acceptance and Adolescent Depression Orphanage

In early period of adolescence, the developmental tasks that must be met, among others, is a new and mature relationships with their peers, to carry out gender-appropriate sex roles, accept physical changes and able to use them effectively, and also achieve emotional independence from parents and others. Meanwhile, in late adolescence period, job growth should be achieved is preparing for family life and a career, have a set of values to guide their behavior, and accept social responsibility (Cobb, 2001).

Given that adolescent phase vulnerable to the emergence of stress (Cobb, 2001; Zimmer-Gembeck & Skinner, 2008; Oksnes et al., 2010), parents should be able to balance the instrumental and expressive function optimally. The conflict in the family, including also the ineffectiveness of family functions to meet the needs of families, children will be able to affect stress. Santrock (2003) mentions that conflict with their parents increased in early adolescence and can influence the relationship between parents and teenagers. Walker (2002) resulted in 60 teenagers that the main cause of tension and problems in adolescence comes from relationships with friends and family, the pressures and expectations of themselves and others, pressures at school by teachers and homework, and economic pressure tragedy in their lives such as death, divorce.

Self-acceptance is allegedly related to stress in adolescents. Blessings in Kurnianingtyas (2009) mentions that positive self acceptance is greatly influenced by the pride of the advantages possessed by the individual, while a negative self-acceptance occurs when an individual is thinking about the deficiencies that exist in themselves without thinking of its advantages, Potocka, et al., (2009) found that self-acceptance is a resource for one's confidence in the state capital in social reality. Hall, et al., (2009) found that self-acceptance is also likely to negatively affect self esteem. If this self-esteem decreased extreme people tend to withdraw socially and experienced strong pressure in his life.

Potocka., et al (2009) showed that even certain skin diseases as a manifestation Press, anxiety, and depression associated with self-acceptance. Patients who are under treatment will difficult to recover and are more likely to become depressed if you can not accept his personal condition. Moreover, in a complex of daily life, the condition does not accept themselves will cause mental discomfort that can lead to manifestations of stress (Potocka, et al: 2009).

Hypothesis

The hypothesis of this research is that there is the effect of self-acceptance to the level of depression in adolescent girls living in orphanages.

METHODS

The population is 105 girls living in orphanages/Boarding School Khadijah in Jakarta. Samples were taken with total sampling technique. Thus the whole population included in the research.

Data were collected using a scale. There are two scales used depression scale and self-acceptance. Depression was measured using a scale of one aspect of DASS. DASS is a subjective scale designed to measure the negative emotional state of depression, anxiety and



stress. DASS 42 was formed not only for conventional measure of emotional status, but the process is more to understanding, understanding, and measuring the force in any of the emotional status. Of the 42 items that are used 14 specific items that measure symptoms of depression. The adaptation of the scale of self-acceptance self-acceptance are sorted by Shearer (in Hurlock, 1990). Data were analyzed using multilinear regression.

RESULTS

In this research, researchers tested the hypothesis by using multiple regression analysis. In regression there are three things that are seen, which is to see the amount of R square to know the percentage (%) DV variance explained by IV, both the overall IV significantly affect DV, then last seen significant regression coefficients of whether or not each IV.

The first step the researchers looked at the amount of R Square to find out the percentage (%) DV variance explained by IV. Next to the table square R, can be seen in table 4.8 below.

Table 1
Table R Square

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.310 ^a	.096	-.011	9.09855

From Table 1 it can be seen that the value of R square of 0.310 or 31%. This means that the proportion of the variance of the stress young women could be explained by the independent variable is equal to 31%, while 69% were influenced by other variables. Step two researchers analyzed the impact of the independent variables on depression, as a result of F test can be seen in Table 2.

Table 2
Table F-test

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	820.301	11	74.573	.901	.543 ^a
	Residual	7698.875	93	82.784		
	Total	8519.176	104			

If the column to the left shows that 6 ($p > 0.05$), the null hypothesis that there is no significant effect of all independent variables on depression received. That is, there is no significant effect on the perception of self acceptance of teenagers (receiving side Humanitarian, opinionated, feeling equal, responsible, aware of the limitations, orientation-out, and self-assurance) against depression teenage girls living in orphanages.

The final step is to see the regression coefficient of each independent variable. If the value of $p < 0.05$, significant regression coefficient means that IV has a significant effect on depression. The analysis is presented in table 3 below.





Table 3
Regression coefficients

		Coefficients^a				
		Unstandardized Coefficients		Standardized Coefficients		
	Model	B	SE	Beta	T	Sig.
1	(Constant)	39.060	14.082		2.774	.007
	Feelings equal	-.289	.141	-.279	-2.050	.043
	Believe in the self ability	.013	.159	.012	.080	.936
	To be responsible	.100	.143	.095	.698	.487
	Outward	.242	.155	.210	1.558	.123
	Opinionated	-.050	.152	-.045	-.328	.743
	Recognizing the limitations	-.024	.154	-.023	-.158	.875
	Receive Human Side	.208	.132	.188	1.572	.119

From Table 3 show whether there is a significant or there is not a significant regression coefficient, it can be seen *sig* in the right column (column 6), if $P < 0.05$, then the result of regression coefficient is there is a significant effect on depression and vice versa. The result is only a feeling equal, and significant, while the rest are not.

Table 4
Test Results of F-test

Levene's Test for Equality of Variances		
	F	Sig.
STATUS	1.500	.224
AGE	2.796	.098

Furthermore, the test with F test on the demographic variables of age and orphaned status. F scores showed that age and status showed no significant values for $p > 0$. This means that there is no difference in status and age affect the level of depression adolescents living in orphanages. While Scheffe test shows that the highest rates of depression shown by teenagers who live in institutions in the period of 3-5 years and the lowest is more than 5 years. While adolescents living standard of 1-2 years showed that nearly as big as living in homes in 3-5 years. However overall the mean score was shown that the average depression score showed low to moderate depression with self-acceptance in the standard medium.

DISCUSSION

Self-acceptance is important in the formation of behavior and attitudes of individuals in the face of the reality of life. Potocka, et al., (2009) found that self-acceptance is a resource for one's confidence in the state capital in social reality. Potocka, et al., (2009) showed that even certain skin diseases as manifestations press, anxiety, and depression associated with self-acceptance. This is in line with the opinion Supratiknya (2005) which states that self-acceptance is someone who has a high appreciation of themselves or not cynical about



yourself. This research showed different results with a number of other research. Based on the data analysis and hypothesis testing was performed using multiple regression test in the previous chapter, it was concluded that: "there is no significant effect of parenting and self-acceptance to the depressed adolescents who live in an orphanage." From some aspects of self-acceptance that significantly affect depression is feeling equal, while others receive the Humanitarian, opinionated, responsible, aware of the limitations, the outward orientation, and self-assurance are not significant.

This may be because of the stress that is felt not so much felt by teenagers. High and low pressure and how young women face in this foundation and facing life is more influenced by the religious and moral assessment is built. According Melasari (2010) the construction of a democratic and planting *akhlakul karimah* and the piety that was built (one only people no different, except that fear) generate positive self-acceptance of them by generating an attitude gracefully acknowledged his status as orphans will not create teenage stress parlors , Feelings equivalent produced a positive impact on the level of depression experienced girls.

Therefore, it is suggested that it is necessary to strengthen the feeling equal to others not so young homes inferior to others. Planting is done with a persuasive educational process. Borrowing a term in the culture, the education process is best that follow the pattern of ductile *mungskret*. The ductile *mungskret* education is an education process that saw the development of transactional adolescent soul. This process should be done with the youth who are filled with turmoil.

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